



Instructions for Texas Intrastate 7- or 90-Day Operating Authority Application

Only complete applications will be processed.

Definitions:

AN = Assumed Name
DBA = Doing Business As
DL# = Driver License Number
FEIN = Federal Employer Identification Number
ID# = State-issued Identification Certificate Number
IRP = International Registration Plan
LTC# = License to Carry

MCCS = Motor Carrier Credentialing System
MCD = Motor Carrier Division
SSN = Social Security Number
TX Tax# = Texas Comptroller's Taxpayer Number
UCR = Unified Carrier Registration
USDOT# = United States Department of Transportation Number

Section 1:

- A. Name of applicant (and DBA, if applicable) applying for Texas Intrastate Passenger Carrier Operating Authority;
- B. Physical address and mailing address;
- C. Business and cell numbers, and applicant's email address (Email address must belong to the business.);
- D. Applicant's Business Type: (Proof of identification required.)
AN Certificate - Supporting documents, such as an AN filing in county of operation, must be submitted with application.

Sole Proprietor - Required Information: SSN

- 1. You **must** provide one of the following forms of identification:
 - a. Valid DL# issued by a state or territory of the United States.
 - b. Valid ID# issued by a state or territory of the United States; or
 - c. Valid LTC# issued by the Texas Department of Public Safety under Government Code, Chapter 411, Subchapter H.
- 2. AN Certificate - Supporting documents, such as an AN filing in county of operation, must be submitted with application.

Corporation, Limited Liability Company, Limited Partnership, or Professional Association - Required Information: TX Tax# and/or FEIN; General Partnership - Required Information: FEIN;

- E. List active company officers by name and title;
- F. Provide the requested information regarding a drug testing consortium; and
- G. Enter your USDOT# and indicate if you are registered under UCR. If you are UCR registered, then your certificate may be converted to a non-expiring UCR Intrastate certificate. If converted, the certificate will not expire while the carrier maintains UCR registration, maintains required proof of insurance and does not operate as an intrastate Household Goods Carrier, Non Charter Bus Carrier, Waste Hauler or Recyclable Materials Carrier.

Section 2:

- A. Mark the required insurance amount(s) for your type of operation(s). Contact your insurance company to request submission of the appropriate filings through MCCS. **Note:** Once a motor carrier is registered, the failure to maintain proof of insurance on file with TxDMV may subject the motor carrier to administrative penalties and/or sanctions, up to and including revocation of the certificate; and
- B. If you are a Texas-domiciled motor carrier that has an agent other than itself or if you are a motor carrier domiciled outside of Texas, you must provide the name, Texas physical address (P.O. Box cannot be used), and phone number of the legal agent for service of process. The agent must be a Texas resident, a domestic corporation, or a foreign corporation authorized to transact business in Texas.

Section 3:

- A. Indicate your method of payment.
- B. Calculate all applicable fees:
 - 1. \$5 (7-Day) or \$25 (90-Day) application filing fee;
 - 2. \$100 liability insurance filing fee; and
 - 3. Total Vehicle Fees (calculated from Equipment List page).

Checks, cashier's checks or money orders must be made payable to TxDMV. If paying by credit card, print the credit card number and expiration date. **A service charge of 25 cents plus 2.25 percent of the Total Fees will be added to all credit card transactions.*

Section 4:

Complete the New Applicant Questionnaire by answering all questions and signing/printing your name and title. Must be signed by the applicant or other legal representative. Insurance agents may not complete this form.

Section 5:

- Complete the Equipment Report in its entirety:
- 1. Provide all motor carrier information;
 - 2. Provide all vehicle information;
 - 3. Indicate motor carrier type; and
 - 4. Confirm total fees. (Total fees are reflected in Section 3.)



Application for Texas Intrastate 7- or 90-Day Operating Authority

Texas Department of Motor Vehicles, Motor Carrier Division
P.O. Box 12984, Austin, TX 78711-2984
Phone: 1-800-299-1700

Section 1

Name of Applicant		Assumed Name (DBA)	
Street/Physical Address	City	State	Zip
Street/Mailing Address	City	State	Zip
Business Phone		Cell Phone	
Primary Email Address		Alternate Email Address	
Applicant is a(n):			
<input type="checkbox"/> Sole Proprietor*	SSN*	DL#*	Other (LTC# or ID#)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Corporation
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association		
Texas Tax# (<u>Required</u> for all <i>but</i> Sole Proprietor, Partnership and General Partnership)		FEIN (<u>Required</u> for all <i>but</i> Sole Proprietor)	
*Required to register as a sole proprietor. (See top of instructions page for definitions.)			
Company Owner, Partners, Corporation Officers or Members (<i>If additional space is needed, attach a separate sheet of information to application.</i>)			
Name and Title		Name and Title	
Name and Title		Name and Title	
Does this carrier belong to a drug-testing consortium?			
<input type="checkbox"/> Yes*	<input type="checkbox"/> No	*If yes, please provide the name of the person(s) operating consortium.	
USDOT#	Are you registered under UCR?		
	<input type="checkbox"/> Yes* <input type="checkbox"/> No		

Section 2

Motor Carrier Operations (More than one type may be checked)		Insurance Requirements (Refer to Insurance Requirements page)	
1. <input type="checkbox"/> Hazardous Materials (HAZ)		<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$5,000,000
2. <input type="checkbox"/> Farm Trucks		<input type="checkbox"/> \$500,000	
3. <input type="checkbox"/> Other		<input type="checkbox"/> \$500,000	
Legal Agent's Name		Phone Number	
Street/Physical Address	City	State	Zip

I understand that providing false information on this form may result in suspension, revocation or denial of the certificate I am requesting.

By signing and submitting this application, I certify that the information provided on this form is true and correct, that I am authorized to execute and file this document on behalf of the motor carrier, and that the motor carrier: (1) is in compliance with the drug testing requirements contained in 49 C.F.R. Part 382; (2) has knowledge of, and will conduct operations in accordance with, applicable federal and state laws and rules relating to motor carrier safety, including Tex. Trans. Code, Chapters 541-600, 643, and 644; and (3) has the required insurance as set forth in 43 Tex. Admin. Code, §218.16.

Signature of Owner, Partner, Corporate Officer of Member

Print/Type Name

Print/Type Title



Texas Intrastate 7- or 90-Day Operating Authority Payment Information

Texas Department
of Motor Vehicles

Section 3

Payment Information: <input type="checkbox"/> Check, Cashier's Check or Money Order (make payable to TxDMV/MCD) <input type="checkbox"/> MasterCard, Visa, Discover, or American Express* <i>*A service charge of 25 cents plus 2.25 percent of the Total Fees will be added to all credit card transactions.</i> Credit Card Account Number: _____ Expiration Date: _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Applicable Fees (Non-refundable)</th> </tr> <tr> <td style="width: 15%; padding: 2px;"><input type="checkbox"/> \$5</td> <td style="width: 65%; padding: 2px;">7-Day Registration Fee</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$25</td> <td style="padding: 2px;">90-Day Registration Fee</td> <td></td> </tr> <tr> <td style="padding: 2px;">b) \$100</td> <td style="padding: 2px;">Liability Insurance Filing Fee</td> <td style="text-align: right; padding: 2px;">\$100.00</td> </tr> <tr> <td colspan="3" style="padding: 2px;">c) Total Vehicle Fees (bottom of page 3, Equipment Report)</td> </tr> <tr> <td colspan="3" style="padding: 2px;">d) Total Fees Submitted (by personal check, money order or cashier's check)</td> </tr> </table>	Applicable Fees (Non-refundable)			<input type="checkbox"/> \$5	7-Day Registration Fee		<input type="checkbox"/> \$25	90-Day Registration Fee		b) \$100	Liability Insurance Filing Fee	\$100.00	c) Total Vehicle Fees (bottom of page 3, Equipment Report)			d) Total Fees Submitted (by personal check, money order or cashier's check)		
Applicable Fees (Non-refundable)																			
<input type="checkbox"/> \$5	7-Day Registration Fee																		
<input type="checkbox"/> \$25	90-Day Registration Fee																		
b) \$100	Liability Insurance Filing Fee	\$100.00																	
c) Total Vehicle Fees (bottom of page 3, Equipment Report)																			
d) Total Fees Submitted (by personal check, money order or cashier's check)																			

I authorize the Texas Department of Motor Vehicles to charge the credit card indicated above in this application form.

By signing and submitting this application, I certify that I am an authorized user of this credit card. This payment authorization is for intrastate motor carrier registration, for the amount indicated above only, and is valid for one time use only.

Signature of Authorized User _____

Print/Type Name _____

NOTE: The Texas Department of Motor Vehicles will notify you of any deficiencies associated with your application.

Mail application and payment to: P.O. Box 12984 Austin TX 78711-2984. **Overnight mail:** 4000 Jackson Ave., Austin TX 78731.



New Applicant Questionnaire for Texas Intrastate 7- or 90-Day Operating Authority

For this form, "you" means the applicant, or any business that is operated, managed or otherwise controlled or affiliated with the applicant, the applicant's relatives, family members, corporate officers or shareholders of the applicant.

Section 4

1) Have you ever had another motor carrier certificate number (*TxDMV) registered with this agency?

*Registration and enforcement authority has been transferred from the Texas Department of Transportation to the Texas Department of Motor Vehicles (TxDMV). Any reference to the term TxDMV# also includes what was previously know as the TxDOT#.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, provide the TxDMV# _____	If Yes, provide the TxDMV# _____
		If Yes, provide the TxDMV# _____	If Yes, provide the TxDMV# _____

2) Have you had a Compliance Review or a New Entrant Audit by the Texas Department of Public Safety (TxDPS) that resulted in an Unsatisfactory Safety Rating?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, provide USDOT# _____	AND TxDMV# _____
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3) Are you currently under a Cease and Desist order from TxDPS?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, provide USDOT# _____	AND Carrier Profile# (CP#) _____
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4) Are you related to another motor carrier? (The relationship may be through a person, family member, corporate officer or partner who also operates or has operated as a motor carrier in Texas.)

Yes No If Yes, provide the information below.

Motor Carrier's name	Their USDOT# <u>or</u> TxDMV#	How are you related?
_____	_____	_____
Motor Carrier's name	Their USDOT# <u>or</u> TxDMV#	How are you related?
_____	_____	_____

5) Do you currently owe any administrative penalties to TxDMV?

Yes No If Yes, provide the information below under which the penalties are associated.

Notice #	USDOT#	TxDMV#
_____	_____	_____

6) Is the person completing this form an authorized representative of the applicant?

Yes No If Yes, provide the information below.

Printed Name	Job Title
_____	_____
Company Name	Phone Number
_____	_____

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By signing and submitting this application, I certify that the information provided on this form is true and correct, that I am authorized to execute and file this document on behalf of the motor carrier, and that the motor carrier: (1) is in compliance with the drug testing requirements contained in 49 C.F.R. Part 382; (2) has knowledge of, and will conduct operations in accordance with, applicable federal and state laws and rules relating to motor carrier safety, including Tex. Trans. Code, Chapters 541-600, 643, and 644; and (3) has the required insurance as set forth in 43 Tex. Admin. Code, §218.16.

Signature of Owner, Partner, Corporate Officer or Member

Print/Type Name	Print/Type Title
_____	_____



Equipment Report for Texas Intrastate 7- or 90-Day Operating Authority

Texas Department
of Motor Vehicles

Section 5

INSTRUCTIONS	<ul style="list-style-type: none"> · Type or print legibly in blue or black ink. · Enter required information for all vehicles. 	<ul style="list-style-type: none"> · Do not list trailers. · If additional space is needed, please make a copy of this page.
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Name of Applicant	DBA
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Street/Physical Address	City	State	Zip
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Type of Motor Carrier - More than one carrier type may be selected.	Other	HAZ = Hazardous
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Vehicle Make	Unit Number	Year of Vehicle	COMPLETE Vehicle Identification Number (VIN)	Motor Carrier Type	
				Other	HAZ
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>
11.				<input type="checkbox"/>	<input type="checkbox"/>
12.				<input type="checkbox"/>	<input type="checkbox"/>
13.				<input type="checkbox"/>	<input type="checkbox"/>
14.				<input type="checkbox"/>	<input type="checkbox"/>
15.				<input type="checkbox"/>	<input type="checkbox"/>
16.				<input type="checkbox"/>	<input type="checkbox"/>
17.				<input type="checkbox"/>	<input type="checkbox"/>
18.				<input type="checkbox"/>	<input type="checkbox"/>
19.				<input type="checkbox"/>	<input type="checkbox"/>
20.				<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Vehicles: _____	Number of vehicles x \$10 per vehicle = Vehicle Fees: \$ _____
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Signature of Owner, Partner, Corporate Officer of Member _____

Print/Type Name	Print/Type Title
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Texas Department
of Motor Vehicles

Insurance Requirements for Texas Intrastate 7- or 90-Day Operating Authority

All insurance filings must be submitted electronically on a Form E by your insurance company.

Type of Motor Carrier Operation	Description	Minimum Insurance Requirement
1 = HAZ	Transporters of Hazardous Substances 1) Oil listed in 49 C.F.R. §172.101: hazardous waste, hazardous materials and hazardous substances as defined in 49 C.F.R. §171.8 and listed in 49 C.F.R. §172.101, but not mentioned in paragraphs (2) or (3) of this section. 2) Commercial motor vehicles with a gross vehicle weight rating of 10,001 or more pounds - Hazardous substances, as defined in 49 C.F.R. §171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials. Division 2.3, Hazard Zone A material, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 C.F.R. §173.403. 3) Commercial motor vehicles with a gross vehicle weight rating of less than 10,001 pounds - Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 C.F.R. §173.403.	 <div style="text-align: right;">\$1,000,000</div> <div style="text-align: right;">\$5,000,000</div> <div style="text-align: right;">\$5,000,000</div>
2 = Farm Trucks	Farm Trucks 1) Farm Trucks (gross vehicle weight, registered weight, or gross weight rating of 48,000 pounds or more).	<div style="text-align: right;">\$500,000</div>
3 = Other	Other 1) Private or for-hire motor carrier with a commercial motor vehicle with a gross vehicle weight, registered weight or gross weight rating in excess of 26,000 pounds.	<div style="text-align: right;">\$500,000</div>

For more information on the Texas Intrastate Operating Authority Application visit our website at www.TxDmv.gov. For questions concerning the application process contact MCD by phone at 800-299-1700, options 3-4-4, or email MCD_MCCS-Helpdesk@txdmv.gov.

The Texas Department of Motor Vehicles maintains the information collected on this form. With a few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023, and 559.004 of the Texas Government Code, you are entitled to receive and review this information, and to have us correct erroneous information.