



CALIFORNIA PUBLIC UTILITIES COMMISSION

PASSENGER CARRIER EQUIPMENT STATEMENT (Form PL-664)

**SECTION 1 - CARRIER INFORMATION**

PSG/TCP# 31413	CARRIER NAME, Hamidi Hamidullah	FICTITIOUS BUSINESS NAME / DBA (IF ANY) All Access Limo Service
BUSINESS ADDRESS 39834 SAVANNA Way	CITY MURRIETA Ca	STATE Ca
ZIP CODE 92563	PHONE 619-244-9152	
EMAIL ADDRESS All Access Limo Ca@gmail.com	CAR 452966	

**SECTION 2 - EQUIPMENT**

NEW APPLICATION    RENEWAL APPLICATION    REFILE APPLICATION    UPDATE (Add/Delete/Change)

NOTE: In "SEATS" indicate the seating capacity (i.e., number of seats), including the driver.

<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE	LICENSE PLATE 8A86918 Ca	STATE Ca	VEHICLE IDENTIFICATION NUMBER (VIN) 1F1N440S65EC66256	AUTONOMOUS VEHICLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SEATS 12	BODY TYPE UTB34	YEAR 2005	CHASSIS STRETCH (INCHES)	HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TERMINAL ADDRESS	PHONE 619-244-9152			

ADDRESS 39834 SAVANNA Way CITY MURRIETA STATE Ca ZIP 92563 PHONE 619-244-9152

<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE	LICENSE PLATE 71054X1 Ca	STATE Ca	VEHICLE IDENTIFICATION NUMBER (VIN) WD3PE8CC6E5853012	AUTONOMOUS VEHICLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SEATS 11	BODY TYPE B34	YEAR 2014	CHASSIS STRETCH (INCHES)	HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TERMINAL ADDRESS	PHONE 619-244-9152			

ADDRESS 39834 SAVANNA Way CITY MURRIETA STATE Ca ZIP 92563 PHONE 619-244-9152

<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE	LICENSE PLATE 93951D2 Ca	STATE Ca	VEHICLE IDENTIFICATION NUMBER (VIN) 1FDXE4F51G-DE55786	AUTONOMOUS VEHICLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SEATS 15	BODY TYPE B34	YEAR 2016	CHASSIS STRETCH (INCHES)	HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TERMINAL ADDRESS	PHONE 619-244-9152			

ADDRESS 39834 SAVANNA Way CITY MURRIETA STATE Ca ZIP 92563 PHONE 619-244-9152

**SECTION 3 - CERTIFICATION**

I certify that the above information is accurate and that each vehicle listed is covered by an automobile liability insurance policy, which provides at least the following minimum amount of coverage based on vehicle seating capacity (not including the driver):

7 passengers or less - \$750,000 • 8 through 15 passengers - \$1.5 million • 16 passengers or more - \$5 million  
Note: Any vehicles operated under a TCP "C" Certificate only requires \$750,000

[Signature]      Hamidi Hamidullah      10-31-2019  
Signature      Print Name      Date

**CALIFORNIA HIGHWAY PATROL RECOMMENDATION (FOR CHP USE ONLY)**

[Signature]      12/31/19       Approval    Denial    Other  
Signature      Date      Remarks:

601 BORDER  
Division

PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING

PL-664 (Rev. 10/17)

CA 452966 FCN 382383 B 12-20-2019