

MOTOR CARRIER PERMIT APPLICATION INSTRUCTIONS

All motor carrier permit (MCP) applicants must complete this application, pay the required fee, provide required information regarding enrollment in mandated programs, provide and maintain liability insurance at the required level on the required form, and provide workers' compensation insurance on the required form if you are subject to California's workers' compensation laws.

If you need forms, have questions, or need assistance completing this application, information is available at http://www.dmv.ca.gov/mcs/mcs_permits.htm or call Motor Carrier Permit Operations at (916) 657-8153.

Make a copy for your records then mail the signed, completed application to the address shown in **SECTION 15. Required information must be provided or your application will be returned.**

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dmv.ca.gov

CARRIER IDENTIFICATION NUMBER (CA#):

The Carrier Identification Number (CA#) is issued by the California Highway Patrol (CHP) and used as the motor carrier permit identification number. Contact the CHP Motor Carrier Safety Unit in your area for assistance.

SECTION 1 – TYPE OF APPLICATION: *check only one box*

- A. ORIGINAL** – You are applying for your first annual or non-expiring motor carrier permit.
- B. REINSTATEMENT** – You are **reinstating** your permit after a Voluntary Withdrawal, Suspension, or Revocation.
- C. RENEWAL** – You are renewing your motor carrier permit.
- D. SEASONAL ORIGINAL/RENEWAL** – You are applying for your first seasonal motor carrier permit or your seasonal permit term has expired. Seasonal permits are issued for no less than 6- and no more than 11-months during your 12-month permit term. Seasonal permits are not issued to interstate motor carriers.
- E. SEASONAL EXTENSION** – You are adding months to an existing seasonal permit (11-months maximum in the 12-month term). In addition to the monthly permit fees, a \$5 extension request fee is due.

SECTION 2 – LEGAL NAME/BUSINESS ENTITY: *check only one box and enter the required information*

- A. INDIVIDUAL** – An individual operating as a sole proprietor must provide:
 - Full name (use the same name as shown on your driver license), your driver license number and the state of issuance.
 - Federal Employer Identification Number (FEIN) if you have employees.
- B. CORPORATION** – A corporation registered with the Secretary of State, a Non-Profit organization, a Trust, an Indian Tribe, or a Government Agency must provide:
 - Corporation, Non-Profit organization, Trust, Indian Tribe, or Government Agency name.
 - Federal Employer Identification Number (FEIN) or if exempted by the IRS, enter "EXEMPT"*
 - Corporation number issued by the Secretary of State, state of issuance, and date of incorporation.
 - Name and title of the principal officer and all other officers of the corporation. Attach a separate sheet if necessary.
- C. LIMITED LIABILITY COMPANY (LLC)** – An LLC registered with the Secretary of State must provide:
 - Name of the LLC.
 - Name of the managing member and all members.
 - Federal Employer Identification Number (FEIN) or if exempted by the IRS, enter "EXEMPT"*
- D. PARTNERSHIP** – A legally organized partnership must provide:
 - Name of the Partnership.
 - Name of the general or managing partner and all partners. Attach a separate sheet if necessary.
 - Federal Employer Identification Number (FEIN) or if exempted by the IRS, enter "EXEMPT"*

***NOTE:** If you are exempt from obtaining an FEIN submit copies of supporting documentation issued by the IRS.

TELEPHONE NUMBER: required information – Provide the business telephone number or the application will be returned.

AUTHORIZED REPRESENTATIVE: optional information – Enter the name of the person who is authorized to act as your representative for motor carrier permit issues (required if an Authorized Representative signs the application).

SECTION 3 – DOING BUSINESS AS (DBA)/TRADE NAMES/FICTITIOUS BUSINESS NAMES:

You are required to provide all DBAs, trade names, or fictitious business names used in your motor carrier operation. Submit a copy of your current Fictitious Business Name Statement filing if applicable.

Do not include DBA names unless they are adopted in compliance with the Business and Professions Code, commencing with Section 17900. Contact your local County Recorder's office for assistance.

SECTION 4– PRINCIPAL PLACE OF BUSINESS: *required information*

- A.** Business Address – Provide your business address. If you have more than one location, provide the main office address. Do not enter a P.O. Box or a private mail box (PMB) address.
- B.** Mailing Address (If Different) – Enter the mailing address if it is different than your business address.

SECTION 5 – TRANSPORTATION ACTIVITIES: *check all that apply*

Select all Transportation Activity boxes that apply to your motor carrier operation.

- If you select box ‘**A**’ and have an exclusive contract with the U. S. Postal Service and do not transport any other property; you are not required to have a motor carrier permit.
- If you select box ‘**B**’, you *must* also select at least one of the following boxes: **C, D, E, F, G, H, I, T, U, or V**.
- If you select box ‘**D**’, you *must* also select at least one of the following boxes: **E, F, G, H, I, or T** and complete **SECTION 6, box I**.

SECTION 6 – TYPE OF VEHICLE(S): *check all that apply*

Select all boxes that describe the type(s) of vehicle(s) used in your motor carrier operation. You are required to provide this information in full.

SECTION 7 – OPERATING AUTHORITY IDENTIFICATION NUMBERS: *check only one box*

If you operate *intrastate only*, select the Intrastate box and continue to **SECTION 8**. If you operate *interstate*, you must complete this section in full. Select the Interstate box and:

- Provide all operating authority identification numbers issued to you (USDOT, MC, MX, etc.).
- Enter your total California intrastate fleet miles.
- Enter your total interstate miles (this includes California mileage). If you are a new business without prior operations, you may estimate your mileage.
- Certify awareness of Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations.
- Certify payment of annual UCR fees. Pay UCR fees online at <http://www.ucr.in.gov/>.

NOTE: All interstate motor carriers are subject to the Unified Carrier Registration Act of 2005 (UCR) and must register with UCR prior to issuance of the motor carrier permit. UCR fees are due annually on January 1.

SECTION 8 – BIENNIAL INSPECTION OF TERMINALS (BIT)/CONTROLLED SUBSTANCE AND ALCOHOL TESTING (CSAT): *required information*

All motor carrier permit holders are required to certify enrollment in BIT and CSAT (a drug and alcohol testing program that meets USDOT rules for commercial drivers), unless otherwise exempted.

- A. Enrolled in BIT** – Select this box if you are required to be enrolled in the California Highway Patrol, Biennial Inspection of Terminals (BIT) program pursuant to CVC §34501.12.
- **Exempt from BIT** – Select this box if you are exempt from enrollment.
- B. Enrolled in CSAT** – Select this box if you are required to be enrolled in a Controlled Substances and Alcohol Testing (CSAT) program (a drug and alcohol testing program that meets USDOT rules) pursuant to CVC §34520.
- **Exempt from CSAT** – Select this box if you are exempt from enrollment.

If you are not sure if you are required to be enrolled in a drug and alcohol testing program (CSAT) or in the BIT program, contact the California Highway Patrol Motor Carrier Safety Unit in your area for assistance or visit <http://www.chp.ca.gov/publications/pdf/csat.pdf> and <http://www.chp.ca.gov/publications/pdf/chp800h.pdf>.

SECTION 9 – EMPLOYER PULL NOTICE PROGRAM (EPN): *check only one box*

If vehicles used in your motor carrier operation require the driver to hold a Commercial Driver License (class A, class B, class C with a Hazardous Materials endorsement), you must enroll in the Employer Pull Notice (EPN) program pursuant to CVC §1808.1. If you require forms or have any questions regarding the EPN program, you may visit <http://www.dmv.ca.gov/vehicleindustry/epn/epngeninfo.htm> or call (916) 657-6346 for assistance.

Select one of the following:

A – EPN Number Required – Select this box and enter your EPN requestor code when:

- Your business entity is **Corporation, LLC, Partnership, or Individual**; one or more commercial vehicles in your motor carrier fleet requires the driver to hold a Commercial Driver License, you employ drivers, use friends or family, or your vehicles are operated by members of the Corporation, LLC, or Partnership.
- Your business entity is **Individual**; your motor carrier fleet is two or more commercial vehicles, one or more that requires the driver to hold a Commercial Driver License; select this box and enter your EPN requestor code where indicated.

SECTION 9 – EMPLOYER PULL NOTICE PROGRAM (EPN), CONTINUED:

B – Owner Operator – Select this box when:

- Your business entity is **Individual** and your motor carrier fleet is one commercial vehicle that requires the driver to hold a Commercial Driver License. The department will enroll you in its EPN account and monitor your driving record. If your Commercial Driver License is suspended or revoked, the department may suspend your Motor Carrier Permit.

NOTE: The Owner Operator selection is only for business entity **Individual** who meets the definition of an Owner Operator in CVC §34624 and is not an applicable selection for business entity Corporation, LLC, or Partnership.

C – EPN# Not Required – Select this box and enter the requested information when:

- Your motor carrier operation does not require drivers to hold a Commercial Driver License.
- You do not have a terminal (place of business) located within California. Enter out-of-state business address.
- Your motor carrier operation requires drivers to hold a Commercial Driver License. You do not employ the drivers as you obtain them from an agency or third party, etc. and these drivers are enrolled in their employer's EPN account. Enter the name, address, and telephone number of the agency or third party.

NOTE: Your EPN selection will be reviewed and if it is determined that enrollment in the EPN program is required or further information needed, you will be notified in writing.

SECTION 10 – VEHICLES OPERATED: *must be completed in full*

A **For-Hire** motor carrier is one who transports property for compensation. A **Private** motor carrier is one who transports only their own property, including, but not limited to, the delivery of goods sold by that carrier. If you use vehicles both For-Hire and Private operation, enter that information in the corresponding section.

A. Number of vehicles – You are required to provide:

- The number of vehicles used in your motor carrier operation.
- Indicate if the vehicles are used For-Hire (includes seasonal) or Private, or both.

B. You are required to provide a list of all vehicles used in your motor carrier operation by:

- License plate number and state issued.
- Complete vehicle identification number.

NOTE: Use the format shown on the application. Attach a separate sheet if necessary or submit a CD.

SECTION 11 – EMPLOYEES: *for renewal or reinstatement applicants only*

All motor carriers with a carrier fleet of 20 or more vehicles are required to report the number, classification, and gross annual salary of all employees and owner-operator drivers hired or engaged during the reporting period [CVC §34633]. Please provide the salary information in \$5,000 increments (e.g., \$5,000 - \$10,000, \$15,000 - \$20,000, etc.), using the suggested format shown on the application.

SECTION 12 – WORKERS' COMPENSATION INSURANCE EXEMPTION CERTIFICATION:

All motor carriers are required to provide proof of compliance with California workers' compensation laws. If you do not employ any person(s) in your motor carrier operations that would subject you to these laws you may so certify. If you later become subject to California workers' compensation laws, you must notify the department within thirty days and file acceptable proof. [CCR220.16(c)] Submit one of the following forms as proof of compliance or certify on the application that you are not subject to California workers' compensation laws.

Acceptable forms of proof are:

- Certificate of Insurance (MC 65 M).
- Certificate of Insurance submitted by the State Compensation Insurance Fund.
- Certificate of Consent to Self-Insure issued by the Department of Industrial Relations.
- Certify by checking the box on the application that you are not subject to the workers' compensation laws of the State of California.

NOTE: Proof of insurance must be issued in the same motor carrier legal name entered in **SECTION 2** of the application.

SECTION 13 – FEE CALCULATIONS:

Use these charts to determine fees due. For an original **Interstate** motor carrier, use the following equation:

- Determine the full year intrastate fee amount according to your fleet size and type of operation.
- Divide the intrastate miles by the interstate miles reported in **SECTION 7** of the application (you will obtain a percentage amount).
- Multiply the full year fee amount by the percentage amount to arrive at the total portion of fees due California.

SECTION 14 – REGISTRATION SERVICE INFORMATION:

As of January 1, 2006, any person or registration service submitting documents and or fees for pay or compensation shall be licensed by the Department of Motor Vehicles. The following information is required if you are a registration service:

- Printed name and signature of the preparer and date signed.
- Name of the firm, occupational license number, date of expiration, address, and telephone number.

SECTION 15– CERTIFICATION:

All applicants are required to complete this section and sign in ink. If signed by an Authorized Representative, the Authorized Representative section in **SECTION 2** must be completed.

LIABILITY INSURANCE REQUIREMENTS:

Use this chart to determine the level of liability insurance your operation requires based upon the Transportation Activities you marked in **SECTION 5** of the application. Activity B can qualify under any of the insurance limits depending on the type of property transported and the Gross Vehicle Weight Rating (GVWR) of the vehicle(s).

<i>If you are transporting...</i>	<i>then you are required to provide insurance at the following combined single limit...</i>
Property, other than hazardous materials, in vehicles with a GVWR of 10,000 lbs or less	\$300,000
Property, other than hazardous materials, in vehicles with a GVWR of 10,001 lbs or more	\$750,000
Any quantity of hazardous materials not subject to a higher minimum coverage	\$1,000,000
Oil listed in Section 172.101 of Title 49, Code of Federal Regulations (Hazardous Materials Table)	\$1,000,000
Non-RCRA hazardous waste (California-regulated only)	\$1,000,000
Petroleum products in bulk including waste petroleum and waste petroleum products	\$1,200,000
Hazardous substances as defined in Section 171.8 of Title 49, Code of Federal Regulations, in cargo tanks, portable tanks, and hopper vehicles in excess of 3,500 water gallon capacity	\$5,000,000
Division 2.1 or 2.2 gases in cargo tanks or portable tanks in excess of 3,500 water gallon capacity	\$5,000,000
Any quantity of Division 2.3 gas, Hazard Zone A (poison gas)	\$5,000,000
Any quantity of Division 1.1, 1.2, or 1.3 explosives	\$5,000,000

A permit will not be issued until acceptable proof of liability insurance has been provided to the Motor Carrier Permit Operations Unit. During an "Active" permit term, all motor carriers are required to maintain proof of liability insurance on file with the department at the required levels of coverage. Liability insurance must be submitted on one of the following documents:

- Certificate of Insurance (MC 65 M)
- Surety Bond (MC 55 M)
- Certificate of Self-Insurance (MC 131 M)

NOTE: Proof of insurance must be issued in the same motor carrier legal name entered in **SECTION 2** of the application.

VOLUNTARY WITHDRAWAL

If you wish to cease motor carrier operations, you must complete and submit a Request for Voluntary Withdrawal (MC 716 M) prior to cancelling your liability or workers' compensation insurance. Contact Motor Carrier Permit Operations at (916) 657-8153 if you have any questions.

Mail your completed application to:
DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER SERVICES BRANCH MS G875
P.O. BOX 932370
SACRAMENTO, CA 94232-3700

or send by Overnight Mail to:
DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER SERVICES BRANCH MS G875
2415 1ST AVENUE
SACRAMENTO, CA 95818



APPLICATION FOR MOTOR CARRIER PERMIT

CARRIER IDENTIFICATION NUMBER (CA) #

- The information required on this form pertains to eligibility for issuance of a Motor Carrier Permit and is required under authority of Division 14.85 of the California Vehicle Code (CVC). Failure to provide the information required under CVC §34621 is cause for refusal to issue a Motor Carrier Permit.
- The information provided on this form is public record regularly used by law enforcement agencies and is open to inspection by the public.
- Please read the instructions before completing this application.

SECTION 1: TYPE OF APPLICATION

A. <input type="checkbox"/> Original B. <input type="checkbox"/> Reinstatement C. <input type="checkbox"/> Renewal	D. <input type="checkbox"/> Seasonal Original/Renewal: Select 6 to 11 months in the 12 month term. <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec E. <input type="checkbox"/> Seasonal Extention: Select additional months – no more than 11 months per term. <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
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SECTION 2: LEGAL NAME/BUSINESS ENTITY – check only one box and complete in full

A. INDIVIDUAL

LEGAL NAME: (LAST, FIRST, MI AS SHOWN ON YOUR DRIVER LICENSE OR IDENTIFICATION CARD):	DRIVER LICENSE NO.:	STATE ISSUED:	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) IF APPLICABLE:
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B. CORPORATION

NAME OF CORPORATION: (AS REGISTERED WITH THE SECRETARY OF STATE)	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT":
CORPORATION NUMBER:	STATE ISSUED: DATE OF INCORPORATION: (MONTH/DAY/YEAR)
NAME OF PRINCIPAL OFFICER: (LAST, FIRST, MI)	TITLE:
CORPORATE OFFICERS: (ATTACH A SEPARATE SHEET IF NECESSARY)	

C. LIMITED LIABILITY COMPANY

NAME OF LIMITED LIABILITY COMPANY: (AS REGISTERED WITH THE SECRETARY OF STATE)	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT":
NAME OF MANAGING MEMBER: (LAST, FIRST, MI)	ALL MEMBER NAMES: (ATTACH A SEPARATE SHEET IF NECESSARY)

D. PARTNERSHIP

NAME OF PARTNERSHIP:	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT":
NAME OF GENERAL OR MANAGING PARTNER: (LAST, FIRST, MI)	ALL PARTNER NAMES: (ATTACH A SEPARATE SHEET, IF NECESSARY)

TELEPHONE NUMBER – (required for all applicants)	AUTHORIZED REPRESENTATIVE – (optional-required if authorized representative signs the application)
()	

SECTION 3: DOING BUSINESS AS (DBA)/TRADE NAMES/FICTITIOUS BUSINESS NAMES – enter only legally adopted business names and submit a copy of your current Fictitious Business Name statement filing or note not applicable (N/A)

SECTION 4: PRINCIPAL PLACE OF BUSINESS – must be completed in full

BUSINESS ADDRESS: (PHYSICAL ADDRESS NOT P.O. BOX OR PMB)	CITY	COUNTY	STATE	ZIP CODE
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A.

MAILING ADDRESS: (IF DIFFERENT FROM BUSINESS ADDRESS)	CITY	COUNTY	STATE	ZIP CODE
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B.**SECTION 5: TRANSPORTATION ACTIVITIES – check ALL boxes that apply.**

- A. United States Mail. A motor carrier permit is not required if you are contracted exclusively with the United States Postal Service to transport mail.
- B. Property under contract with the US Government (Other than US Mail.)
You must also mark at least one of the following boxes: C, D, E, F, G, H, I, T, U, or V.
- C. 500 pounds or more of any hazardous material transported for-hire or as a delivery service to customers.
- D. Hazardous materials in amounts that require the display of hazard placards.
You must also mark at least one of the following boxes: E, F, G, H, I, or T and SECTION 6, box I.
- E. Oil listed in Section 172.101 of Title 49, Code of Federal Regulations (CFR), but not included in boxes G or H.
- F. Non-RCRA hazardous waste as defined in Section 25117, California Health & Safety Code and Section 66261.1 of Title 22, California Code of Regulations, but not included in boxes G or H.
- G. Hazardous substances as defined in Section 171.8 of Title 49, CFR, liquefied compressed gas, or compressed gas, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons.
- H. Any quantity of Division 1.1, 1.2, or 1.3 explosives; any quantity of poison gas (poison A); or highway route controlled quantity radioactive materials as defined in Section 173.403 of Title 49, CFR.
- I. Hazardous materials in any amount as defined in Section 171.8 of Title 49, CFR, (including hazardous substances and hazardous waste) and listed in Section 172.101 of Title 49, CFR, but not included in boxes G or H.
- T. Petroleum products in bulk, including waste petroleum and waste petroleum products.
- U. Vehicles **10,001 lbs or more GVWR**, transporting property other than that listed in boxes E, F, G, H, I, or T.
- V. Vehicles **10,000 lbs or less GVWR**, transporting property other than that listed in boxes E, F, G, H, I, or T.

SECTION 6: TYPE OF VEHICLE(S) – check ALL boxes that apply

- A. Any motor vehicle **used to transport property for-hire or compensation.**
- B. Motortrucks of two or more axles that are 10,001 lbs or more GVWR (except a pickup used in non-commercial use).
- C. Motortrucks of three or more axles that are 10,001 lbs or more GVWR.
- D. Truck tractors.
- G. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck is **10,000 lbs or less GVWR**. Exclude vehicle(s) that meet the CVC definition of camp trailer or trailer coach, and utility trailers.
- H. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck is **10,001 lbs or more GVWR**. Exclude vehicles that meet the CVC definition of camp trailer or trailer coach, and utility trailers.
- I. Any truck or any combination of a truck and/or any other vehicle transporting hazardous materials. (See **SECTION 5**, box D)
- J. Any commercial motor vehicle 26,001 lbs or more GVWR.
- K. Any commercial motor vehicle with any GVWR towing any vehicle that is 10,001 lbs or more GVWR except combinations including camp trailers, trailer coaches, or utility trailers.
- L. Any other motortruck not identified above that is regulated by the Public Utilities Commission (PUC) or the Federal Motor Carrier Safety Administration (FMCSA) related to hours of service and driver's logbooks.
- M. Motor vehicles with a GVWR of 10,000 lbs or less.

NOTE: Pickup trucks as defined in CVC 471 are subject to MCP requirements when operated in commercial use.

SECTION 7: OPERATING AUTHORITY IDENTIFICATION NUMBERS – must be completed in full

- INTRASTATE** – Do you operate in California only? **Yes** USDOT# _____ Enter number or N/A. Proceed to **SECTION 8**.
 No Complete **SECTION 7** in full.
- INTERSTATE** – Current UCR Authority? (Required) **Yes** **No** Pay fees online at <http://www.ucr.in.gov>.
- I certify I am aware of Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations.
- USDOT _____ MC _____ MX _____
- International Fuel Tax Agreement (IFTA) _____ International Registration Plan (IRP) _____

MILEAGE INFORMATION (REQUIRED) – ENTER:

_____ Total California interstate fleet miles traveled during the permit period
 _____ Total interstate fleet miles (including California miles) traveled during the permit period

Use this mileage information to determine the portion of fees due California for original permits with interstate operations. See **SECTION 13** of the application.

NOTE: If this is a new business without prior operations you may estimate mileage. Motor carriers operating both intrastate and interstate will be issued a Non-Expiring Motor Carrier Permit and must pay UCR fees annually.

SECTION 8: BIENNIAL INSPECTION OF TERMINALS (BIT)/CONTROLLED SUBSTANCE AND ALCOHOL TESTING (CSAT) – must be completed in full

- A.** Are you enrolled in or exempt from the Biennial Inspection of Terminals (BIT) program? Enrolled In BIT Exempt From BIT
- B.** Are you enrolled in or exempt from a Controlled Substance and Alcohol Testing (CSAT) program? (This is a drug and alcohol testing program that meets USDOT rules for commercial drivers.) Enrolled in CSAT Exempt From CSAT

NOTE: If you have questions regarding enrollment in BIT or CSAT contact the CHP Motor Carrier Safety Unit in your area.

SECTION 9: EMPLOYER PULL NOTICE PROGRAM (EPN) CVC 1808.1. – must be completed in full

- A. EPN# REQUIRED** – EPN Requester Code# _____
- B. Owner Operator** – Not applicable for Corporation, LLC, or Partnership (see instructions for further information).
- C. EPN# NOT Required** – Provide the required information below.
 - Motor carrier operation does not require a Commercial Driver License.
 - No terminal located in California. Terminal address is _____
 - Motor carrier operation requires Commercial Drivers License and I obtain drivers from a third party (enter name, address, and telephone number) _____

NOTE: Your selection will be reviewed and if it is determined that enrollment in EPN or additional information is required, you will be notified in writing.

SECTION 10: VEHICLES OPERATED – must be completed in full

A. Enter the number of vehicles owned, registered, leased, and/or operated during the last permit period. If this is a new business without prior operation or permits, enter the number of vehicles that will be operated during the current permit period. If you have vehicles that are For-Hire and Private, enter those numbers where appropriate. **Do not include trailers.**

#	NUMBER OF VEHICLES – FOR-HIRE OR SEASONAL
#	NUMBER OF VEHICLES – PRIVATE
#	TOTAL NUMBER OF VEHICLES IN FLEET

B. Enter the license plate number, the state of issuance, and the *complete* vehicle identification number (VIN) for each power unit in your motor carrier fleet. If necessary, submit this information on a separate sheet of paper or CD using the format shown below, including your business name and CA#. **Do not list trailers.**

LICENSE PLATE NUMBER	STATE ISSUED	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER	STATE ISSUED	VEHICLE IDENTIFICATION NUMBER

SECTION 11: EMPLOYEES – required from renewal and reinstatement applicants with 20 or more vehicles only

- If your motor carrier fleet is **20** or more vehicles, you must report the number, classification, and gross annual salary of all employees and owner-operator drivers hired or engaged during the reporting period. List this information below or on a separate sheet of paper or CD. Use the format in the example shown below. Include with your CA# and business name.
- Enter the total number of employees.

NUMBER OF EMPLOYEES	CLASSIFICATION	GROSS ANNUAL SALARY	NUMBER OF EMPLOYEES	CLASSIFICATION	GROSS ANNUAL SALARY
Example: 25	Drivers	\$65,000-\$70,000	Example: 5	Mechanics	\$70,000-\$75,000
TOTAL NUMBER OF EMPLOYEES:					

SECTION 12: WORKERS' COMPENSATION INSURANCE EXEMPTION CERTIFICATION

If you are not subject to the workers' compensation laws of California, certify by checking the box below. No workers' compensation insurance filing will be required.

I certify that I do not employ any person(s) in any manner so as to become subject to the workers' compensation laws of California.

If you employ any person(s) in your motor carrier operations that subject you to the workers' compensation laws of California, then proof of workers' compensation insurance must be filed. Acceptable forms are:

- Certificate of Insurance (MC 65 M)
- Certificate of Insurance submitted by the State Compensation Insurance Fund
- Certificate of Consent to Self-Insure issued by the Department of Industrial Relations

NOTE: Proof of insurance must be issued in the same motor carrier legal name entered in **SECTION 2** of the application.

SECTION 13: FEE CALCULATION CHART – INTERSTATE AND INTRASTATE FULL YEAR – follow the steps below

FULL YEAR INTRASTATE CARRIERS (DOING BUSINESS IN CALIFORNIA ONLY):

Use the column in the chart below that applies to your operation (**For-Hire** or **Private**). Locate your fleet size and the corresponding fee and enter it in the Total Amount Due box below. If you have vehicles that are For-Hire and Private, add both fees to obtain the Total Amount Due.

FEE CHART INTRASTATE CARRIERS

FLEET SIZE	FOR HIRE	PRIVATE
1	\$120	\$35
2–4	200	35
5–10	475	35
11–20	710	240
21–35	975	325
36–50	1,310	430
51–100	1,610	535
101–200	1,935	635
201–500	2,240	730
501–1000	2,545	830
1001–2000	2,830	930
2001 & Above	3,030	1,030

TOTAL AMOUNT DUE _____

FULL YEAR ORIGINAL INTERSTATE CARRIER (COMBINED CARRIER):

Follow the instructions for Full Year Intrastate Carriers to obtain the full year Total Amount Due and enter it here
 **A.** \$ _____

Enter:

B. _____ Total California intrastate fleet mileage

C. _____ Total interstate Fleet mileage (including California mileage)

Divide the number in B by the number in C and enter the percentage here **D.** % _____

Multiply by the amount in A by the percentage in D and enter here **E.** \$ _____

The amount shown in E is the fee due for an original permit.

FEE CALCULATIONS INTRASTATE – SEASONAL – follow the steps below

SEASONAL ORIGINAL/RENEWAL:

1. Locate the number of months requested (6-month minimum; 11-month maximum).*
2. Identify your fleet size in the column on the left then move across to your month selection to arrive at the Total Amount Due.

SEASONAL EXTENSION:

1. Identify your fleet size in the column on the left then move across to the **Per Month Extension Fee** column on the right.
2. Multiply the **Per Month Extension Fee** times the number of months the permit is being extended to obtain your sub-total.
3. Add the \$5.00 **Extension Request Fee** to the sub-total to arrive at the Total Amount Due.

*The minimum Seasonal permit period allowed is 6-months and the maximum period is 11-months in your twelve month term. The Seasonal permit may be extended for additional months beyond those indicated on the original renewal within the twelve month term. For each extension request, a \$5 Extension Request Fee is required along with the Per-Month Extension Fee, per Revenue & Taxation Code, Section 7236(a)(3).

FEE CHART SEASONAL CARRIERS

Fleet Size	6-Months	7-Months	8-Months	9-Months	10-Months	11-Months	Extension Request Fee*	Per Month Extension Fee*
1	\$90	\$95	\$100	\$105	\$110	\$115	\$5	\$5
2-4	141	152	163	174	185	196	5	11
5-10	338	361	384	407	430	453	5	23
11-20	480	520	560	600	640	680	5	40
21-35	655	710	765	820	875	930	5	55
36-50	874	948	1,022	1,096	1,170	1,244	5	74
51-100	1,075	1,165	1,255	1,345	1,435	1,525	5	90
101-200	1,289	1,398	1,507	1,616	1,725	1,834	5	109
201-500	1,486	1,612	1,738	1,864	1,990	2,116	5	126
501-1000	1,688	1,831	1,974	2,117	2,260	2,403	5	143
1001-2000	1,884	2,043	2,202	2,361	2,520	2,679	5	159
2001 & Above	2,032	2,199	2,366	2,533	2,700	2,867	5	167

TOTAL AMOUNT DUE _____

NOTE: A seasonal motor carrier permit is not issued to interstate motor carriers.

SECTION 14: REGISTRATION SERVICE INFORMATION – for Registration Service Use only

PREPARER'S PRINTED NAME:	PREPARER'S SIGNATURE:	
REGISTRATION SERVICE NAME/ADDRESS:	TELEPHONE NUMBER: ()	
OCCUPATIONAL LICENSE NUMBER/EXPIRATION DATE:	DATE:	

SECTION 15: CERTIFICATION – complete and sign

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME:	TITLE:	
SIGNATURE:	SIGNED AT (CITY):	DATE:

PAYMENT:

Make your check or money order payable to the Department of Motor Vehicles (*NO CASH PLEASE*) and submit with your application. Contact Motor Carrier Permit Operations at **(916) 657-8153** if you have any questions.

NOTE: If the bank does not honor your payment a \$30 dishonored check fee will be assessed and your permit may be cancelled.

Mail your completed application to:
DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER SERVICES BRANCH MS G875
P.O. BOX 932370
SACRAMENTO, CA 94232-3700

or send by Overnight Mail to:
DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER SERVICES BRANCH MS G875
2415 1ST AVENUE
SACRAMENTO, CA 95818

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