



Municipality of Skagway Certificate of Public Transportation Application



**Applications will only be accepted Monday – Friday 8am – 4pm
At the Police Station
No exceptions**

NEW

RENEWAL

Name of Company: _____

Name of Owner/Operator: _____

Summer Contact Information:

Physical Address: _____

Mailing Address: _____

Phone numbers: (work) _____ (home) _____ (cell) _____

Winter Contact Information:

Physical Address: _____

Mailing Address: _____

Phone numbers: (work) _____ (home) _____ (cell) _____

Number of Years in Public Transportation: _____

List Names of All Principals and Addresses:

Number of vehicles to be used:

Smaller vehicles (15 passenger or less including driver) _____

Bus (16 – 29 passengers including driver) _____

Coach (30 or more passengers including driver) _____

Non-Motorized _____



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Applicants comments, establishing necessity for additional public transportation:

(NEW CERTIFICATES ONLY)

NOTE:

Each vehicle being operated as a public transportation vehicle must be in compliance with (S.M.C. 5.08)

Each driver or operator of a public vehicle must obtain a chauffeur's permit from the Police department, (S.M.C. 5.08.040) Exception: driver possessing a valid CDL fro Alaska or another State.

I certify that all the information contained in this application is true and complete and understand that any false statements or misrepresentations shall result in the denial/revocation of this license. I further understand that it is a misdemeanor under AS 11.56.210 to submit a false written statement.

Signature of applicant

Date

Chief of police or designee

Date