



NEW MEXICO DEPARTMENT OF TRANSPORTATION WARRANT APPLICATION

Transportation Regulation Bureau
Room 130, P.O. Box 1149
Santa Fe, New Mexico 87504-1149

A \$50.00 FEE MUST BE SUBMITTED ALONG WITH THIS APPLICATION in the form of a check or money order made payable to the New Mexico Department of Transportation to the address above.

Transportation Service Type:

- ☐ Charter Service
- ☐ Commodities/Property (not Household Goods)
 - ☐ Check here if service is to include Hazardous Materials
- ☐ Towing Service
 - ☐ Check here if service is to include Nonconsensual Towing

BUSINESS

Name: _____

D/B/A ("Doing Business As"): _____

Physical Address _____

Mailing Address (if different from above) _____

Business Phone Number: _____

NM Tax ID (CRS No.): _____ **Date Business Created:** _____

Business Entity Type (Check one):

- ☐ Sole Proprietorship
Provide Social Security #: _____
- ☐ Partnership
List names and addresses of all persons having an interest in the business, *below*.
- ☐ Limited Liability Company
List names and addresses of managing members, *below* and as **Attachment # 1** articles of organization & evidence of good corporate standing from the Secretary of State
- ☐ Corporation
List names and addresses of shareholders who own more than 10% voting stock, *below* and as **Attachment # 1** articles of incorporation & evidence of good corporate standing from the Secretary of State
- ☐ Governmental/Tribal Entity: _____

Names and Addresses of Partners, Managing Members or Principal Officers:

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NM Registered Agent's Name: _____

Agent's Email: _____

Agent's Address: _____

Agent's Phone: _____

APPLICANT

Name: _____

Relationship to Business: ☐ Owner ☐ Partner ☐ Manager ☐ Other _____

Email: _____

Phone Number(s): _____

Address: _____

STORAGE FACILITIES- Towing Services

What type of storage facility do you have?

- ☐ Type 1- A fenced and locked area
- ☐ Type 2- A fenced lighted and locked area
- ☐ Type 3- An enclosed, roofed, and locked structure

Note: If you intend to provide any nonconsensual towing, you must have a storage facility

Please provide address _____

Financial Responsibility (Insurance)

- ___ The insurance company must provide the proof of financial responsibility (for body & property a Form 'E'; for cargo a Form 'H'; for surety a Form 'G') directly to the NMDOT. See Rule 18.3.3.10(B) NMAC.
- ___ If applying as a towing service, Proof of \$50,000.00 of both On-The-Hook and Garage Keepers' Liability Coverage. See Rule 18.3.3.11 NMAC.

Number of employees (including you) employed in the operation of the business:

If your answer above is "3" or more, you must submit proof of Workers' Compensation Insurance.

Workers' Compensation Insurance- Attachment #2

- ___ Submit as **Attachment #2** A certificate of Workers' Compensation insurance or certificate of exemption. See Rule 18.3.2.9(B) NMAC.

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Vehicle List

Attach additional pages, if necessary, as **Attachment #3**

For Towing Services include the Class (A, B, C, D) of each tow vehicle.

VEHICLE #1 - State _____ License No. _____

Make & Model _____ Year _____

VIN _____

VEHICLE #2 - State _____ License No. _____

Make & Model _____ Year _____

VIN _____

VEHICLE #3 - State _____ License No. _____

Make & Model _____ Year _____

VIN _____

VEHICLE #4 - State _____ License No. _____

Make & Model _____ Year _____

VIN _____

VEHICLE #5 - State _____ License No. _____

Make & Model _____ Year _____

VIN _____

TRAILER #1 - State _____ License No. _____

Trade Name _____ Actual Carrying Capacity _____

VIN _____

TRAILER #2 - State _____ License No. _____

Trade Name _____ Actual Carrying Capacity _____

VIN _____

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Vehicles- Attachment #4

- ___ Attach copies of current Annual vehicle inspection reports performed by DOT or a certified mechanic for each vehicle, and brake inspection inspector qualification forms
- ___ Attach a copy of the mechanic's certification. See Rule 18.3.4.12(F) NMAC and 49 CFR 396.

Blank version of these forms can be obtained at <http://www.dot.nm.gov/trb/>

Safe Driving Program Policies- Attachment #5

- ___ A drug and alcohol policy which satisfies the requirements of the Federal Motor Carrier Safety Administration, (FMCSA). See Rule 18.3.2.9(F) NMAC.

Example can be found on our website at <http://www.dot.nm.gov/trb/>

Preventative Maintenance Policy Attachment #6

- ___ Attach copies of vehicle maintenance and inspection program. See Rule 18.3.2.9(C) NMAC.

Example can be found on our website at <http://www.dot.nm.gov/trb/>

Driver Information Attachment # 7

Attach additional pages, if necessary, as **Attachment #7** See Rule 18.3.2.9(D) NMAC.

DRIVER #1 – Name _____ State of Issuance _____

License No. _____ Class of License _____

DRIVER #2 – Name _____ State of Issuance _____

License No. _____ Class of License _____

DRIVER #3 – Name _____ State of Issuance _____

License No. _____ Class of License _____

DRIVER #4 – Name _____ State of Issuance _____

License No. _____ Class of License _____

DRIVER #5 – Name _____ State of Issuance _____

License No. _____ Class of License _____

DRIVER #6 – Name _____ State of Issuance _____

License No. _____ Class of License _____

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Driver Records Attachment #8

Submit copies of all drivers current:

- ___ Medical cards,
- ___ Driver's licenses, and
- ___ Department of Motor Vehicle (DMV) driving records. See 49 CFR §391.

U.S. DOT Rating- Attachment #9

- ___ U.S. DOT safety rating, if any.

Proposed Tariff- Attachment #10 (Nonconsensual Towing Services Only)

☐ I agree to abide by the rates and terms in the STATEWIDE WRECKER TARIFF Effective February 2017 and any amendments the Department may make to that Tariff and I certify that I have a copy of the Statewide Wrecker Tariff.

☐ I will use my own individual tariff and I have attached it as **Attachment #10**. I understand it will have to be reviewed and approved by the Department prior to operating.

WARNING: Willfully making a false statement of material fact in this application is a felony, punishable by imprisonment of up to five years. NMSA 1978, §65-2A-33.

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OATH OF APPLICANT

I certify that I am authorized to make this application on behalf of this business.

I certify that the facts, statements and representations contained in this application and any associated attachments are true and correct to the best of my knowledge.

I certify that this business is fit & able to provide the transportation services for which authorization is sought herein.

I certify upon approval to operate this business will submit all required documentation including annual reports as set in the Department's Rules.

I hereby swear and affirm that I have read and understood the Motor Carrier Act, Chapter 65, Article 2A NMSA 1978 and the associated Motor Carrier Rules and agree on behalf of this business to operate in compliance with all applicable federal and state laws.

Printed Name: _____

Signed: _____

STATE OF _____

COUNTY OF _____

The person listed above personally appeared before the undersigned Notary Public in & for said County, in said State, who, being by me first duly sworn, says that he/she is authorized to make this application and that the facts, statements & representations contained in the application and attachments are true and correct to the best of his/her knowledge, information & belief.

Sworn & subscribed before me on this _____ day of _____, 20____

(SEAL)

Notary Public

My Commission expires:
