



United States Department of Transportation
Federal Motor Carrier Safety Administration

Application for Motor Passenger Carrier Authority

INSTRUCTIONS for FORM OP-1(P)

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*If a sole proprietor owner/operator submits personal information for registration purposes to obtain a USDOT Number or Operating Authority, this information will be publicly available on FMCSA Web sites. This published information may include, but is not limited to, the sole proprietor owner/operator's home address, telephone number, and e-mail address when the home contact information also serves as the business contact information.

OVERVIEW OF OPERATING AUTHORITY

FMCSA encourages all applicants with Internet access to use the online registration options at www.fmcsa.dot.gov/registration in order to determine FMCSA's registration requirements. Applicants without Internet access can call FMCSA at 1-800-832-5660 for assistance.

WHO NEEDS OPERATING AUTHORITY?

Before beginning interstate operations in the United States (U.S.), all authorized for-hire Motor Carriers of non-exempt property and passengers, Brokers, and Freight Forwarders based in the U.S. or Canada must obtain Operating Authority by submitting the appropriate form(s) in the OP-1 series. For a description of the different types of OP-1 forms and the various FMCSA requirements for obtaining Operating Authority, please see "[What Are the Steps in Getting Operating Authority?](#)" (Topic IV) in this packet.

NOTE:

- Carriers that operate solely within the State of Hawaii are not required to obtain Operating Authority.
- Mexico-based Motor Carriers should refer to www.fmcsa.dot.gov/mission/español (Spanish) or www.fmcsa.dot.gov/safety/new-entrant-safety-assurance-program (English) for more information.

In addition to Operating Authority, most Motor Carriers of property or passengers must obtain a USDOT Number before beginning interstate operations. Please consult "Do I Need a USDOT Number?" at www.fmcsa.dot.gov/registration/do-i-need-usdot-number.

HOW TO APPLY

Applications may be submitted online or mailed to FMCSA. Compared to mailing, the online method reduces processing time by as much as 2-3 weeks, thus enabling companies to begin their operations sooner. **Remember, operations cannot begin until the certificate, permit, or license for Operating Authority has been received.** For more information, see "[What Are the Steps in Getting Operating Authority?](#)" (Topic IV) in this packet.

APPLY ONLINE

Applying online requires the use of a valid credit card (American Express, Discover, MasterCard, or Visa). Those who do not wish to submit their credit card information online must complete the application and payment by mail (see "Apply by Mail" below).

The following tips are encouraged:

- Go to www.fmcsa.dot.gov/registration for information about registering electronically.
- Utilize the form instructions during the completion of the online form. This will help to ensure that the application is completed accurately.

NOTE:

- The applicant's legal name (or the authorized representative's name) must match the name and billing address of the credit card.
- Record the MC or FF Number that is provided after approval of the application. This number will be needed on the insurance and process agent forms that are required to complete the application process for obtaining Operating Authority (for more details, see "[What Are the Steps in Getting Operating Authority?](#)" [Topic IV] in this packet). This number may also be needed for any correspondence with the FMCSA.

APPLY BY MAIL

Follow the steps below:

- Applicants with Internet access are encouraged to go to www.fmcsa.dot.gov/registration for more information.
- Go to www.fmcsa.dot.gov/registration/registration-forms to complete the appropriate form(s) and instructions.
- Follow the instructions to complete the application form(s)
- Save a copy of the application and all supporting documents for the company's business records
- Mail the completed application form(s), any supporting documents, and payment to one of the following addresses, depending upon the type of payment (and method of mail delivery):

1) **Check or Money Order** (make payable to the FMCSA in U.S. dollars)

First-Class Mail

Federal Motor Carrier Safety Administration
P.O. Box 6200-33
Portland, OR 97228-6200

Overnight Express Mail:

U.S. Bank Government Lockbox
ATTN: Federal Motor Carrier
Safety Administration 6200-33
17650 NE Sandy Blvd.
Portland, OR 97230

2) **Credit Card** (MasterCard or Visa only)

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE
Room W65-206
Washington, DC 20590

NOTE: Sending payment to the wrong address will delay application processing by 2-3 weeks.

WHAT IS THE COST?

Operating Authority **\$300.00 each**

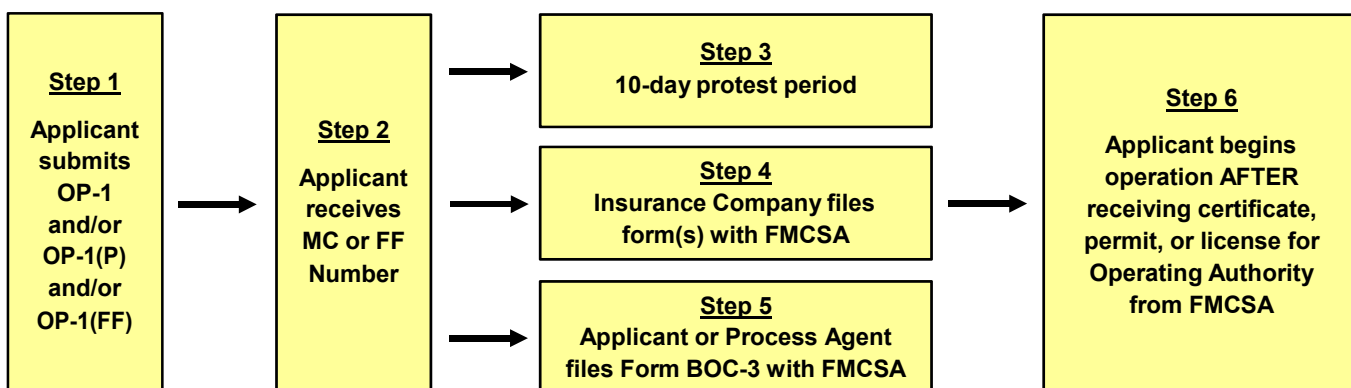
- Form OP-1
 - 1) Motor Carrier of Property (except Household Goods).
 - 2) Motor Carrier of Household Goods.
 - 3) Broker of Property (except Household Goods).
 - 4) Broker of Household Goods.
 - 5) United States-based Enterprise Carrier of International Cargo (except Household Goods).
 - 6) United States-based Enterprise Carrier of International Household Goods.
- Form OP-1(P)
 - 1) Motor Carrier of Passengers.
- Form OP-1(FF)
 - 1) Freight Forwarder of Property (except Household Goods).
 - 2) Freight Forwarder of Household Goods.

NOTE:

- FMCSA regulations prevent us from giving applicants refunds for motor carrier operating authority. After the application, petition, or other document has been accepted for filing by the FMCSA, the filing fee will not be refunded, regardless of whether the application, petition, or other document is granted or approved, denied, rejected before docketing, dismissed or withdrawn. The "non-refund" notice for application fees is also posted on our Web site.
- The FMCSA reserves the right to discontinue processing any application for which insufficient payment is received.

WHAT ARE THE STEPS IN GETTING OPERATING AUTHORITY?

For Motor Carriers, Brokers, and Freight Forwarders based in the U.S. or Canada, the Operating Authority application process includes the six steps shown below. Motor Carriers based in Hawaii or Mexico should see the [NOTE](#) in "Overview of Operating Authority" (Topic I) in this packet.



STEP 1 — APPLICATION FOR OPERATING AUTHORITY

Motor Carriers, Brokers, and Freight Forwarders begin the Operating Authority application process by submitting one (or more) of the following forms with the appropriate application processing fee:

- OP-1 — Operating Authority for:
 - 1) Motor Carrier (common property, contract property, common household goods, or contract household goods).
 - 2) Broker (property or household goods).
 - 3) United States-based Enterprise Carrier (international cargo or international household goods).
- OP-1(P) — Operating Authority for Motor Passenger Carrier (common or contract).
- OP-1(FF) — Operating Authority for Freight Forwarder (property or household goods).

NOTE:

- For descriptions of the different types of Operating Authority, see "[Section 2 — Type of Authority](#)" under "How to Complete the OP-1(P) Application for Motor Passenger Carrier Authority" (Topic V) in this packet.
- To identify the required form(s) for Operating Authority, see www.fmcsa.dot.gov/registration/get-mc-number-authority-operate.

STEP 2 — GRANT LETTER AND MC/FF NUMBER

Applicants will receive a grant letter after FMCSA processes and accepts the Operating Authority application as follows:

- If applying online, a Motor Carrier (MC) or Freight Forwarder (FF) Number will be provided immediately, and the confirmation grant letter will arrive via mail.
- If applying by mail, the grant letter should arrive via mail in approximately 4 weeks. This letter will include the MC or FF Number. Applicants have the option of checking the status of their application online. See "[Information Sources](#)" (Topic VI) in this packet for instructions.

Insurance Companies and Process Agents will use the MC or FF Number to make the appropriate filings on behalf of applicants to complete the application process for obtaining Operating Authority.

NOTE: Although an MC or FF Number has been assigned by FMCSA, this does not represent Operating Authority. The company may not begin to operate until it has received the corresponding certificate, permit, or license for Operating Authority described in [Step 6](#).

STEP 3 — 10-DAY PROTEST PERIOD

At the same time the grant letter is mailed, each company's application for Operating Authority will be published in the *FMCSA Register*. This publication initiates the 10-calendar-day protest period, during which any individual can file a protest with FMCSA stating why a company should not be issued Operating Authority. FMCSA will accept protests sent by mail as long as they are postmarked by the last day of the protest period. FMCSA will provide the applicant with information on the adjudication process if any protests are filed. During this protest period, Insurance Companies and Process Agents can file the necessary documents detailed in Step 4 and Step 5 below.

To view the FMCSA Register, go to <http://li-public.fmcsa.dot.gov> and then follow the steps below:

- Read the introductory page and then click the "Continue" link.
- Select the "FMCSA Register" option in the dropdown menu and click "Go."

STEP 4 — INSURANCE

This step can begin any time after the applicant receives an MC or FF Number (as described in Step 2 above) and is not dependent on Step 3 being completed. An Insurance Company must file the appropriate insurance form(s) on behalf of the applicant within 90 days of the date the application for Operating Authority was published in the *FMCSA Register*. Otherwise, the application for Operating Authority will be dismissed, and the application fee will not be refunded. The applicant will receive a warning letter about the 90-day deadline if FMCSA has not received the required documentation within 20 days.

NOTE:

- Applicants may not file insurance forms on their own behalf. Therefore, FMCSA does not provide insurance forms to applicants.
- An authorized representative from the home or branch office of an Insurance Company must file the required insurance form(s) on the applicant's behalf.
- To minimize processing delays, FMCSA recommends filing forms electronically.
- It is the applicant's responsibility to follow up with the Insurance Company to verify that FMCSA has received and approved the required insurance form(s).
- Failure to promptly submit required forms and documentation will delay application processing and can result in dismissal of the application and loss of the application fee.
- Check the status of insurance filings by either accessing the FMCSA Web site (see "[Information Sources](#)" [Topic VI] in this packet for instructions) or calling FMCSA toll-free at 1-800-832-5660 (Monday through Friday, 8 a.m. to 8 p.m. ET).

FMCSA requires the following insurance form for applicants requesting Operating Authority as a Motor Carrier of Passengers:

- Form BMC-91 or BMC-91X for proof of bodily injury and property damage (BI & PD) insurance.

Motor Carriers of Passengers are required to maintain BI & PD insurance as follows:

- \$1,500,000 minimum liability coverage is required if all vehicles in the company fleet have a seating capacity of 15 passengers (including the driver) or fewer.
- \$5,000,000 minimum liability coverage is required if any vehicles in the company fleet have a seating capacity of 16 passengers (including the driver) or more.

NOTE: Passenger Carriers that are Federal Transit Administration grantees (Transit Service Operators) under 49 USC 5307, 5310, or 5311 are required to maintain liability insurance at least at the highest level required by any of the States in which the transit service area is located and in which the carrier operates. FMCSA will waive the \$300 filing fee for the OP-1(P) Application for Motor Passenger Carrier Authority for Transit Service Operators.

For specific guidance about which insurance/financial form(s) FMCSA requires, please see 49 CFR Part 387. To view this information, go to the FMCSA website at www.fmcsa.dot.gov/regulations/title49/part/387.

Self-Insurance

Motor Carriers and U.S.-based Enterprise Carriers may qualify as a self-insurer against bodily injury and property damage by submitting Form BMC-40 (Application for Authority to Self-Insure) and evidence to the FMCSA to demonstrate the existence of the following:

- Adequate tangible net worth that will cover any liability claims in the event of a loss.
- Sound self-insurance program.
- Adequate safety program.

FMCSA will approve an application to self-insure subject to appropriate and reasonable conditions. For more details about self-insurance, see 49 CFR 387.309 and 387.411.

STEP 5 — PROCESS AGENT

This step can begin any time after an applicant receives its MC or FF Number as described in Step 2 above. FMCSA requires each applicant for Operating Authority to designate a Process Agent in every State in which it operates or travels through. A Process Agent is a representative upon whom court papers or FMCSA Notices and Orders may be served in any legal proceeding or administrative matter brought against a Motor Carrier.

A Motor Carrier of Passengers may act as its own Process Agent in the State in which it maintains its principal place of business (a P.O. Box address is not considered a principal place of business).

Either the applicant or Process Agent, on behalf of the applicant, can file Form BOC-3 (Designation of Process Agents) with the FMCSA. This form must be filed within 90 days of the date the application for Operating Authority was published in the *FMCSA Register*. Failure to meet this deadline will result in dismissal of the Operating Authority application and loss of the application fee. The applicant will receive a warning letter about the 90-day deadline if FMCSA has not received the required documentation within 20 days. More information on filing Form BOC-3 can be found at www.fmcsa.dot.gov/documents/Form-BOC-3-508.pdf.

For a fee, many commercial companies will arrange for designation of a Process Agent in any State. Some companies offer “blanket coverage,” which designates a Process Agent in every State. For a list of Process Agent companies, visit the FMCSA website at www.fmcsa.dot.gov/registration/process-agents. For more details about Process Agent designation, see 49 CFR 366.

STEP 6 — CERTIFICATE, PERMIT, OR LICENSE OF OPERATING AUTHORITY

After FMCSA has approved the application, insurance, and process agent filings, and the protest period has ended without any protests, applicants are issued Operating Authority in the form of a certificate. **Applicants may not begin operations until this official record of Operating Authority is received by mail.**

State Regulations and Requirements

In addition to Federal requirements, all applicants must comply with registration, fuel tax, and other State regulations and procedures. Before beginning new or expanded interstate operations, applicants must familiarize themselves with the various State rules applicable to interstate companies in each State in which they plan to operate. Begin this process by contacting the transportation regulatory agency for the State in which the applicant is located.

HOW TO COMPLETE THE OP-1(P) APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY

These instructions will assist companies in accurately completing the application. **Incomplete or incorrect applications will be delayed or suspended until the applicant has been contacted and the problems have been resolved. If an application is rejected, the application fee will not be refunded.**

NOTE FOR APPLICATIONS THAT WILL BE MAILED:

- Please print clearly in ink or type all information.
- If more space is needed to complete any section on the application form, please attach a separate sheet of paper and label each page with the applicant's legal business name, section number on the form, and item description.
- Retain a copy of the completed application form and any supporting attachments for the company's business records.
- For additional mailing instructions, please see “[Apply by Mail](#)” under “How to Apply” (Topic II) in this packet.

SECTION 1 — APPLICANT INFORMATION

All Passenger Carrier applicants must complete this section.

1. FMCSA Authority — Select the “Yes” response if either of the following conditions is true:

- Operating Authority was previously issued by the Interstate Commerce Commission (ICC), Federal Highway Administration (FHWA), Office of Motor Carrier Safety (OMCS), or Federal Motor Carrier Safety Administration (FMCSA).
- An application for Operating Authority is currently being processed by FMCSA.

If neither of the conditions above applies, select the “No” response.

If the “Yes” response is selected, indicate the MC/FF Number (for example: MC-999999), which is also called the lead docket number. To search for the MC/FF Number, follow the instructions provided under “[MC/FF Number](#)” in “Information Sources” (Topic VI in this packet).

2. Legal Business Name — Enter the full legal name of the business entity (*i.e.*, corporation, sole proprietor/individual, or partnership) that owns/controls the Motor Carrier. This should be the same name that appears on the incorporation certificate, partnership agreement, tax records, etc. Examples are as follows:

- **Corporation** — Enter the full legal name on the incorporation certificate. This name must include the type of corporation, such as: John Doe Inc. or John Doe LLC.
- **Sole Proprietorship/Individual** — Enter the full legal name, such as: John A. Doe.
- **Partnership** — Enter the full legal names of all partners, such as: John A. Doe and Jane B. Smith.

NOTE: To avoid delays in obtaining Operating Authority, the Legal Business Name on the OP-1(P) application must match the name submitted on insurance documents, Form BOC-3 (Designation of Process Agents), and Form MCS-150 (Application for USDOT Number, which is required for Motor Carriers only).

3. Doing Business As Name — Leave this item blank unless the “Doing Business As” (DBA) name or “Trade” name is different from the Legal Business Name entered above. For example: enter “John’s Trucking Company” here if the business operates under this name, but John A. Doe is the Legal Business Name.

NOTE: It is important to spell, space, and punctuate the business name the same exact way each time it appears on an application. Any difference will be considered a different company. For example: John Jones Trucking Co., Inc.; J. Jones Trucking Co., Inc.; and John Jones Trucking are considered three separate companies.

4-9. Principal Place of Business — Enter the physical address of where the company is engaged in business operations related to the transportation of persons and where safety records are regularly maintained. An applicant with a single business location must designate that location as its principal place of business. If there is more than one business location, provide the address where the company’s safety records are maintained. This address will be used by FMCSA for on-site visits to Motor Carriers for the purpose of conducting safety audits, investigations, and other activities.

NOTE: A P.O. Box may not be entered as the Principal Address on the OP-1(P) form. Also, if applying for a USDOT Number, this Principal Address must match the Principal Address on the MCS-150 application.

10-15. Mailing Address — Enter the mailing address where all correspondence from FMCSA should be sent. Leave this item blank if the Mailing Address is the same as the Business Address. The mailing address may be a P.O. Box.

NOTE: In order to receive pertinent FMCSA notices and verification that insurance documents have been filed on the applicant’s behalf, please notify FMCSA of Business or Mailing Address changes by one of the following methods:

- Online at li-public.fmcsa.dot.gov/LIVIEW/PKG_REGISTRATION.prc_option.
- Upload via our web form at <https://ask.fmcsa.dot.gov/app/ask>.
- Fax information to 202-366-3477.
- Mail information in writing to 1200 New Jersey Avenue SE, MC-RS, Washington, DC 20590, Attention: Address Change.
- Please use Form MCSA-5889 to file your request: <https://www.fmcsa.dot.gov/registration/form-mcsa-5889-motor-carrier-records-change-form>. Please include Legal Business Name and MC Number (also called lead docket number).

16-23. Representative — If someone other than the applicant is preparing the application, provide the representative’s name, title/position or relationship to the applicant, business address, and business telephone and fax numbers. This representative will be contacted if questions concerning this application arise.

24. USDOT Number — Enter the USDOT Number if one has been assigned. If not, please consult “Do I Need a USDOT Number?” at www.fmcsa.dot.gov/registration/do-i-need-usdot-number to determine whether a USDOT Number must be obtained.

To find a company’s USDOT Number, use either method below:

- Go to <http://safer.fmcsa.dot.gov>
 - 1) Then click “Company Safety Snapshot” under “FMCSA Searches”
 - 2) Enter a “Legal Name” or “DBA Name” **and** the State in which the company headquarters are located
 - 3) Click “Search”
- Call FMCSA at 1-800-832-5660.

NOTE: All applicants subject to the Federal Motor Carrier Safety Regulations are required to obtain a USDOT Number before beginning business operations. For more information, please visit FMCSA’s Web site at www.fmcsa.dot.gov/registration or call 1-800-832-5660.

25-27. **Form of Business** — Select **only one** category and provide the requested information:

- **Corporation** — Provide the name of the State where the corporation is incorporated.
- **Sole Proprietorship/Individual** — Provide the full legal name of the individual who is the business owner. This name should match the name entered under Legal Business Name.
- **Partnership** — Provide the full legal name of **each** partner. These names should match the names entered under Legal Business Name.

SECTION 2 — INSURANCE INFORMATION

All Passenger Carrier applicants must complete this section. Select **only one** response.

28. **Minimum Amount of Coverage Required** — Motor Carriers of Passengers must maintain bodily injury and property damage (public liability) insurance. The insurance coverage requirements depend upon the seating capacities of the commercial motor vehicles that the company plans to operate:

- \$1,500,000 minimum liability coverage is required if all vehicles in the company fleet have a seating capacity of 15 passengers (including the driver) or fewer.
- \$5,000,000 minimum liability coverage is required if any vehicles in the company fleet have a seating capacity of 16 passengers (including the driver) or more.

NOTE: Passenger Carriers that are Federal Transit Administration grantees (Transit Service Operators) under 49 USC 5307, 5310, or 5311 are required to maintain liability insurance at least at the highest level required by any of the States in which the transit service area is located and in which they operate.

A representative from either the home or branch office of an insurance company must file Form BMC-91 or BMC-91X on behalf of the applicant within 90 days of the date notice of the application for Operating Authority is published in the FMCSA Register. Otherwise, the application for Operating Authority will be dismissed and the application fee will not be refunded. Call FMCSA at 1-800-832-5660 to obtain information about insurance. For more information about insurance requirements and procedures, refer to “[Step 4](#)” under “What Are the Steps in Getting Operating Authority?” (Topic IV) in this packet.

SECTION 3 — SAFETY CERTIFICATION

All Passenger Carrier applicants must complete this section. Select **only one** response.

29-30. **Safety Certification** — Applicants must first determine whether they are subject to the Federal Motor Carrier Safety Regulations (FMCSRs) at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), available online at https://www.ecfr.gov/cgi-bin/text-idx?SID=9b883b5efdf9220bc3b4e36660144031&mc=true&tpl=/ecfrbrowse/Title49/49cfrv5_02.tpl#0.

An applicant is subject to the FMCSRs if it will operate any of the following commercial motor vehicles in interstate commerce:

- A vehicle with a gross vehicle weight rating or gross combination weight rating, whichever is greater, of 10,001 pounds (4,537 kilograms) or more.
- A vehicle designed or used to transport between 9 and 15 passengers (including the driver) for compensation.
- A vehicle designed or used to transport 16 or more passengers (including the driver).

Applicants that are subject to the FMCSRs must read the statements under the heading titled “Applicants Subject to Federal Motor Carrier Safety Regulations.” These statements describe the activities that Passenger Carriers must follow in order to comply with the FMCSRs. Select the “Yes” response in this part only if the applicant attests that all of the statements are true.

Applicants that will not operate any of the commercial motor vehicles specified above are exempt from the FMCSRs and must complete the safety certification under the heading titled “Exempt Applicants.” Read the corresponding statement and select the “Yes” response in this part only if the applicant attests that the entire statement is true.

SECTION 4 — COMPLIANCE CERTIFICATION

All Passenger Carrier applicants must complete this section.

31. **Compliance Certification** — Read the statement and check “Yes” only if the statement is true.

Private entities that are primarily in the business of transporting passengers 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 the USDOT’s Americans with Disabilities Act regulations located at [49 CFR Part 37, Subpart H](#).

SECTION 5 — GOVERNMENT FUNDING STATUS

All Passenger Carrier applicants must complete this section. Select **only one** response.

32. **Government Funding Status** — Applicants that currently receive, or have received in the past, governmental financial assistance for the acquisition or operation of a bus must indicate their funding status by selecting either the “Public recipient” or “Private recipient” response.

Applicants that do not receive any government funding or use equipment acquired with governmental financial assistance should select the “Non-recipient” response.

NOTE:

- **Only** public recipient applicants requesting authority to operate over regular routes are required to submit, on a separate sheet of paper attached to the application, 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).
- Applicants that choose to mail the application should attach a separate sheet of paper which details any requested evidence.
- **Public recipient** applicants for charter or special transportation must submit the evidence requested in this section of the application form.
- **Regular route** public recipient and charter applicants and charter and special transportation private recipient applicants may, at their option, submit supplemental evidence with this application which addresses the Public Interest Criteria specified in this section of the form. This evidence may be needed if the application is protested.
- Applicants who do not receive governmental financial assistance do not need to submit additional evidence.

SECTION 6 — SCOPE OF OPERATING AUTHORITY

All Passenger Carrier applicants must complete this section. Check all boxes that apply.

33-37. Scope of Operating Authority Requested — This section corresponds to the type(s) of Operating Authority selected in "[Section 2 — Type of Authority](#)" of the OP-1(P) application form.

NOTE:

- "Regular Routes" refer only to Passenger Carriers that perform regularly scheduled service between designated points and operate over named roads or highways.
- **Only** public recipient applicants requesting authority to operate over regular routes are required to submit a detailed narrative description of the route(s) and a corresponding map that graphically displays the path of the route with the application.
- Special and charter operations do not operate over regular routes.

SECTION 7 — AFFILIATIONS

Only applicants with any relationship within the past 3 years to any business entity regulated/licensed by the FMCSA, ICC, FHWA, or OMCS must complete this section.

38. Affiliations — Examples of an affiliation or relationship include, but are not limited to, owning another company (even a percentage of stock), providing a loan to another company, managing another company, or having a family relationship with an owner or manager of another company.

Disclose any past or current relationship within the last 3 years by providing the following:

- Description of affiliation or relationship.
- Name of the company.
- MC/FF Number.
- USDOT Number.
- Latest DOT safety rating (for more information, see "[Information Sources](#)" (Topic VI) in this packet).

SECTION 8 — APPLICANT'S OATH

All applicants must complete this section. False certifications are subject to the penalties described in the oath.

39. Applicant's Oath — Type or print the name and title of an individual authorized to sign documents on behalf of the company that is applying for Operating Authority. The authorized signer is one of the following:

- In the case of a sole proprietorship, the owner.
- In the case of a partnership, an official partner.
- In the case of a corporation, an authorized officer.
- An individual with power of attorney to act on behalf of the applicant (proof of the power of attorney must be submitted with the application).

NOTE: If this application is not signed and dated by an authorized individual, the application will be rejected and Interstate Operating Authority will NOT be issued.

INFORMATION SOURCES

For general information and guidance regarding applications, please visit the FMCSA Web site at www.fmcsa.dot.gov or call FMCSA at 1-800-832-5660.

STATUS OF APPLICATION, INSURANCE, AND PROCESS AGENT FILINGS

To check the status, use the following method after FMCSA has processed your application:

- Go to the FMCSA Web site at <http://li-public.fmcsa.dot.gov> and do the following:
 - 1) Read the introductory page and click “Continue”
 - 2) Select “Carrier Search” in the dropdown menu and click “Go”
 - 3) Follow the search instructions (for State, enter the location of the company headquarters).

MC NUMBER

To find a company’s MC Number, go to <http://li-public.fmcsa.dot.gov> and conduct a search as follows:

- Read the introductory page and click “Continue”
- Select “Carrier Search” in the dropdown menu and click “Go”
- Follow the search instructions (for State, enter the location of the company headquarters).

Those without Internet access can call 1-800-832-5660 for assistance.

USDOT NUMBER REGISTRATION

To obtain a USDOT Number, apply online via the Unified Registration System: www.fmcsa.dot.gov/registration.

HAZARDOUS MATERIALS REGULATIONS

If you intend to transport incidental property that may be considered to be hazardous materials (for example, oxygen tanks for disabled passengers), refer to the Federal Hazardous Materials Regulations in Parts 100 through 185 of Title 49 of the Code of Federal Regulations (CFR), particularly the Hazardous Materials Table at 49 CFR 172. These regulations are available online at <https://www.phmsa.dot.gov/phmsa-regulations>. Contact the FMCSA at 202-366-4871 if assistance is needed.

To obtain information about DOT hazardous material transportation registration requirements, call 1-800-942-6990.

SAFETY RATING

If a safety rating has already been assigned, view your status online at <http://safer.fmcsa.dot.gov> (click “Company Snapshot”) or call 1-800-832-5660.

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

- Visit the FMCSA Web site at www.fmcsa.dot.gov/mission/field-offices, or
- Call 1-800-832-5660.

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

FOR FMCSA USE ONLY

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

The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399.

Public reporting for this collection of information is estimated to be 2 hours per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is 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 valid OMB Control Number for this information collection is 2126-0016. 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-MBI, U.S. Department of Transportation, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Application for Motor Passenger Carrier Authority

FORM OP-1(P)

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

Section 1

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):* _____

4-9. PRINCIPAL PLACE OF BUSINESS *(no P.O. Box):*

4. STREET ADDRESS/RTE. NUMBER	5. CITY	6. STATE/PROVINCE	7. ZIP CODE	8. TELEPHONE	9. FAX
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10-15. MAILING ADDRESS: *Same as Principal Address* *Mailing address below:*

10. STREET ADDRESS/RTE. NUMBER	11. CITY	12. STATE/PROVINCE	13. ZIP CODE	14. TELEPHONE	15. FAX
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16-23. REPRESENTATIVE *(person who can respond to inquiries):*

16. NAME	17. TITLE, POSITION, OR RELATIONSHIP TO APPLICANT
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18. STREET ADDRESS/RTE. NUMBER	19. CITY	20. STATE/PROVINCE	21. ZIP CODE	22. TELEPHONE	23. FAX
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24. USDOT NUMBER (if available; if not, see instructions): _____

25-27. 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
2

**INSURANCE
INFORMATION**

All motor passenger carrier applicants must maintain public liability insurance.

The amounts in parentheses represent the minimum amount of coverage required.

28. APPLICANT WILL USE VEHICLE WITH SEATING CAPACITIES OF:

16 PASSENGERS OR MORE (\$5,000,000)

15 PASSENGERS OR FEWER ONLY (\$1,500,000)

Section
3

SAFETY CERTIFICATION

(Select only one.)

29. APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

If you will operate vehicles of more than 10,001 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

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 and the safe transportation of hazardous materials.

YES

Section 4

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 5

GOVERNMENT FUNDING STATUS

32. SPECIFY THE NATURE OF GOVERNMENTAL FINANCIAL ASSISTANCE YOU RECEIVE, IF ANY, BY SELECTING THE APPROPRIATE BOX BELOW (select only one):

- | | |
|-------------------|--|
| PUBLIC RECIPIENT | <i>(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.)</i> |
| PRIVATE RECIPIENT | <i>(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.)</i> |
| NON-RECIPIENT | <i>(Applicant is not receiving, or using equipment acquired with, governmental financial assistance.)</i> |

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 6

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 7

AFFILIATIONS

38. AFFILIATIONS

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 8

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
(please type or print name)
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:** _____
(please type or print)

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](#).

Exempt per 49 USC 5307, 5310, or 5311 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 United States.*

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/Province: _____ 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:**

Check or Money Order:

Standard First-Class Mail
Federal Motor Carrier Safety Administration
P.O. Box 6200-33
Portland, OR 97228-6200

Credit Card:

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE
Room W65-206
Washington, DC 20590

Express Mail Only:

U.S. Bank Government Lockbox
ATTN: Federal Motor Carrier Safety
Administration 6200-33
17650 NE Sandy Blvd.
Portland, OR 97230

NOTE: Sending payment to the wrong address will delay application processing by 2-3 weeks.