



MOTOR CARRIER ANNUAL REPORT

Submit annually by March 1, per Rule 18.3.7.10 NMAC

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

Year of Report: _____

NM Number _____ Type of Authority Held: Certificate Warrant

Motor Carrier's Name _____

List any Doing Business As (DBA) Name(s) _____

Principal Place of Business Address _____

City _____ State _____ Zip _____

Mailing Address (*if different from above*) _____

City _____ State _____ Zip _____

Business Telephone Number _____

Email Address (Required) _____

AGENT - Each motor carrier must identify an individual to receive legal service and other correspondence on behalf of the motor carrier. (Must be a New Mexico resident other than the owner, over the age of 18)

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



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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

Please provide any information regarding any substantial change in the structure, operation, ownership, or any other matter regarding the Motor Carrier.

AFFIRMATION OF MOTOR CARRIER

I hereby certify by my signature and checkmark 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 # _____

I further affirm that all information provided in this Annual Report is accurate, 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 _____



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

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