



Tennessee Department of Revenue
Vehicle Services Division
Motor Carrier Section
44 Vantage Way, Suite 160
Nashville, Tennessee 37243-8050

APPLICATION FOR INTRASTATE AUTHORITY

One Time Registration Fee	\$50.00
Name Change Fee	\$25.00
Total Number of Vehicles _____	
\$8.00 Per Vehicle	\$
Total Amount Due	\$

FEIN/SSN: _____ US DOT Number: _____

Please indicate the type of authority for which this application is being made pursuant to Tennessee Code Annotated 65-15-109, and 65-15-110.

General Freight _____ Household Goods _____ Contract Hauler _____

Mobile Homes _____ For-Hire Towing, Wreckers and Car-Carriers _____

Private Towing, Wreckers and Car-Carriers _____ Bus-15 passengers or less _____

Bus-16 passengers or more _____

Hazardous Materials:

_____ Carrier hauls hazardous materials that require \$1 million limit of liability.

_____ Carrier hauls hazardous materials that require \$5 million limit of liability.

Applicant Name: _____

DBA (if applicable): _____

Physical Address: _____

_____ City State Zip Code

Mailing Address: _____

_____ City State Zip Code

Telephone Number: _____ Fax Number: _____

CONTINUE ON BACK OF DOCUMENT

Company Structure (Check One)

_____ Individual _____ Partnership _____ Limited Liability Company _____ Corporation

List name of partners or officers:

Name: _____ Title: _____

Name: _____ Title: _____

Section I - Insurance Requirements

FORMS MUST BE SUBMITTED BY THE INSURANCE COMPANY.

Minimum Liability Coverage in the amount of \$300,000 if gross vehicle weight rating is 26,000 pounds or less, \$750,000 if gross vehicle weight rating is in excess of 26,000.

- Form E along with a MCS 90 Insurance Endorsement
- Form H - Cargo (Minimum of \$5,000) Note: Private Towing, Wrecker Services and Car-Carriers do not need this form.
- Passenger Carriers - Form E and MCS-90
 - 15 or less passengers (\$1,500,000)
 - 16 or more passengers (\$5,000,000)
- Name of Insurance Company: _____
- Name of Insurance Representative: _____
- Telephone Number of Insurance Company: _____
- Fax Number of Insurance Company: _____
- E-mail Address of Insurance Company: _____

Section II - A copy of the Designation for Service of Process form must be a Tennessee Resident.

Section III - Penalty of Perjury Statement

Under penalty of perjury the undersigned declares that the information on this application is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

Signature _____ Title _____ Date _____

Section IV - Remittance

- Application must accompany fee
- Return your application with payment to the address shown below: "NO CASH"
 Tennessee Department of Revenue
 500 Deaderick Street
 Andrew Jackson State Office Building
 Nashville, TN 37242

Should you have any questions please call this office at 615-399-4266 or fax 615-361-8249.

Processing Account Code 280.00