



MOTOR CARRIER ANNUAL REPORT FOR 2024

LIST OF DRIVERS

Complete table OR attach a computer printout of the information required below.

First and Last Name	License #	State	Expiration Date	Date of Current MVD Record	Medical Card Expiration Date

AFFIRMATION OF MOTOR CARRIER

I hereby certify by my signature and check-mark for each box below that:

- All equipment passed an annual vehicle inspection within the preceding 12 months
- A file is maintained and available for inspection containing a current MVD driving record printout and all other information required for each driver (*See Rule 18.3.7.9 NMAC*)
- A certificate for Workers' compensation insurance (required for 3 or more employees) is available for inspection or that the motor carrier is legally exempt from this requirement.
- Required liability insurance is maintained, as follows: Effective Date _____
Liability Insurance Company _____ Policy # _____

And, I further affirm that all information provided in this Annual Report is accurate to the best of my knowledge and belief, and that I am legally authorized to sign for this motor carrier as the:

- Sole Proprietor/Owner Partnership/Partner LLC/Authorized Member Corporation/President and Secretary

SIGNATURE _____ DATE _____

PRINTED NAME(s) of SIGNATORS _____

[& SECRETARY'S SIGNATURE, for Corporations Only: _____ Date _____]

Send Completed Annual Report(s) Before 3/1/2025 To: TRB.AnnualReport@dot.nm.gov