



Docket No. MC-_____
Filed _____
Fee No. _____
CC Approval No. _____

SECTION I

**Applicant
 Information**

Do you now have authority from or an application being processed by the former ICC, FHWA, OMCS, or FMCSA? NO YES If yes, identify the lead docket number(s):
LEGAL BUSINESS NAME
DOING BUSINESS AS NAME
BUSINESS ADDRESS
_____ (_____) _____ Street Name and Number City State Zip Code Telephone Number
MAILING ADDRESS (If different from above)
_____ Street Name and Number City State Zip Code
REPRESENTATIVE (Person who can respond to inquiries)
_____ Name and title, position, or relationship to applicant
_____ Street Name and Number City State Zip Code
Telephone Number (_____) _____ FAX Number (_____) _____
USDOT Number (If available; if not, see Instructions.) _____
FORM OF BUSINESS (Check only one.): Corporation State of Incorporation _____ Sole Proprietorship Name of Individual _____ Partnership Identify Partners _____

You must submit a filing fee for each type of authority requested (for each box checked).

**MOTOR PASSENGER COMMON CARRIER
MOTOR PASSENGER CONTRACT CARRIER**

All motor passenger carrier applicants must maintain public liability insurance. The amounts in parentheses represent the minimum amount of coverage required.

Applicant will use vehicle with seating capacities of (check only one box):

- 16 passengers or more (\$5,000,000)
15 passengers or fewer only (\$1,500,000)

APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS - If you are subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:
Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal Motor Carrier Safety Regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

YES

EXEMPT APPLICANTS - If you are exempt from Federal Motor Carrier Safety Regulations, you must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

YES

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.

YES

Specify the nature of governmental financial assistance you receive, if any, by checking the appropriate box below. (Check only one box.)

Public recipient - Applicant is any of the following: any state; any municipality or other political subdivision of a state; any public agency or instrumentality of such entities of one or more state(s); an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, or person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.

Private recipient - Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease, or operation of any bus.

Non-recipient - Applicant is not receiving, or using equipment acquired with, governmental financial assistance.

Public Interest Criteria: Regular route applicants and private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

Public Recipient Applicants: All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- 1) No motor common carrier of passengers (other than a motor common carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- 2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be provided on a separate sheet of paper attached to this application.

Fitness Only Criteria: No additional evidence is needed from non-recipient applicants for charter and special transportation and applicants for contract carrier operations.

As a contract carrier, I will: (Check the box(es) indicating how you will meet the statutory requirements for contract carriage.)

- (a) Furnish the transportation service through the assignment of motor vehicles for a continuing period of time for the exclusive use of each group or organization served;

- (b) Furnish the transportation service designed to meet the distinct needs of each group, organization, or class of groups or organizations. Describe briefly the distinct need(s) below and/or introduce supplemental supporting evidence to identify service needs corresponding to the operations proposed.

(7) Alternative Service Descriptions

If you request authority that is not covered by items 1-6 above, (i.e., authority to operate in specific territories not identified in the service options previously set forth), describe in the space below.

This service description takes into account the applicant's operational capacity, is responsive to applicant's present and prospective service interest, is not unduly restrictive, and is consistent with the purposes of the Interstate Commerce Act. Certify by checking:

YES

- (1) **Charter and special transportation**, in interstate or foreign commerce, between points in the United States.
- (2) **Charter and special transportation**, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- (3) Service as a common carrier over **regular routes**. (Regular route passenger carrier authority to perform regularly scheduled service only over named roads or highways.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.
- (4) Service as a common carrier over **regular routes** provided by United States-based enterprises owned or controlled by persons of Mexico.
Applicants requesting authority to operate over regular routes - On a separate sheet of paper attached to the application, describe the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).
- (5) **Intrastate authority**
- (a) Are you also requesting **intrastate authority** to provide the service described in item 3?
 YES NO
- (b) Do you already hold **interstate authority** to provide the service described above?
 YES NO
- (c) If you responded "YES" to 5(b) (i.e., if you already hold interstate authority to provide this service), was the authority issued on or before November 19, 1982?
 YES NO

If you responded "YES" to 5(c), you must attach to your application a copy of the interstate authority or authorities issued on before November 19, 1982, authorizing the transportation of passengers on the routes over which you request intrastate authority. You must mark the envelope and the application in the upper right corner of the front page "90-Day Intrastate Passenger Application."

NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate authority on the same routes. Also, no carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route.

- (6) Service as a **contract carrier** between points in the United States, under continuing contract(s) with persons or organizations requiring passenger transportation service;

OR

Service as a **contract carrier** between points in the United States, under continuing contract(s) with:

Contracting persons or organizations

SECTION VIII

Affiliations

AFFILIATION WITH OTHER FORMER ICC, FHWA, OMCS; NOW FMCSA-LICENSED ENTITIES. Disclose any relationship you have or have had with any other FMCSA-licensed entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, USDOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

SECTION IX

Applicant's Oath

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, _____, verify under penalty of
Name and title

perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

Signature _____ Date _____

Fee Policy

Filing fees must be payable to the **Federal Motor Carrier Safety Administration**, by check drawn upon funds deposited in a bank in the United States or money order payable in U.S. currency or by approved credit card.

Separate fees are required **for each type of authority requested**. If applicant requests multiple types of permanent authority on one application form (for example, common and contract carrier authority) or if applicant submits more than one form in the OP-1 Series in a single filing, multiple fees are required. The applicant may submit a single payment for the sum of the applicable fees.

Filing fees must be sent, along with the original and one copy of the application, to Federal Motor Carrier Safety Administration, P. O. Box 70935, Charlotte, NC 28272-0935. **For express mail only:** QLP Wholesale Lockbox-NC0810, Lockbox #70935, 1525 West WT Harris Blvd., Charlotte, NC 28262. **For credit card only:** FMCSA, IT Operations Division, 400 Seventh St., SW, Room 8218, Washington, D.C., 20590.

After an application is received, the filing fee is **not** refundable.

The FMCSA reserves the right to discontinue processing any application for which a check is returned because of insufficient funds. The application will not be processed until the fee is paid in full.

Filing Fee Information

All applicants must submit a filing fee for each type of authority requested. The enclosed fee schedule will show the appropriate filing fee. The total amount due is equal to the fee times the number of boxes checked in **Section II**. Fees for multiple authorities may be combined in a single payment.

Total number of boxes checked in **Section II**: _____ x filing fee \$ _____ = \$ _____

INDICATE AMOUNT \$ _____ AND METHOD OF PAYMENT

CHECK or MONEY ORDER, payable to: FMCSA

VISA MASTERCARD

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____

Instructions for Completing the Motor Passenger Carrier Authority Application OP-1(P)

Included within this instruction packet is information to help you answer the following questions:

- What forms do I need to complete?
- What are the steps I need to take to get Operating Authority?
- What is the cost for obtaining Operating Authority?
- How do I complete the OP-1(P) Application for Motor Passenger Carrier Authority

What Forms Do I Need to Complete?

The following chart will help you to determine which FMCSA Registration and Operating Authority forms you are required to fill out. Boxes marked with an “X” in your corresponding Classification indicate forms that you must complete.

Classification	USDOT Number			Operating Authority		
	MCS-150	MCS-150A	MCS-150B	OP-1	OP-1(P)	OP-1(FF)
Interstate						
Motor Carrier (excludes Hazardous Material Carriers)						
Authorized For-Hire	X	X		X		
Exempt For-Hire	X	X				
Private Property	X	X				
Private Passenger (business and non-business)	X	X				
Passenger For-Hire	X	X			X	
Broker				X		
Freight Forwarder						X
Hazardous Material Carrier	See Note 1	X	See Note 1	X		
Hazardous Material Shipper	See Note 2					
Shipper (Non-Hazardous Material)	See Note 3					
Cargo Tank Facility	X					
Registrant (you obtain the plates, but you never drive for yourself)	X					
Intrastate						
Non-Hazardous Material Carrier	See Note 2					
Hazardous Material Carrier	See Note 2		See Note 2			
Hazardous Material Shipper	See Note 2		See Note 2			
Shipper (Non-Hazardous Materials)	See Note 3					

Note 1: If you are an Interstate Hazardous Material Carrier, you will be required to fill out EITHER the MCS-150 or the MCS-150B, but not both. If you transport any of the following Hazardous Material in Interstate commerce, you will be required to fill out the MCS-150B instead of the MCS-150:

Highway Route Controlled Quantities (HRCQ) of Radioactive materials;

More than 25 kg (55 pounds) of a Division 1.1, 1.2, or 1.3 material or a quantity of Division 1.5 material that requires placarding;

For materials that meet the definition of “material poisonous by inhalation” (TIH) as defined in 49 CFR 171.8: More than 1 liter (1.08 quarts) per package of a material meeting the definition of a Hazard Zone A TIH material, a material meeting the definition of a Hazard Zone B TIH material in a bulk package

(capacity greater than 450 liters [119 gallons]), or a material meeting the definition of a Hazard Zone C or D TIH material in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons);

Shipments of compressed or refrigerated liquid methane or liquefied natural gas with a methane content of at least 85% in a bulk packaging that has a capacity greater than 13,248 liter (3,500 gallons).

Note 2: If you are a Hazardous Material Shipper, or an Intrastate Hazardous Material Carrier, you are not required to fill out this form unless you perform some other Interstate operation that requires you to complete the MCS-150 or MCS-150B.

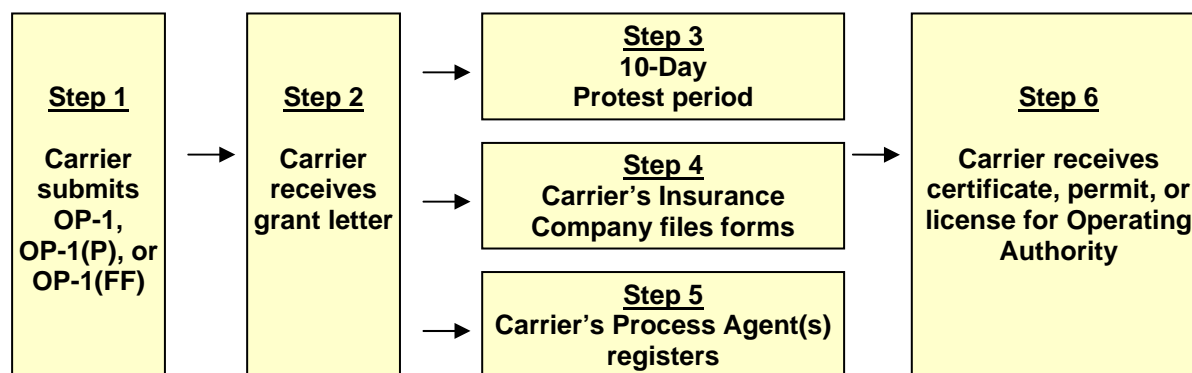
Note 3: If you are a Shipper of Non-Hazardous Material only, you do not need to fill out this form. If you are both a Shipper of Non-Hazardous Material and a Motor Carrier, you must fill out this form because you are a Motor Carrier.

What Are the Steps I Need to Take to Get Operating Authority?

Operating Authority is granted by the U.S. Department of Transportation's (US DOT) Federal Motor Carrier Safety Administration (FMCSA). This Authority is needed by Motor Carriers who transport goods regulated by FMCSA and Motor Carriers who transport passengers or household goods.

How to Obtain Operating Authority

There are six steps involved with obtaining Operating Authority. You initiate the process in Step 1 by submitting the necessary OP-1 form. The remaining steps will be handled by your Insurance Company and Process Agent and will take between four and six weeks to complete. You may not begin operating until you have received the Certificate, Permit, or License for Operating Authority in Step 6.



Step 1

Carriers and Brokers begin the Operating Authority process by filling out one of the following forms:

OP-1—Operating Authority for Common Property, Contract Property, Common Household Goods, Contract Household Goods, Broker, Enterprise transporting international cargo only, and Enterprise transporting international household goods only;

OP-1(P)—Operating Authority for Passenger; or

OP-1(FF)—Operating Authority for Freight Forwarder.

The applications can be filled out either online or by using paper applications that can be downloaded, printed, filled out, and mailed to FMCSA. Both can be found at <http://www.fmcsa.dot.gov/forms/print/r-l-forms.htm>. If you file online, you can reduce your processing time by up to three weeks allowing you to begin operations sooner. However, if you submit the paper form with an error or incomplete information, your application will be delayed until all the errors can be corrected, resulting in additional time required to process your application.

Step 2

Upon receipt and acceptance of your application by FMCSA, which will take approximately three weeks from the date the application is mailed, all Motor Carrier and Broker applicants will receive a grant letter. This letter will include the MC or FF Number assigned to your operation and additional information about the steps your Insurance Company and Process Agents must take to complete your Operating Authority Registration (see Step 3 and Step 4 for additional information.) If you apply online, you will receive the MC or FF Number immediately and will receive your grant letter within 15 days. Although you have received your MC or FF Number, you may not operate until Step 6 is complete. The MC or FF Number is given to you for use by your Insurance Company and Process Agents to make the appropriate fillings to complete the process for obtaining your Operating Authority.

Although you have received your MC or FF Number, you may not operate until Step 6 is complete.

Step 3

At the same time your grant letter is issued, your application will be published in the FMCSA Register for 10 calendar days. During this protest period, the public can file objections with FMCSA stating why you should not obtain Operating Authority. FMCSA will accept protests sent by mail as long as they are postmarked by the last day of the protest period. If there is a protest filed against your application, FMCSA will provide you with information on the adjudication process. Your Insurance Company and Process Agent can file their documents during this period. You can view the FMCSA Register by going to <http://www.fmcsa.dot.gov>. From there, select "Registration and Licensing", then select "Licensing and Insurance System". Click the continue button. From there, select the "FMCSA Register" option in the drop-down menu.

Step 4

This step can begin any time after you have received your MC Number and is not dependant on Step 2 or 3 being completed. You must complete this step within 20 days after the notice of your application is published in the *FMCSA Register*.

As a Passenger Motor Carrier, you are required to have insurance for bodily injury and property damage. Your Insurance Company will file the following on your behalf with FMCSA:

Form BMC-91 or BMC-91X for bodily injury and property damage.

The following are insurance levels that you should be aware as FMCSA requirements:

If all the vehicles you operate have a seating capacity of 15 passengers or fewer (including the driver), you are required to maintain \$1,500,000 minimum liability coverage.

If any one of the vehicles you operate has a seating capacity of 16 passengers (including the driver) or more, you are required to maintain \$5,000,000 minimum liability coverage.

The FMCSA does not furnish copies of insurance forms. You must contact your insurance company to arrange for the filing of all required insurance forms and confirm with your Insurance Company that FMCSA has received those forms. Any delay on the part of your Insurance Company will result in a delay in the time it takes you to receive your Operating Authority and may result in the dismissal of your application.

Step 5

A Process Agent is a representative upon whom court papers may be served in any proceeding brought against a Motor Carrier, Broker, or Freight Forwarder.

All Motor Carrier applicants must designate a Process Agent in each State that they operate in or through. Broker applicants must designate a Process Agent in each State in which their offices are located and in which they will establish contracts. Brokers can act as their own Process Agents in the state in which they are domiciled, but will need Process Agents in the other States they operate in as well. Additional information about Process Agents can be found at by visiting the FMCSA Web site at <http://www.fmcsa.dot.gov>. From there, select "Registration and Licensing", then "What is a Process Agent".

Process Agents must file the BOC-3 form on your behalf. This form must be filed within 20 days after your grant letter is mailed and the date the notice of your application is published in the *FMCSA Register*. Any delay by the Process Agent in filing the Form BOC-3 will result in a delay in the receipt of your Operating Authority and may result in your application being dismissed.

Step 6

Once the application, insurance, and Process Agent filings have been approved by FMCSA, and the protest period has ended without any protest being filed against the applicant, the Carrier, Broker or Freight Forwarder applicants are given final Authority in the form of a certificate, permit, or license, allowing you to begin operations. This document will be mailed to the applicant and will serve as an official record of your Operating Authority.

What is the Cost for Obtaining Operating Authority?

Fee Schedule (Effective March 1999)

Operating Authority*\$300.00
Includes: Common Property, Contract Property, Common Household Goods, Contract Household Goods, Broker, Freight Forwarder, Passenger, Enterprise Transporting International Cargo, and Enterprise Transporting International Household Goods.

Notice of Name Change.....\$ 14.00

* Separate fees must be submitted for each kind of Authority sought. For instance, requests for Common Property Motor Carrier and Contract Property Motor Carrier Authority will require two \$300 fees. Payments can be combined. **REFUNDS FOR FILING FEES ARE NOT PERMITTED.**

Please refer to the last page of the application form for instructions on mailing the application to the Federal Motor Carrier Safety Administration of the US Department of Transportation. **NOTE: RETAIN A COPY OF THE COMPLETED APPLICATION FORM AND ANY ATTACHMENTS FOR YOUR OWN RECORDS.**

If you are submitting this form online, the applicant's legal name or the representative's name must match the name and billing address of the credit card used to pay the filing fee.

How Do I Complete the OP-1(P) Application for Motor Passenger Carrier Authority?

These instructions will assist you in preparing accurate and complete application filings. **Applications that do not contain the required information will be rejected and may result in a loss of the application fee.** If additional space is needed to provide a response to any item, please use a separate sheet of paper, placing the applicant's name, section, and item number on each additional page.

Note: When filling out this application, please **print** clearly in ink or **type** all information.

SECTION I

FMCSA Authority

If you have ever been issued Operating Authority by one of the following agencies: Interstate Commerce Commission (ICC), Federal Highway Administration (FHWA), Office of Motor Carrier Safety (OMCS), or Federal Motor Carrier Safety Administration (FMCSA); or if you have an application for Authority being processed now by FMCSA, check the "yes" box and indicate the MC Number (also called a lead docket number) you have been assigned, for example: MC-987654.

Applicant's Legal Business Name

This is the legal name of the business entity (i.e., Corporation, Partnership, or Sole Proprietorship/Individual) that owns/controls the Motor Carrier or Broker operation. The name entered here should be your full legal business name — the name that appears on the incorporation certificate, partnership agreement, tax records, etc. For example, if you are a:

Corporation — Please enter the name on your incorporation certificate. This name must include the type of Corporation that you are: John Doe INC, John Doe LLC

Sole Proprietor/Individual — Please enter your full legal name: John A. Doe.

Partnership — Please enter the legal names of both Partners: John A. Doe and Jane B. Smith.

Note: If the name you submit here does not match what was/will be submitted on your insurance papers, there will be a delay in the granting of your Operating Authority.

Doing Business As Name

If your Trade Name is different from your Official Business Name (the name entered in the Applicant's Legal Business Name field), please enter that name here. For example, if you entered John A. Doe as the Legal Business Name, but your Trade Name or Doing Business As name is John's Trucking Company, you would enter John's Trucking Company in this field. If your Trade Name is the same as what was entered in the Legal Business Name field, please leave this field blank.

Because FMCSA uses computers to retain information about licensed carriers, it is important to spell, space, and punctuate any name the same way each time you write it. For example: John Jones Trucking Co., Inc.; J. Jones Trucking Co., Inc.; and John Jones Trucking are considered three separate companies.

Business Address

The Business Address is the principal place of business (physical location), for example: 756 Bounty Street; 15433 State Highway 23. **This is the location that FMCSA will use for safety audits, compliance reviews, or other activities that require FMCSA to physically visit a Motor Carrier. For this reason, a PO Box may not be entered as your Business Address. If you file for a USDOT Number, your Business Address on this form must match your Principal Address on the MCS-150 application.**

Mailing Address

The mailing address is where you want all correspondence from FMCSA to be sent. If it is the same as the Business Address, please leave this field blank.

To receive pertinent FMCSA notices and to ensure that insurance documents filed on the applicant's behalf are accepted, you must inform FMCSA if your Business or Mailing Address changes. You can do this by changing

your address information online at <http://www.fmcsa.dot.gov> or by sending information in writing to 400 7th Street, SW, Rm. 8214, Washington, DC 20590. If you notify them in writing, please include your name and MC Number.

Representative

If someone other than the applicant is preparing this form, please provide the representative's name, title/position or relationship to the applicant, the address, telephone, and fax numbers. That person will be the person contacted if there are questions concerning this application.

USDOT Number

Applicants subject to the Federal Motor Carrier Safety Regulations are required to register with the Federal Motor Carrier Safety Administration of the US Department of Transportation before initiating service. Motor Carriers that already have been issued a USDOT registration number should provide it. If you have not already registered for a USDOT Number, please refer to the chart at the beginning of the application to see if you are required to obtain one. For additional information, please visit FMCSA's Web site at <http://www.fmcsa.dot.gov> or call (800) 832-5660.

Form of Business

There are three main categories of business: Corporation, Sole Proprietorship/Individual, or Partnership. If the applicant/business is a:

Corporation — Please provide the name of the State where the Corporation is incorporated.

Sole Proprietorship — Please provide the name of the individual who is the business owner. This name should match the name entered under Legal Business Name.

Partnership — Provide the name of each Partner. These names should match the names entered under Legal Business Name.

SECTION II

Type of Authority

Please select the type of Operating Authority you are requesting.

Below are descriptions of the different types of Operating Authority for which you may apply:

Motor Passenger Common Carrier—A Motor Passenger Common Carrier is an Authorized For-Hire Motor Carrier that can transport passengers and can provide services to the general public. They must maintain liability insurance.

Motor Passenger Contract Carrier—A Motor Passenger Contract Carrier is an Authorized For-Hire Motor Carrier that can transport passengers and can provide For-Hire service to specific individuals only while under contract. They must maintain liability insurance.

SECTION III

Insurance Information

Your insurance coverage requirements will be based on the seating capacity of your vehicles (including the driver). Refer to Step 4 under "How to Obtain Operating Authority" for more information.

Please check the appropriate box that describes the seating capacity (including the driver) of your vehicles.

SECTION IV

Safety Certification

Check only one of the boxes in this section.

Applicants for Motor Carrier Operating Authority must complete the safety certification if they are subject to pertinent portions of the USDOT Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Sub-chapter B (Parts 350-399). These statements describe the activities or actions that carriers must follow in order to be

compliant with USDOT Federal Motor Carrier Safety Regulations. You should check the "yes" response only if you can attest to the truth of the statements.

The applicant is an EXEMPT APPLICANT, if you are not subject to pertinent portions of the USDOT Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399). However, you must certify that you are familiar with and will observe general operational safety fitness guidelines and applicable State and local laws relating to the safe operation of commercial motor vehicles.

SECTION V

Compliance Certification

Please check "yes" if and only if you are able to comply with the compliance certification question asked in this section

SECTIONS VI

Government Funding Status

All applicants must disclose their funding status. If you are a recipient of government funding, you must disclose this information to FMCSA. Please indicate the type of recipient you are. If you do not receive any government assistance, please select non-recipient; otherwise, you must submit the additional evidence as indicated in this section. This evidence should be provided on a separate sheet of paper attached to your application.

SECTIONS VII

Scope of Operating Authority

Please select the type of operations your business performs. This information corresponds to the type of Operating Authority you selected in Section II.

Items 1-5 correlate to Passenger Common Carrier Authority, while item 6 correlates to Passenger Contract Carrier Authority. If the location of your operations falls outside those described in check box numbers 1-6, please describe them in box number 7.

Please note that "Regular Routes" refers only to those motor passenger carriers who perform regularly scheduled service between designated points and are operating over named roads or highways. Special and charter operations and contract carriers do not operate regular routes. If you request regular route Authority, you must submit a detailed description of your route with your application.

Intrastate motor passenger applicants -- If you also request intrastate, regular-route Authority, you must send a description of the proposed service to the State transportation regulatory body of the State(s) in which the operations described in the application will be performed.

SECTION VIII

Affiliations

All applicants must disclose pertinent information concerning their affiliations, if any, with other former ICC, FHWA, or OMCS (now FMCSA-licensed) entities.

In the past three years, if the applicant has held ownership (even a percentage of stock ownership), provided a loan to, or held a management position with a trucking entity/company that is regulated by FMCSA, please list that entity's name, MC Number, USDOT Number, and the latest USDOT Safety Rating. This includes any entity or company that is/was licensed by the former ICC, FHWA, or OMCS.

SECTION IX

Applicant's Oath

The "Applicant's Oath" applies to all certifications on this form. False certifications are subject to the penalties described in the oath.

Applications may be prepared by the applicant or an authorized representative. In either case, the oath must be signed by the applicant. In the case of Corporations, an authorized employee in the ownership structure may sign. An individual with power of attorney to act on behalf of the applicant may sign, provided that proof of the power of attorney is submitted with the application.

State Notification

Before beginning new or expanded Interstate operations, all applicants must contact the appropriate regulatory agencies to obtain information regarding various State regulations in every State in and through which the Carrier will operate.

STATUS: After your application is processed by FMCSA, you can check its status on the Internet. Application, Insurance, and Process Agent information appears on the Licensing and Insurance Web site as soon as it is entered into the database or filed electronically. The Web site address is <http://www.fmcsa.dot.gov>. From there, select "Registration and Licensing", then select "Licensing and Insurance System".

ADDITIONAL ASSISTANCE

US DEPARTMENT OF TRANSPORTATION INFORMATION SOURCES

USDOT Registration and Safety Ratings

To obtain your USDOT Number, you may either:

Apply online at <http://www.fmcsa.dot.gov>, which will provide you with a USDOT Number instantly;

Print the form from FMCSA's Web site (<http://www.fmcsa.dot.gov/forms/print/r-l-forms.htm>) and mail it to FMCSA by following the mailing instructions included in the application; or

Call (800) 832-5660 to request a form be mailed to you;

To request a safety fitness review, you must contact your local FMCSA field office. To find the contact information for your local field office, please either:

Visit the FMCSA Web site at <http://www.fmcsa.dot.gov> and select "Contact Us". Select the field office corresponding with your State; or

Call (800) 832-5660;

Note: If you already have an assigned safety rating, you may view your status online at FMCSA's Web site, <http://www.fmcsa.dot.gov>, by selecting "Registration and Licensing", going to "SAFER System" and choosing "Company Snapshot," or by calling (800) 832-5660.

USDOT Hazardous Materials Regulations

To obtain information on whether the commodities you intend to transport are considered to be Hazardous Material, refer to provisions governing Hazardous Material in the Federal Hazardous Material Regulations at Parts 100 through 185 of Title 49 of the Code of Federal Regulations (CFR), particularly the Hazardous Materials Table at 49 CFR Part 172, or contact the FMCSA (202) 366-6121.

To obtain information about DOT Hazardous Material transportation registration requirements, contact the USDOT agency responsible for it at (202) 366-4109.

NOTICE

PAPERWORK BURDEN. It is estimated that an average of 2 burden hours per response are required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Federal Motor Carrier Safety Administration (FMCSA), Licensing Team, Suite 8214, 400 7th Street, SW, Washington DC 20590. This collection of information is required in order for the FMCSA to obtain data and register for-hire motor carriers of passengers and certain U.S.-based Mexican-owned enterprise passenger carriers. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently-valid OMB control number. The OMB control number for this collection is 2126-0016