



FOR-HIRE INTRASTATE OPERATING AUTHORITY PERMIT APPLICATION

Purpose: Use this form to apply for or change your existing for-hire intrastate operating authority. This form can only be used to apply for or change the for-hire intrastate operating authority types identified in Section 1 of this application. For information on how to obtain For-Hire Intrastate Operating Authority for other types of for-hire services, refer to the DMV publication Motor Carrier Guidelines, found at www.dmv.virginia.gov/webdoc/pdf/mcts247.pdf.

Instructions: Complete all required sections as noted on the application and submit to Motor Carrier Services at the above address. If you have questions or require additional information, send correspondence to the Motor Carrier Services at the address above or refer to Section 8 of this application for additional contact information.

NOTE: You are not required to complete this form if you are transporting property for compensation solely in/on a passenger car, motorcycle, auticycle, moped, or a motor vehicle with a gross vehicle weight rating of 10,000 pounds or less. However, you must maintain insurance as required in § 46.2-2143.1 of the *Code of Virginia*.

Please be aware of the following prohibition: If you have been or are found guilty of performing, offering, advertising, providing, procuring, or arranging by contract, agreement, or arrangement to transport passengers for compensation without the required license, permit, or certificate through either a conviction resulting from a Virginia Uniform Summons or a civil penalty appropriately assessed by DMV, you will be denied the license, permit, or certificate requested for a period of 12 months beginning from the date of the conviction or assessment of the civil penalty. This prohibition does not apply to property carrier applicants.

1. APPLICATION AND AUTHORITY TYPES

APPLICATION TYPE (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> ORIGINAL APPLICATION Check this box if you are applying for an original for-hire intrastate operating authority permit. Check the appropriate AUTHORITY TYPE below and complete all Sections 1 through 7. | <input type="checkbox"/> DUPLICATE PERMIT Check this box if you are applying for a duplicate for-hire intrastate operating authority permit. Check the appropriate AUTHORITY TYPE below and complete Sections 2, 6 and 7. | <input type="checkbox"/> CHANGE / AMEND APPLICATION Check this box if you are changing your existing for-hire intrastate operating authority permit. Complete all Sections 1 through 7 AND specify change being made below: |
| <input type="checkbox"/> CANCEL AUTHORITY TYPE Check this box if you are applying to cancel your for-hire intrastate operating authority permit. Check the appropriate AUTHORITY TYPE below and complete Sections 2 and 6. | <input type="checkbox"/> CLOSE ACCOUNT Check this box if you are requesting to close your account. Complete Sections 2 and 6. | _____ SPECIFY CHANGE BEING MADE |

AUTHORITY TYPE (check one)

- PROPERTY CARRIER**
 Check this box for businesses that transport Property (general freight, manufactured/processed commodities, household goods 30 miles or less from point of origin). You MUST provide proof of insurance as follows:

| Minimum Bodily Injury & Property Damage Amount | Cargo* |
|--|----------|
| \$750,000 | \$50,000 |

* Cargo insurance only applies to the transportation of household goods; however, cargo insurance is not required if you transport household goods only in passenger cars, motorcycles, auticycles, mopeds, and vehicles with a gross vehicle weight rating of 10,000 pounds or less.

Household goods – personal effects and property used or to be used in a dwelling, when transported or arranged to be transported (i) between residences or (ii) between a residence and a storage facility with the intent to later transport to a residence. Transportation of such goods must be arranged and paid for by, or on behalf of, the householder.

- | | | |
|--|--|--|
| <input type="checkbox"/> EMPLOYEE HAULER CARRIER Check this box for businesses that transport employees to and from their place of work. You MUST provide proof of insurance as follows: | <input type="checkbox"/> NON-PROFIT/TAX-EXEMPT PASSENGER CARRIER Check this box for non-profits that use only minibuses to transport its own members or the elderly, disabled, or economically disadvantaged members of a community. You MUST provide proof of insurance as follows: | <input type="checkbox"/> TAXICAB Check this box for businesses that transport passengers in vehicles that are designed to transport no more than six passengers, excluding the driver. All operations must be in compliance with local taxicab ordinances when applicable. You MUST provide proof of insurance as follows: |
|--|--|--|

| Minimum Bodily Injury & Property Damage Amount | Total Passengers (including driver) |
|--|-------------------------------------|
| \$350,000 | 1 to 6 |
| \$1,500,000 | 7 to 15 |
| \$5,000,000 | 16 or more |

| Minimum Bodily Injury & Property Damage Amount | Total Passengers (including driver) |
|--|-------------------------------------|
| \$1,500,000 | 7 to 15 |
| \$5,000,000 | 16 to 31 |

| Minimum Bodily Injury & Property Damage Amount |
|--|
| \$125,000 |

2. BUSINESS INFORMATION

| | | | |
|--|------|---------------------------------------|------------|
| BUSINESS NAME (For individual applicants, give your full legal name) | | FEDERAL TAX IDENTIFICATION NUMBER/SSN | |
| TRADE NAME OR DOING BUSINESS AS (if different from Business Name) | | | |
| BUSINESS STREET ADDRESS (do not give P.O. Box) | CITY | STATE | ZIP CODE |
| BUSINESS MAILING ADDRESS (if different from above) | CITY | STATE | ZIP CODE |
| PRIMARY CONTACT PERSON NAME | | TELEPHONE NUMBER | FAX NUMBER |
| PRIMARY CONTACT PERSON TITLE | | PRIMARY CONTACT PERSON EMAIL ADDRESS | |

3. OTHER CARRIER INFORMATION

Have you as an individual, or the business name provided above, ever been convicted of a criminal violation or assessed a civil penalty for involvement in transportation that would require a DMV certificate, license, or permit? NO YES

| | | |
|--|----------------------------|--------------------|
| Does your business have an IFTA or an IRP account? <input type="checkbox"/> NO - Skip to the next section <input type="checkbox"/> YES - enter applicable information | IFTA LICENSE NUMBER | BASE STATE |
| IRP ACCOUNT NUMBER | BASE STATE | IRP ACCOUNT NUMBER |
| | | BASE STATE |
| MC NUMBER (if applicable) | DOT NUMBER (if applicable) | |

Have you as a sole proprietor, or the business name provided above, or a partner or any business official listed below, ever been convicted or assessed a civil penalty for operating, offering, advertising, providing, procuring, furnishing or arranging to transport passengers for compensation without first obtaining a license, permit or certificate from DMV? NO YES - provide additional detail below.

| | | |
|-----------------|---|----------------------|
| FULL LEGAL NAME | <input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY | COURT(if conviction) |
|-----------------|---|----------------------|

4. BUSINESS ENTITY INFORMATION

4A. BUSINESS ENTITY TYPE (check one)
 CORPORATION PARTNERSHIP (Complete Section 4B below) INDIVIDUAL OTHER _____

4B. PARTNERSHIP INFORMATION (enter the following information for all partners)

| FULL LEGAL NAME | SOCIAL SECURITY NUMBER |
|-----------------|------------------------|
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| | |

5. OPERATION INFORMATION

GIVE A BRIEF DESCRIPTION OF YOUR OPERATION. APPLICANTS FOR "AUTHORITY TYPE" EMPLOYEE HAULER CARRIER SHOULD LIST EMPLOYERS' NAMES AND LOCATIONS. (Example: A. E. Jones, Company -- Richmond, VA)

6. CERTIFICATION

I affirm that all taxes, fees, penalties, interest, and judgements due the Commonwealth of Virginia have been paid or satisfied and that I am in compliance with the Worker's Compensation Act of Title 65.2 and with the Business, Professional, and Occupational License Tax requirements. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I understand that any Virginia Operating Authority permit issued to me can be suspended and revoked if any of the information in the application is found to be untrue or inaccurate.

| | | |
|--|--|--|
| APPLICANT OR AUTHORIZED REPRESENTATIVE NAME | APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE | |
| APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE | DATE (mm/dd/yyyy) | |

7. PAYMENT METHODS

Applicants that have APPLICATION TYPE "Original Application" and AUTHORITY TYPES "Employee Hauler Carrier" or "Taxicab" must submit a \$50.00 non-refundable fee with this application. Applicants with APPLICATION TYPE "Duplicate Permit" must submit a \$3.00 fee with this application. (Check one):

CHECK / MONEY ORDER -- Made payable to DMV CREDIT CARD / E-Check -- provide contact number →

TELEPHONE NUMBER

NOTE: In our continuing effort to safeguard customer information, DMV does not accept credit card payments by mail or email. You may pay with a credit card by having a Motor Carrier Services Representative contact you. We accept checks and money orders via mail.

8. CONTACT INFORMATION

If you have questions about this application or operating authority types, contact a Motor Carrier Services Representative at:

| | |
|----------------------|---|
| 804-249-5130 (voice) | 800-828-1120 (deaf and hearing impaired only) |
| 804-367-1058 (fax) | mcsonline@dmv.virginia.gov (e-mail) |