



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, 1200 New Jersey Avenue SE, Washington, DC 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 FORM OP-1(P)
APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER 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. The application must be typed or printed in ink. If additional space is needed to provide a response to any item, use a separate sheet of paper. Identify applicant on each supplemental page and refer to the section and item number in the application for each response.

SECTION I

FMCSA AUTHORITY. If you now have any former Interstate Commerce Commission (ICC), Federal Highway Administration (FHWA), Office of Motor Carrier Safety (OMCS), or Federal Motor Carrier Safety Administration authority or have an application for authority being processed now by FMCSA, check the "YES" box and indicate the MC number you have been assigned. Example: MC-987654.

APPLICANT'S LEGAL BUSINESS NAME and DOING BUSINESS AS NAME. The applicant name should be your full legal business name--the name on the incorporation certificate, partnership agreement, tax records, etc. If you use a trade name that differs from your official business name, indicate this under "Doing Business As Name." Example: If you are John Jones, doing business as Quick Way Trucking, enter "John Jones" under APPLICANT'S LEGAL BUSINESS NAME and "Quick Way Trucking" under DOING BUSINESS AS NAME. Because the 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. Example: John Jones Trucking Co., Inc.; J. Jones Trucking Co., Inc.; and John Jones Trucking are considered three separate companies.

BUSINESS ADDRESS/MAILING ADDRESS. The business address is the principal place of business (physical location). Example: 756 Bounty Street; 15433 State Highway 23. If applicant receives mail at an address different from the business location, also provide the mailing address. Example: P.O. Box 3721. NOTE: To receive pertinent FMCSA notices and to ensure that insurance documents filed on applicant's behalf are accepted, notify the FMCSA in writing (1200 New Jersey Avenue SE, Washington, DC 20590) if the business or mailing address changes.

REPRESENTATIVE. If someone other than the applicant is preparing this form, provide the representative's name, title, position, or relationship to the applicant, address, and telephone and FAX numbers. Applicant's representative will be the contact person if there are questions concerning this application.

U.S. DOT NUMBER. Applicants subject to the Federal Motor Carrier Safety Regulations are required to register with U.S. Department of Transportation (U.S. DOT) before initiating service. Motor carriers that already have been issued a U.S. DOT registration number should provide it; applicants that have not registered with U.S. DOT should refer to the U.S. DOT information sources under the "Additional Assistance" part of these Instructions.

FORM OF BUSINESS. A business is either a corporation, sole proprietorship, or a partnership. If the business is a sole proprietorship, provide the name of the individual who is the owner. In this situation, the owner is the authority applicant. If the business is a partnership, provide the name of each partner.

SECTION II

TYPE OF AUTHORITY. Check the appropriate box(es) for the type(s) of authority you are requesting. Note: A separate filing fee is required for each type of authority requested. See "Fee Policy" in the application form. (A broker arranges for the transportation where the actual movement will be performed by licensed motor carriers. Brokers assume no responsibility for the property being transported.)

INSTRUCTIONS FOR FORM OP-1(P)
APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY

SECTION III

INSURANCE INFORMATION. Check the appropriate box(es) to describe the type of business you will be conducting. If you operate vehicles with a gross vehicle weight rating exceeding 10,000 pounds and haul only non-hazardous materials, you are required to maintain \$750,000 minimum liability coverage for the protection of the public. Hazardous materials referred to in the insurance regulations at 49 CFR 387.9 require \$1 million minimum liability coverage; those at 49 CFR 387.9 require \$5 million minimum liability coverage.

If you operate only vehicles with a gross vehicle weight rating under 10,000 pounds, you must maintain \$300,000 minimum liability coverage. If you operate only such vehicles but will be transporting any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of 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 CFR 173.403, you must maintain \$5 million minimum liability coverage.

Brokers of general freight and household goods must have on file with the FMCSA a surety bond or trust fund agreement in the amount of \$10,000.

Minimum levels of cargo insurance must be maintained by all motor property common carriers: \$5,000 for loss of or damage to property carried on any one motor vehicle and \$10,000 for loss of or damage to property occurring at any one time and place.

Appropriate insurance forms must be filed within 90 days after the date the notice of your application is published in the *FMCSA Register*: Form BMC-91 or BMC-91X for bodily injury and property damage, Form BMC-34 for cargo liability, Form BMC-84 for broker surety bond, and Form BMC-85 for broker trust fund agreement.

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.

SECTION IV

SAFETY CERTIFICATION. Applicants for motor carrier authority must complete the safety certification. You should check the "YES" response only if you can attest to the truth of the statements. The "Applicant's Oath" at the end of the application form applies to all certifications, and false certifications are subject to the penalties described in that oath.

If you operate only vehicles with a gross vehicle weight rating under 10,000 pounds and will not transport hazardous materials, you are exempt from the U.S. DOT safety fitness regulations; 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.

You must check only one of the boxes in this section.

SECTION V

AFFILIATIONS. All applicants must disclose pertinent information concerning affiliations, if any, with other former ICC, FHWA, or OMCS; now FMCSA licensed entities.

**SECTIONS VI
AND VII**

HOUSEHOLD GOODS CERTIFICATIONS. If you are applying for household goods common carrier, household goods contract carrier, or household goods broker authority, you must complete the appropriate certification concerning these specialized services in Section VI.

If you are applying for household goods contract carrier authority, you also must provide the information concerning your operations in Section VII.

SECTION VIII

APPLICANT'S 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.

INSTRUCTIONS FOR FORM OP-1(P)
APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY

**LEGAL PROCESS
AGENTS**

All motor carrier applicants must designate a process agent in each State where operations are authorized. All broker applicants must designate a process agent in each State in which offices are located and in which contracts will be written. Process agents who will accept legal filings on applicant's behalf are designated on FMCSA Form BOC-3. Form BOC-3 must be filed within 90 days after the date notice of the application is published in the *FMCSA Register*.

**STATE
NOTIFICATION**

Before beginning new or expanded interstate operations, all applicants must contact the appropriate regulatory agencies in every State in and through which the carrier will operate to obtain information regarding various State rules applicable to interstate authorities. It is the applicant's responsibility to comply with registration, fuel tax, and other State regulations and procedures. Begin this process by contacting the transportation regulatory agency for the State in which your business is located.

**MAILING
INSTRUCTIONS**

To file for authority, you must submit an original of this application with the appropriate filing fee.

NOTE: RETAIN A COPY OF THE COMPLETED APPLICATION FORM AND ANY ATTACHMENTS FOR YOUR OWN RECORDS.

MAILING ADDRESSES FOR APPLICATIONS WITH ALL DOCUMENTS AND FEES ATTACHED:

FOR CHECKS AND MONEY ORDERS

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 USERS ONLY

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

STATUS: After your application is processed by the licensing and insurance (L&I) staff, you can check its status on the Internet. Application, insurance, and process agent information appears on the L&I Web site as soon as it is manually entered into the database or filed electronically. The Web site address is <http://li-public.fmcsa.dot.gov>.

INSTRUCTIONS FOR FORM OP-1(P)
APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY

**ADDITIONAL
ASSISTANCE**

INFORMATION SOURCES

Additional information on obtaining operating authority or monitoring the status of your applications is available through the FMCSA's Automated Response Capability (ARC) telephone system. After dialing (202) 358-7000, press 1, then request the appropriate menu number indicated below. You may use the ARC 24 hours a day, 7 days a week to obtain information in the following areas:

Information Requested

MENU NUMBER

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <ul style="list-style-type: none">• Status of your application
(NOTE: Tracking the status of your application can be simplified and expedited if you refer to the assigned MC number when making inquiries. You will be informed of your MC number by letter sent on the date notice of your application appears in the <i>FMCSA Register</i>.)• Assistance in filing your application• Status of insurance and process agent filings | <p>1</p> <p>3</p> <p>2</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|

If you require information that is not available in the automated response system, the ARC will guide you to an appropriate staff member who will be able to assist you in other areas.

U.S. DEPARTMENT OF TRANSPORTATION INFORMATION SOURCES

U.S. DOT Registration and Safety Ratings

- To obtain information on registering with U.S. DOT (filing Form MCS-150), go to <http://safer.fmcsa.dot.gov> or write to the address below.
- To request a safety fitness review, go to <http://safer.fmcsa.dot.gov> or write to the address below.

Director, Office of Information Systems
Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE
Washington, DC 20590

or call: (800) 832-5660

Note: The above number may also be contacted for information concerning a carrier's assigned safety rating.

U.S. DOT Hazardous Materials Regulations

- To obtain information on whether the commodities you intend to transport are considered to be hazardous materials:

Refer to the provisions governing hazardous materials in the Federal Motor Carrier Safety Regulations at Parts 170 through 189 of Title 49 of the Code of Federal Regulations (CFR), particularly the Hazardous Materials Table at 49 CFR Part 172, or contact U.S. DOT at (202) 366-6121.

- To obtain information about DOT hazardous materials transportation registration requirements:
Contact U.S. DOT at (202) 366-4109.