



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	

Cancel Certificate of Registration (no charge/original fees are non-refundable) **PIN Request**

Convert to UCR/Intrastate US DOT # _____ 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.

Not Eligible for a Non-Expiring Certificate of Registration (Select reason below)
 No Longer UCR Registered Non-Charter Bus Household Goods (HHG) Carrier Recyclable Materials Carrier Waste Hauler

Name Change (no change in ownership) **Name of Motor Carrier** - Proof of insurance reflecting the new name must be provided.

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.

Address Change

Street Address	City, State, Zip
Mailing Address (if different)	City, State, Zip

Change Corporate Officers/Titles **Name** (attach additional sheet if necessary) **Title**

Change Legal Agent - (must have a Texas physical address)

Name	Phone Number () -
Street Address	City, State, Zip

Change Type of Motor Carrier Operation

Type of Motor Carrier Operation (check all that apply)	Insurance Requirements (must be checked)
1. <input type="checkbox"/> Hazardous Materials (HAZ)	<input type="checkbox"/> \$1 million OR <input type="checkbox"/> \$5 million
2. <input type="checkbox"/> Commercial School Bus (BUS)	<input type="checkbox"/> \$500,000
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

Change Drug Testing Information **Does this carrier belong to a drug-testing consortium?** Yes No If "Yes" is checked, please list all names of persons operating the consortium (attach additional sheet if necessary).
Persons Operating Consortium:

Re-register Motor Carrier 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) <input type="checkbox"/> E-mail Address: _____ <input type="checkbox"/> Check, Cashier's Check or Money Order <input type="checkbox"/> MasterCard, Visa, Discover or American Express* \$ _____ <small>*A service charge of 25 cents plus 2.25 percent of the total fee amount will be added to all credit card transactions.</small> Credit Card Account Number: _____ Expiration Date: _____ Signature of Owner, Partner, Officer or Authorized Agent Social Security # _____ X _____ Print/Type Name and Title	Re-registration Fees (Fees are nonrefundable)		
	\$100	Liability Insurance Filing Fee	\$
	\$100	Cargo Insurance Filing Fee (HHG carriers)	\$
	Total Vehicle Fees		\$
From attached Motor Carrier Equip. Report		\$	
Total Amount Fee Amount*		\$	

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.

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.