

MOTOR CARRIER ANNUAL REPORT FOR 2024

Submit by <u>March 1, 2025</u>, per Rule 18.3.7.10 NMAC

A separate Annual Report is required for each Authority Number. Entries must be legible.

NM(PRC) Number	_ Type of Authority Held	l: 🗆 Certificate 🛛 Warrant			
Motor Carrier's Name					
Doing Business As (DBA) Name					
Principal Place of Business Address					
City	State	Zip			
Mailing Address (<i>if different from above</i>)					
City					
Business Telephone Number					
Email Address (Required)					
AGENT - Each motor carrier must identify behalf of the motor carrier. (Must be a New M	-	_			
Agent Name	Agent Telephone Number				
Agent Full Physical & Mailing Address					

Agent Email Address (Required)

LIST OF EQUIPMENT								
Complete table OR attach a computer printout of the information required below.								
Year	Make	VIN	License Plate Number	State	Date Inspected by Certified Mechanic			



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	Medical Card
				MVD Record	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

[& <u>SECRETARY'S SIGNATURE</u>, for Corporations Only: _____ Date ____]

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