

Transportation Carrier

CLASS C – CHARTER BUS

AUTHORIZED REPRESENTATIVE FORM

Exact Legal Name of Respondent (Include DBA Name if applicable)

Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (Company Addresses)

Contact Name: _____

Contact Title: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Email Address: _____

Signature: _____ Date: _____

Insurance Co. Name: _____

Insurance Policy No: _____

****NOTE:** This form can be found on the web at www.regulatorystaff.sc.gov under Transportation – Forms and Resources page. Once completed, this form can be emailed to cchauvi@regstaff.sc.gov or mailed to SC Office of Regulatory Staff – 1401 Main Street, Suite 900 - Columbia SC 29201.