OMB No. 2126-0016 Expiration Date:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0016. Public reporting for this collection of information is estimated to be approximately 2 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory, and will be provided confidentiality to the extent allowed by the Freedom of Information Act (FOIA). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

FORM OP-1(P) APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY

This application is for all businesses requesting Operating Authority as motor passenger common or contract carriers.

FOR FMCSA USE ONLY	
Docket No. MC	Fee No.
Filed	CC Approval No.

SECTION I — Applicant Information

1. Do you now have authority from or an application being processed by the FMCSA, FHWA, OMCS, or ICC? ◯ Yes ◯ No If yes, identify the MC/FF Number (or lead docket number): _____

2. LEGAL BUSINESS NAME	3. DOING BUSINESS AS NAME *(if different from Legal Business Name)*

PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS)

4. STREET NAME AND NUMBER *(No P.O. Box)*	5. CITY	6. STATE	7. ZIP CODE	8. TELEPHONE NUMBER	9. FAX NUMBER

MAILING ADDRESS *(if different from Principal Address above)*

10. STREET NAME AND NUMBER	11. CITY	12. STATE	13. ZIP CODE	14. TELEPHONE NUMBER	15. FAX NUMBER

REPRESENTATIVE *(person who can respond to inquiries)*

16. NAME	17. TITLE, POSITION, OR RELATIONSHIP TO APPLICANT

18. STREET NAME AND NUMBER	19. CITY	20. STATE	21. ZIP CODE	22. TELEPHONE NUMBER	23. FAX NUMBER

24. USDOT NUMBER *(if available; if not, see instructions)*

FORM OF BUSINESS *(select only one)*

◯ 25. CORPORATION STATE OF INCORPORATION _____

◯ 26. SOLE PROPRIETORSHIP LEGAL NAME OF OWNER _____

◯ 27. PARTNERSHIP LEGAL NAME OF EACH PARTNER _____

SECTION II — Type of Operating Authority *(select at least one)*

28. Check box(es) for each type of Operating Authority requested.
You must submit a filing fee of $300.00 for each box checked.

☐ Motor Common Carrier of Passengers ☐ Motor Contract Carrier of Passengers

SECTION III — Insurance Information *(select only one)*

29. 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:

◯ 16 PASSENGERS OR MORE *($5,000,000)* ◯ 15 PASSENGERS OR FEWER ONLY *($1,500,000)*

SECTION IV — Safety Certification *(select only one).*

30. APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS.
If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the USDOT's Federal Motor Carrier Safety Regulations (FMCSRs) 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 USDOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials, and 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 FMCSRs. (2) Can produce a copy of the FMCSRs 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 391). (6) Has in place policies and procedures consistent with USDOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR 392, 395, and 396). (7) Is familiar with, and will have in place on the appropriate effective date, a system for complying with USDOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 40). ◯ Yes

31. EXEMPT APPLICANTS.
If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from FMCSRs, and must certify as follows:

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

SECTION V — Compliance Certification

32. 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, including USDOT's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to USDOT's Americans with Disabilities Act regulations, located at 49 CFR Part 37, Subpart H. ☐ Yes

SECTION VI — Government Funding Status *(select only one)*

33. SPECIFY THE NATURE OF GOVERNMENTAL FINANCIAL ASSISTANCE YOU RECEIVE, IF ANY, BY SELECTING THE APPROPRIATE BOX BELOW.

◯ 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; or 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.

SECTION VII — Scope of Operating Authority *(check all that apply)*

☐ 34. CHARTER AND SPECIAL TRANSPORTATION, in interstate or foreign commerce, between points in the United States.

☐ 35. CHARTER AND SPECIAL TRANSPORTATION, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.

☐ 36. SERVICE AS A COMMON CARRIER OVER REGULAR ROUTES. (A regular route passenger carrier performs regularly scheduled service and is not required to submit specific regular routes.)
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.

☐ 37. SERVICE AS A COMMON CARRIER OVER REGULAR ROUTES provided by United States-based enterprises owned or controlled by persons of Mexico. (A regular route passenger carrier performs regularly scheduled service and is not required to submit specific regular routes.)

☐ 38. INTRASTATE AUTHORITY:

(a) Are you also requesting *intrastate authority* to provide the service described in item 36? ◯ Yes ◯ No

(b) Do you already hold *interstate authority* to provide the service described above? ◯ Yes ◯ No

(c) If you responded "Yes" to 38(b) (i.e., 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 38(c), you must attach to your application a copy of the interstate authority or authorities issued on or 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.

☐ 39. SERVICE AS A CONTRACT CARRIER: *(select only one)*

◯ Between points in the United States, under continuing contract(s) with persons or organizations requiring passenger transportation service; OR

◯ Between points in the United States, under continuing contract(s) with:

Contracting persons or organizations

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.

☐ 40. ALTERNATIVE SERVICE DESCRIPTIONS

If you request authority that is not covered by items 34-39 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 the 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." ☐ Yes

SECTION VIII — Affiliations

41. Disclose any relationship you have or have had with any other FMCSA-regulated entity (including entities licensed by the FHWA, OMCS, or ICC) 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/FF Number, USDOT Number, and that company's latest DOT safety rating. If you require more space, attach the information to this application form.

Note:

All motor carriers must comply with all pertinent Federal, State, local and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by a State agency operating a plan pursuant to Section 18 of the Occupational Safety and Health Act of 1970 ("OSHA State plan agency"). Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

SECTION IX — Applicant's Oath

42. This oath applies to all supplemental filings to this application. *The signature must be that of the applicant, not a legal representative. Print name in the first blank space.*

I, _____, verify under penalty of 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 USC 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 USC 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 USC 862).

Signature _____ Title _____ Date _____

Payment Instructions

(1) **Each type of Operating Authority requested in Section II of the application form requires a $300 processing fee.**
Calculate the total amount due as follows:

Number of boxes checked in Section II	× $300 =	*Total payment due*

(2) Select payment method:

◯ Check or Money Order — Make payable to **FMCSA** in United States currency. *Payment must be drawn upon funds deposited in a bank located in the U.S.*

◯ Credit Card — Complete the **Credit Card Payment Authorization** below.

Credit Card Payment Authorization		
Select Credit Card: ◯ Visa ◯ MasterCard	Credit Card Number:	Expiration Date:
Name *(exactly as it appears on card)*:		Payment Amount:
Credit Card Billing Address		
Street Name and Number:		
City:	State:	Zip Code:
Signature:		Payment Date:

Mailing Instructions *(to apply online, please see "How to Apply" [Topic II] in the instructions)*

(1) Save a copy of the completed application form(s), all supporting documents (if any), and payment details for the company's business records.

(2) Depending upon the type of payment and method of mail delivery, send the completed application form(s), any supporting documents, and payment to one of the following addresses. Note: Sending payment to the wrong address will delay application processing by 2-3 weeks, since the payment must be routed to the correct payment address.

Check or Money Order:

Standard First-Class Mail
Federal Motor Carrier Safety Administration
P.O. Box 530226
Atlanta, GA 30353-0226

Express Mail Only
Bank of America
Lockbox #530226
1075 Loop Road
Atlanta, GA 30337

Credit Card:

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, MC-RIO
Washington, DC 20590