



Texas Department of Motor Vehicles

Supplemental Motor Carrier Application

Texas Department of Motor Vehicles
 Attn: MCD - Credentialing
 4000 Jackson Ave., Austin, TX 78731
 Phone: (800) 299-1700

CERTIFICATE NUMBER

Name of Motor Carrier		Phone () - () -	Fax () - () -
Street Address (physical address must be provided)		City, State, Zip	
Mailing Address (if different from physical address)		City, State, Zip	
<input type="checkbox"/> Cancel Certificate of Registration (no change/original fees are non-refundable)		<input type="checkbox"/> PIN Request	
<input type="checkbox"/> Convert to UCR/Intrastate US DOT #		<input type="checkbox"/> MC #	
Your motor carrier certificate of registration will be converted to a UCR/Intrastate certificate. The certificate, including vehicles, will not expire while the motor carrier complies and agrees to the following: (1) Carrier agrees that company is registered under the Unified Carrier Registration (UCR). (2) Carrier agrees that intrastate operations do not consist of Household Goods (HHGs), Non-Charter Bus, Waste Hauler or Recyclable Materials.			
<input type="checkbox"/> Not Eligible for a Non-Expiring Certificate of Registration (Select reason below)			
<input type="checkbox"/> No Longer UCR Registered <input type="checkbox"/> Non-Charter Bus <input type="checkbox"/> Household Goods (HHG) Carrier <input type="checkbox"/> Recyclable Materials Carrier <input type="checkbox"/> Waste Hauler			
<input type="checkbox"/> Name Change (no change in ownership)	Name of Motor Carrier - Proof of insurance reflecting the new name must be provided.		
<input type="checkbox"/> Corporate Conversion	Motor Carrier and/or Company Name - Proof of insurance reflecting the new organizational name must be provided.		
All conversions MUST be approved by the Texas Secretary of State prior to submitting this application.			
<input type="checkbox"/> Address Change	Street Address		City, State, Zip
	Mailing Address (if different)		City, State, Zip
<input type="checkbox"/> Change Corporate Officers/Titles	Name (attach additional sheet if necessary)		Title
	Name		Phone Number () -
<input type="checkbox"/> Change Legal Agent - (must have a Texas physical address)	Street Address		City, State, Zip
	Type of Motor Carrier Operation (check all that apply)		
<input type="checkbox"/> Change Type of Motor Carrier Operation	1. <input type="checkbox"/> Hazardous Materials (HAZ)		Insurance Requirements (must be checked)
	2. <input type="checkbox"/> Commercial School Bus (BUS)		<input type="checkbox"/> \$1 million OR <input type="checkbox"/> \$5 million
	3. <input type="checkbox"/> Passenger (BUS) <input type="checkbox"/> No. of passengers: _____		<input type="checkbox"/> \$500,000 OR <input type="checkbox"/> \$5 million
	4. <input type="checkbox"/> Household Goods (HHG)		<input type="checkbox"/> \$300,000 OR <input type="checkbox"/> \$500,000 AND <input type="checkbox"/> \$5,000 cargo
	5. <input type="checkbox"/> Other than 1 through 4 above (OTHER)		<input type="checkbox"/> \$500,000
<input type="checkbox"/> Change Drug Testing Information	Does this carrier belong to a drug-testing consortium? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" is checked, please list all names of persons operating the consortium (attach additional sheet if necessary).		
<input type="checkbox"/> Re-register Motor Carrier	Persons Operating Consortium:		
A vehicle listing and fees must be submitted with this form to re-register. Insurance filing(s) must be submitted online by your insurance company to complete the re-registration. Must provide US DOT number.			
Payment Method (Make payable to the Texas Department of Motor Vehicles)		Re-registration Fees (Fees are nonrefundable)	
<input type="checkbox"/> E-mail Address:		\$100	Liability Insurance Filing Fee \$ 0.00
<input type="checkbox"/> Check, Cashier's Check or Money Order		\$100	Cargo Insurance Filing Fee (HHG carriers) \$ 0.00
<input type="checkbox"/> MasterCard, Visa, Discover or American Express*		Total Vehicle Fees From attached Motor Carrier Equip. Report \$	
A service charge of 25 cents plus 2-25 percent of the total fee amount will be added to all credit card transactions.		Total Amount Fee Amount \$ 0.00	
Credit Card Account Number: _____		Total Credit Card Charge _____	
Signature of Owner, Partner, Officer or Authorized Agent _____		Expiration Date: _____	
Print/Type Name and Title _____		Social Security # _____	
By signing and submitting this application, I certify that the information provided on this form is true and correct, that I am authorized to execute and file this document on behalf of the motor carrier, and that the motor carrier: (1) is in compliance with the drug testing requirements contained in 49 C.F.R., Part 382; (2) has knowledge of, and will conduct operations in accordance with, applicable federal and state laws and rules relating to motor carrier safety, including Texas Transportation Code, Chapters 541-600, 643, and 644; and (3) has the required insurance as set forth in 43 TAC §218.16.			
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Texas Motor Carrier Application

Lingjun Ying



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Federal Highway Administration Office of Motor Carriers Register ,1998 **Monthly Catalog, United States Public Documents** , **United States Government Publications Monthly Catalog** ,1942 **Interstate Commerce Commission Reports** United States. Interstate Commerce Commission,1942 *Department of Transportation Federal Motor Carrier Safety Administration Register* ,2001 *U.S. Department of Transportation Federal Motor Carrier Safety Administration Register* ,2004-01-09 United States Government Publications Monthly Catalog ,1948 *Annual Report of the Interstate Commerce Commission* United States. Interstate Commerce Commission,1939 **Texas Register** Texas. Secretary of State,2006 **Federal Register** ,1971-11 *Public Utilities Reports* ,1926 **Interstate Commerce Commission Activities, 1937-1962** United States. Interstate Commerce Commission,1962 B. , Annual Report of the Corporation Commission of the State of Oklahoma for the Year ... Oklahoma Corporation Commission,1924 Vernon's Annotated Revised Civil Statutes of the State of Texas Texas,1927 *Annual Report* Oklahoma Corporation Commission,1924 **Monthly catalog of the United States government publications** ,1940 **Railway Age** ,1941

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