Texas Department of Motor Vehicles

Form 1900 (Rev. 04/13) Page 1 of 1

Additional Motor Carrier Equipment Report

Texas Department of Motor Vehicles, Motor Carrier Division
PO BOX 12984, Austin, Texas 78711-2984
800/299-1700 FAX 512/465-3521

CERTIFICATE NUMBER

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.

INSTRUCTIONS

- Type or print legibly in blue or black ink.
- Provide all required information on all vehicles.
- This form will be returned if not signed.
- List each vehicle you will operate, **but do not list trailers**.
- If additional space is needed, please make a copy of this page.

Name of Motor Carrier	Business Phone ( )
Street Address (Physical address must be provided)	City, State, Zip
Mailing Address (If different from physical address)	City, State, Zip

Type of Motor Carrier Operation **"HAZ"=** Hazardous **"HHG"=** Household Goods **"BUS"=** Bus **"OTHER"=** Other Cargo Not Listed

Make of Truck	Unit Number	Year of Vehicle	COMPLETE Vehicle Identification Number (VIN)	Type of Motor Carrier Operation			
				HAZ	HHG	BUS	OTHER
1.				☐	☐	☐	☐
2.				☐	☐	☐	☐
3.				☐	☐	☐	☐
4.				☐	☐	☐	☐
5.				☐	☐	☐	☐
6.				☐	☐	☐	☐
7.				☐	☐	☐	☐
8.				☐	☐	☐	☐
9.				☐	☐	☐	☐
10.				☐	☐	☐	☐

Applications may be faxed to 512/465-3521 if paying by credit card or if no fees are due. Please ***do not mail original application if faxed***. Allow 3 business days before calling to verify receipt of faxes.

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

E-Mail Address: _____

☐ Check, Cashier's Check or Money Order

☐ MasterCard, Visa, Discover, or American Express

☐ (A $1 fee will be charged for all credit card transactions.)

Credit Card Account Number: _____ Expiration Date: _____

To Be Completed By Applicant (FEES ARE NON-REFUNDABLE)

For 1 Year Registration:

____ **Number of Vehicles X $10 =** **$** 0

For 2 Year Registration (not applicable to UCR/Intrastate Carriers):

____ **Number of Vehicles X $20 =** **$** 0

The fee to add vehicles is $20 per vehicle the first year and $10 per vehicle the second year.

TOTAL VEHICLE FEES **$** 0

Signature of Owner, Partner, Officer or Authorized Agent

X

Print or Type Name and Title

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.

For more information, visit our web site at www.txdmv.gov.

Contact/Help