NEW MEXICO DEPARTMENT OF TRANSPORTATION
CERTIFICATE APPLICATION

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

A $300.00 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.

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 **Exhibit 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 **Exhibit 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:

_____
_____
_____
_____

NM Registered Agent's Name: _____

Agent's Email: _____

Agent's Address: _____

Agent's Phone: _____

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APPLICANT

Name: _____

Relationship to Business: ☐ Owner ☐ Partner ☐ Manager ☐ Other_____

Email: _____

Phone Number(s): _____

Address: _____

Transportation Service Type (Check one):

GENERAL SERVICE	FULL SERVICE	Specialized Passenger Service:
___ Household Goods	___ Scheduled Shuttle	___ Tour and Sightseeing
___ General Shuttle	___ Municipal Taxicab	___ Non-Emergency Medical
	___ General Taxicab	___ Limousine

SERVICE TERRITORY: *See* 65-2A-8(F)

___ Statewide service to and from all counties;

or List area(s) to be served: (i.e. from Taos to Quay, Otero, and Colfax counties and return)

FROM_____

TO_____

EQUIPMENT:

Equipment Stationing Point Location(s) (list street addresses where service vehicles are stored, and from which calls for service are received):

_____

_____

_____

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.

Workers' Compensation Insurance-

___ Submit a certificate of Workers' Compensation insurance or certificate of exemption. *See* Rule 18.3.2.9(B) NMAC.

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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CERTIFICATE CHECK LIST

Vehicles-

Attach a list of all service vehicles owned (or to be purchased), to include:

___ License plate number and state of issue,

___ Make, Model and year,

___ VIN (vehicle identification number),

___ Passenger capacity to include driver (for passenger services only),

___ 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.

Programs

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

___ 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.

Driver Information

___ Submit a list of all drivers. *See* Rule 18.3.2.9(D) NMAC.

___ Submit copies of all drivers current:

___ Medical cards,

___ Driver's licenses, and

___ Department of Motor Vehicle (DMV) driving records. *See* 49 CFR §391.

Tariff

A proposed Tariff (*See* Rule 18.3.2.9(B) NMAC) to include:

___ Rate(s) and fee(s), or note if Statewide Tariff will apply,

___ Terms of service, and

___ Any applicable schedules (*See* specific Shuttle requirements, below)

Required of SHUTTLE Services ONLY:

___ Specify your end or intermediate terminal points or areas.

___ For <u>Scheduled</u> Shuttles, the proposed schedule, including arrival & departure times for each terminal location. *See* Rule 18.3.2.14(D) NMAC.

Required for Taxi Services ONLY:

____a description of how calls for service are centrally dispatched, including the location of the dispatcher(s).

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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 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:

_____