7- or 90-Day Texas Motor Carrier Application

Instruction Page

Texas Department of Motor Vehicles

To properly file your Original Texas Motor Carrier Application you must:

❶ Complete the application in its entirety by providing the motor carrier:
- a) Name (and DBA if applicable);
- b) Street/physical address (must be provided) and mailing address, if different;
- c) Phone and fax number;
- d) Type of applicant (SSN required for individual)**;**
- e) Owner, partners, or corporation officers, if applicable (you may attach additional sheet if needed);
- f) USDOT number.

❷ Indicate if the carrier belongs to a drug testing consortium. If yes, list person(s) operating the consortium.

❸ Indicate type of motor carrier operation and required insurance.
Contact your insurance agent to file proof of liability insurance (Form E) online.

Your insurance company <u>must</u> submit an insurance cancellation, Form K, with an effective date corresponding to the expiration date of the temporary registration.

❹ Include your Legal Agent and Texas address for Service of Process.
For the purpose of administrative or civil service, each out-of-state motor carrier shall have and continuously maintain with the department a legal agent domiciled in Texas. A Texas-domiciled motor carrier that has a legal agent in Texas shall provide the name and address. The legal agent may be a Texas resident, a domestic corporation, or a foreign corporation whose primary function is to serve as an agent of process in Texas with a Texas address (**P.O. Box may not be used**).

❺ Indicate payment method.
Make check, cashiers check, or money order payable to: TxDMV - Motor Carrier Division.
**A service charge of 25 cents plus 2.25 percent of the Total Amount will be added to all credit card transactions.*

❻ Calculate applicable fees.
- a) Required application filing fee - indicate 7- or 90-day;
- b) Required liability insurance filing fee;
- c) Total vehicle fees; and
- d) Total amount of fees required and submitted.

❼ Sign the completed application.

❽ Print or type name and title.

To properly file your Equipment Report (page 3 of this application) for 7- or 90-Day Texas Motor Carrier Application you must:

❶ Provide motor carrier name (and DBA if applicable) and street address;
❷ Provide vehicle make, unit number, year of vehicle, complete VIN;
❸ Check (✓) the type of operation;
❹ Indicate number of vehicles and calculate fees; and
❺ Enter total fees for all vehicles. You will also need to enter this amount on the application on number 6(c).
Fax application to 512/465-3595.
NOTE: The Texas Department of Motor Vehicles will notify you of any deficiencies associated with your application.

The Texas Department of Motor Vehicles maintains the information collected on this form. With a few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023, and 559.004 of the Texas Government Code, you are entitled to receive and review this information, and to have us correct erroneous information.

7- or 90-Day Texas Motor Carrier Application

Texas Department of Motor Vehicles

Motor Carrier Division
P.O. Box 12984
Austin, TX 78711-2984
Phone: (800) 299-1700, Fax: (512) 465-3595

❶ a) Name of Motor Carrier	DBA
b) Street/Physical Address	City, State, Zip
Mailing Address	City, State, Zip
c) Business Phone ( ) -	Fax ( ) -
d) Applicant is a(n): ☐ Corporation ☐ Partnership ☐ Individual	Social Security Number **(Required by State law)** for individual - -
e) Company Owner, Partners, or Corporation Officers	f) USDOT
Name and Title	Name and Title
Name and Title	Name and Title
❷ **Does this carrier belong to a drug-testing consortium?** ☐ Yes ☐ No	Person(s) Operating Consortium: 1. 2.

❸ **Type of Motor Carrier Operation** (More than one cargo type may be checked)		**Insurance Requirements** (refer to page 4 for required limits)		
1. ☐ Hazardous Materials (HAZ)		☐ $1 million	OR	☐ $5 million
2. ☐ Commercial School Bus (BUS)		☐ $500,000		
3. ☐ Passenger Bus (BUS)	No. of passengers:	☐ $500,000	OR	☐ $5 million
4. ☐ Foreign Bus (BUS)	No. of passengers:	☐ $1.5 million	OR	☐ $5 million
5. ☐ Foreign Carriers (Domiciled outside of U.S.A.)		☐ $750,000		
6. ☐ Other than 1 through 5 above (OTHER)		☐ $500,000		

❹ Legal Agent's Name	Phone ( ) -
Street Address	City, State, Zip

❺ **Payment Method** *(Make payable to Texas Department of Motor Vehicles)*

☐ E-mail Address:

☐ Check, Cashier's Check, or Money Order

☐ MasterCard, Visa, Discover, or American Express*

**A service charge of 25 cents plus 2.25 percent of the Total Amount will be added to all credit card transactions.*

Credit Card Account Number: Expiration Date:

***Total Credit Card Charge**

❻ **Applicable Fees**

a) ☐ **$5** ☐ **$25**	7-day 90-day	
b) **$100**	Liability Insurance Filing Fee	$100.00
c) **Total Vehicle Fees** *From page 3, Motor Carrier Equipment Report*		
d) **Total Amount Submitted**		

❼ **Signature of Owner, Partner, Officer or Authorized Agent**

❽ **Printed/Typed Name and Title**

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.

THIS IS A GOVERNMENT RECORD. FALSIFYING INFORMATION ON GOVERNMENT RECORDS IS A FELONY.

Texas Department of Motor Vehicles

Equipment Report for 7- or 90-Day Texas Motor Carrier Application

INSTRUCTIONS
- Type or print legibly in blue or black ink.
- Enter required information on all vehicles.
- Do not list trailers.
- If additional space is needed, please make a copy of this page.

❶ Name of Motor Carrier	DBA
Street Address	City, State, Zip

Type of Motor Carrier **HAZ =** Hazardous **BUS =** Bus **OTHER =** Other Cargo Not Listed

❷ Vehicle Make	Unit Number	Year of Vehicle	Complete Vehicle Identification Number (VIN)	❸ Type of Motor Carrier Operation		
				HAZ	BUS	OTHER
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❹ Number of Vehicles _____ X $10 (7 or 90-days) = ❺ **TOTAL FEES =** $ _____

For more information on the 7-Day or 90-Day Texas Motor Carrier Application, visit our website at www.TxDMV.gov. For comments concerning the application process call (800) 299-1700 or email MCD-Respond@TxDMV.gov.

Texas Department of Motor Vehicles

Insurance Requirements

Contact your insurance agent to file proof of liability insurance (Form E) online.

Type of Motor Carrier Operation	Description	Minimum Insurance Requirement
1 - HAZ	**Transporters of Hazardous Substances (that require placarding)**	
	a. Hazardous substances, as defined in 49 Code of Federal Regulations (CFR) §171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles, with capacities in excess of 3,500 water gallons; or any quantity of Division 1.1, 1.2, and 1.3 materials, any quantity of Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR §173.403.	$5,000,000
	b. Oil listed in 49 CFR §172.101: hazardous waste, hazardous materials, and hazardous substances as defined in 49 CFR §171.8 and listed in 49 CFR §172.101, but not mentioned in paragraphs (a) or (b) of this subsection and petroleum products that are lubricants or fuels	$1,000,000
2 - BUS	**Commercial School Bus Operators**	
	For-hire school buses operating within the boundaries of a municipality and transporting preprimary, primary or secondary school students on a route between the students' residence and a public, private or parochial school or day-care facility.	$500,000
3 - BUS	**Bus Operators**	
	a. Vehicles designed or used to transport more than 15 passengers (including the driver) but less than 26 passengers (not including the driver)	$500,000
	b. Vehicles designed or used to transport 26 passengers or more (not including the driver)	$5,000,000
4 - BUS	**Foreign Domiciled Bus Operators**	
	a. Vehicles designed or used to transport 15 passengers or less (including the driver)	$1,500,000
	b. Vehicles designed or used to transport 16 passengers or more (including the driver)	$5,000,000
	a. a gross weight, registered weight, or gross weight rating of 26,000 pounds or less b. a gross weight, registered weight, or gross weight rating in excess of 26,000 pounds c. cargo insurance must be filed on Form H & I with the following limits	$300,000 $500,000 Per Shipment $5,000 Aggregate $10,000
5	**Foreign Carriers**	
	(Domiciled outside of the U.S.A.) transporting cargo other than cargo listed above	$750,000
6 - OTHER	**All Others**	
	Private or for-hire motor carriers with a gross weight, registered weight, or gross weight rating in excess of 26,000 pounds	$500,000