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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 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
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MAILING ADDRESS (if different from Principal Address above)

10. STREET NAME AND NUMBER (or P.O. Box)	11. CITY	12. STATE	13. ZIP CODE	14. TELEPHONE NUMBER	15. FAX NUMBER
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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 — Insurance Information (select only one)

28. 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 III — Safety Certification (select only one)

29. 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) If operates commercial motor vehicles with seating capacities of 16 passengers or more (including the driver), 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

30. EXEMPT APPLICANTS.
If you will operate only small vehicles (GVWR under 10,001 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. Yes

SECTION IV — Compliance Certification

31. 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 V — Government Funding Status (select only one)

32. 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 public recipient applicants and charter and special transportation 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 applicants that do not receive government financial assistance.

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

- 33. CHARTER AND SPECIAL TRANSPORTATION, in interstate or foreign commerce, between points in the United States.
- 34. CHARTER AND SPECIAL TRANSPORTATION, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- 35. SERVICE 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.
- 36. SERVICE 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.)
- 37. INTRASTATE AUTHORITY to provide the service described in item 35.

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.

SECTION VII — Affiliations

38. If you have or have had any relationship with any other FMCSA-regulated entity (including entities licensed by the FHWA, OMCS, or ICC) within the past 3 years (for example, a percentage of stock ownership, a loan, or a management position), then check the "Yes" button and provide the name of the company, MC/FF Number, USDOT Number, and that company's latest DOT safety rating below. If you require more space, then use the "Attach File" button to attach the information to this application form. Yes No

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 VIII — Applicant's Oath

39. 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).

Finally, I certify that the applicant is not domiciled in Mexico or owned or controlled by persons of that country. (**Note:** This portion of the Applicant's Oath does not pertain to Mexican passenger carriers seeking to provide charter and tour bus service across the United States-Mexico international border or U.S.-based enterprises owned or controlled by persons of Mexico seeking to provide bus services between points in the United States.)

Signature _____ Title _____ Date _____

Payment Instructions

The Operating Authority requested in this application form requires a \$300 processing fee. FMCSA does not refund application fees.

NOTE: FMCSA will waive the \$300 filing fee for the OP-1(P) Application for Motor Passenger Carrier Authority for Transit Benefit Operators who are grantees under 49 USC 5307, 5310, or 5311. The online application process does not accommodate this fee waiver, so applicants must **mail** the completed application form with **"Transit Service Operator"** typed or printed at the top of page 1, in the box in Section III, and in the Payment Instructions section.

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: <input type="radio"/> Visa <input type="radio"/> MasterCard	Credit Card Number:	Expiration Date:	
Name (<i>exactly as it appears on card</i>):		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-RS
 Washington, DC 20590