



Federal Motor Carrier  
Safety Administration

## **Instructions for Completing Form OP-1(MX) Application to Register Mexican Carriers for Motor Carrier Authority To Operate Beyond U.S. Municipalities and Commercial Zones on the U.S.-Mexico Border**

Please read these instructions before completing the application form. Retain the instructions and a copy of the complete application for the applicant's records. These instructions will assist an applicant in preparing an accurate and complete application. Applications that do not contain the required information will be rejected and may result in a loss of the application fee. **The application must be completed in English** and typed or printed in ink. If additional space is needed to provide a response to any item, use a separate sheet of paper. Identify applicant on each supplemental page and refer to the section and item number in the application for each response.

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### **PURPOSE OF THIS APPLICATION FORM:**

The Form OP-1(MX) is required to be filed by Mexico-domiciled for-hire motor carriers of passengers or property and motor private carriers who wish to register to transport property or passengers in the United States beyond U.S. municipalities on the United States-Mexico border and the commercial zones of such municipalities.

This form is also required to be utilized by those Mexico-domiciled persons or entities who had previously filed applications for registration and who are required to supplement the information in their original applications by completing and re-filing the revised Form OP-1(MX).

This form should not be used for registration by Mexico-domiciled carriers to perform transportation only in municipalities in the United States on the United States-Mexico international border or within the commercial zones of such municipalities. To apply for such registration, complete and file Form OP-2.

This form should not be filed by U.S.-domiciled enterprises owned or controlled by Mexican nationals. Such enterprises must complete and file Form OP-1 or OP-1(P), for property or passengers, respectively.

Under NAFTA Annex I, page I-U-20, a Mexico-domiciled carrier may not provide point-to-point transportation services, including express delivery services, within the United States for goods other than international cargo.

## WHAT TO FILE:

All applicants must submit the following:

1. An original and one copy of a completed revised Form OP-1(MX) Application to Register Mexican Carriers for Motor Carrier Authority To Operate Beyond U.S. Municipalities and Commercial Zones on the U.S.-Mexico Border, with all necessary attachments and statements.
2. A signed and dated Form BOC-3, Designation of Agents for Service of Process, which reflects the applicant's full and correct name, as shown on the Form OP-1(MX), and applicant's address, including the street address, the city, State, country and zip code, must be attached to the application. The BOC-3 form must show street address(es), and not post office box numbers, for the person(s) designated as the agent(s) for service of process and administrative notices in connection with the enforcement of any applicable Federal statutes or regulations. A person must be designated in each State in which the applicant will operate. Please refer to the section "Legal Process Agents" for instructions for filing the Form BOC-3 when using a Process Agent Service. **The applicant may not begin operations unless the Form BOC-3 has been filed with the FMCSA.**
3. A completed and signed Form MCS-150 Motor Carrier Identification Report.
4. A filing fee of \$300 for **each** type of registration requested in Section III, payable in U.S. dollars on a U.S. bank to the Federal Motor Carrier Safety Administration, by means of a check, money order, or an approved credit card. Cash is not accepted.

## GENERAL INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM:

- All questions on the application form must be answered completely and accurately. If a question or supplemental attachment does not apply to the applicant, it should be answered "not applicable."
- The application must be typewritten or printed in ink. Applications written in pencil will be rejected.
- The application must be completed in English.

- The completed certification statements and oath must be signed by the applicant only. For example:
  - If the company is a sole proprietorship, the owner must sign.
  - If the company is a partnership, one of the partners must sign.
  - If the company is a corporation, an official of the company must sign (President, Vice President, Secretary, Treasurer, etc.).

The same person must sign the oath and certifications. An applicant's attorney or any other representative is not permitted to sign.

- Use the attachment pages included, as appropriate, to provide any descriptions, explanations, statements or other information that is required to be furnished with the application. If additional space is needed to respond to any question, please use separate sheets of paper. Identify applicant on each supplemental page and refer to the section and item number in the application for each response.
- Include only the city code and telephone number for Mexican telephone phone numbers. **Do not** include the Mexico international access code (011-52).

#### **ADDITIONAL ASSISTANCE**

##### **FORM OP-1(MX) OR MCS-150**

Call 001 (800) 832-5660 for additional information on obtaining FMCSA registration numbers (USDOT or MX) or to monitor the status of an application.

##### **SAFETY RATINGS**

For information concerning a carrier's assigned safety rating, call: 001 (800) 832-5660.

##### **U.S. DOT HAZARDOUS MATERIALS REGULATIONS**

To obtain information on whether the commodities an applicant intends to transport are considered as hazardous materials:

Refer to the provisions governing the transportation of hazardous materials found under Parts 100 through 180 of Title 49 of the Code of

Federal Regulations (CFR), particularly the Hazardous Materials Table at 49 CFR § 172.101 or visit the U.S. DOT, Research and Special Programs Administration web site: <http://hazmat.dot.gov>. The web site also provides information about DOT hazardous materials transportation registration requirements.

**SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM**

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***SECTION I - APPLICANT INFORMATION***

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**APPLICANT'S LEGAL BUSINESS NAME and DOING BUSINESS AS NAME.**

The applicant's name should be its full legal business name -- the name on the incorporation certificate, partnership agreement, tax records, etc. If the applicant uses a trade name that differs from its official business name, indicate this under "Doing Business As Name." Example: If the applicant is John Jones, doing business as Quick Way Trucking, enter "John Jones" under LEGAL BUSINESS NAME and "Quick Way Trucking" under DOING BUSINESS AS NAME.

Because the FMCSA uses computers to retain information about licensed carriers, it is important to spell, space, and punctuate any name the same way each time the applicant writes it. Example: John Jones Trucking Co., Inc.; J. Jones Trucking Co., Inc.; and John Jones Trucking are considered three separate companies.

**BUSINESS ADDRESS/MAILING ADDRESS.** The business address is the physical location of the business. Example: El Camino Real #756, Guadalajara, Jalisco, Mexico. Please include the Mexican "colonia" or "barrio."

If applicant receives mail at an address different from the business location, also provide the mailing address. Example: P. O. Box 3721.  
**NOTE:** To receive FMCSA notices and to ensure that insurance documents filed on applicant's behalf are accepted, notify in writing the Federal Motor Carrier Safety Administration, Room 8218, 400 7<sup>th</sup> Street, SW., Washington, DC 20590, if the business or mailing address changes. If applicant also maintains an office in the United States, that information should also be provided.

**REPRESENTATIVE.** If someone other than the applicant is preparing this form, or otherwise assisting the applicant in completing the application, provide the representative's name, title, position, or relationship to the applicant, address, and telephone and FAX numbers. Applicant's representative will be the person contacted if there are questions

## **SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM**

concerning this application. Do not include the “colonia” or “barrio” unless the address is in Mexico.

**U.S. DOT NUMBER.** Applicants are required to obtain a U.S. DOT Number from the U.S. Department of Transportation (U.S. DOT) before initiating service. Motor carriers that already have been issued a U.S. DOT Number should provide it. Applicants that have not previously obtained a U.S. DOT Number will be issued a U.S. DOT number along with their provisional operating authority.

**NOTE:** A completed and signed Form MCS-150 Motor Carrier Identification Report must be submitted separately with this application.

**FORM OF BUSINESS.** A business is a corporation, a sole proprietorship, or a partnership. If the business is a sole proprietorship, provide the name of the individual who is the owner. In this situation, the Owner is the registration applicant. If the business is a partnership, provide the full name of each partner.

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### ***SECTION IA – ADDITIONAL APPLICANT INFORMATION***

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All applicants must answer each question in this section. Applicants cannot obtain Operating Authority unless registered with the Mexican Government’s Secretaria de Comunicaciones y Transportes (SCT). Therefore, if the applicant is in the process of obtaining an SCT registration, indicate the date that the applicant applied. When the applicant receives its SCT registration, the applicant must supplement this OP-1(MX) application with that information, including its RFC Number (Registro Federal de Contribuyente if the applicant is a company. Registro Federal de Causante if applicant is an individual), before the FMCSA will issue Operating Authority. If the applicant currently holds a valid Certificate of Registration and is applying to operate beyond the U.S.-Mexico border area as required by 49 CFR 365.505, the SCT Registration information, including the RFC Number, is also required. The FMCSA will not suspend an existing Certificate of Registration while an applicant is applying for SCT registration.

**SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM**

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***SECTION II - AFFILIATIONS INFORMATION***

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All applicants must disclose pertinent information concerning any relationships or affiliations which the applicant has had with other entities registered with FMCSA or its predecessor agencies. Applicant must indicate whether these entities have been disqualified from operating commercial motor vehicles anywhere in the United States pursuant to Section 219 of the Motor Carrier Safety Improvement Act of 1999.

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***SECTION III – TYPE (S) OF REGISTRATION REQUESTED***

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Check the appropriate box(es) for the type(s) of registration the applicant is requesting. For purposes of this application, a motor private carrier is an entity that is transporting its own goods, including an entity that is not a for-hire carrier but is providing interstate transportation under an agreement or contract with a shipper or other business.

A separate filing fee is required for each type of registration requested.

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***SECTION IV - INSURANCE INFORMATION***

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Check the appropriate box(es) that describes the type(s) of business the applicant will be conducting.

If the applicant is applying for motor passenger carrier registration, check the box that describes the seating capacity of its vehicles. If all the vehicles the applicant operates have a seating capacity of 15 passengers or fewer, the applicant must maintain \$1,500,000 minimum liability coverage. If any one of the vehicles the applicant operates has a seating capacity of 16 passengers or more, the applicant must maintain \$5,000,000 minimum liability coverage.

If the applicant is applying for motor property carrier registration and it operates vehicles with a gross vehicle weight rating of 10,000 pounds or more and hauls only non-hazardous materials, the applicant must maintain \$750,000 minimum liability coverage for the protection of the public. Hazardous materials referred to in the FMCSA's insurance regulations in item (c) of the table at 49 CFR 387.303 (b)(2) require \$1 million minimum liability coverage; those in item (b) of the table at 49 CFR 387.303 (b)(2) require \$5 million minimum liability coverage.

## SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM

If the applicant operates only vehicles with a gross vehicle weight rating less than 10,000 pounds, the applicant must maintain \$300,000 minimum liability coverage. If the applicant operates only such vehicles but will be transporting any quantity of Division 1.1, 1.2 or 1.3 explosives; any quantity of poison gas (Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A materials); or highway route controlled quantity of radioactive materials, the applicant must maintain \$5 million minimum liability coverage.

Minimum levels of cargo insurance must be maintained by all motor common carriers in the amount of \$5,000 for loss of or damage to property carried on any one motor vehicle, and \$10,000 for loss of or damage to property occurring at any one time and place.

Applicant does not have to submit evidence of insurance with the application. However, applicant will be required to present acceptable evidence of necessary insurance coverage to the FMCSA as part of a pre-authorization safety audit. Appropriate insurance forms must be filed within **90 days** after the date that notice of the application is published in the *DOT/FMCSA Register*: Form BMC-91 or BMC-91X for bodily injury and property damage; Form BMC-34 for cargo liability (common property carriers only).

The FMCSA does not furnish copies of insurance forms. The applicant must contact its insurance company to arrange for the filing of all required insurance forms.

**If an application is granted by the FMCSA and an MX number is issued, operating authority is still not effective and operations under that authority may not begin unless an insurance filing has been made with and accepted by the FMCSA as required under 49 CFR 387.301. A current DOT Form MCS-90 and evidence of continuing insurance coverage must also be on each of the applicant's vehicles when it crosses the border. This policy also applies to Mexico-domiciled motor private carriers and exempt carriers registering to operate within the United States beyond the border area.**

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### **SECTION V - SAFETY CERTIFICATIONS**

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Applicants for motor carrier registration must complete the safety certifications. The applicant should check the "YES" response only if the applicant can attest to the truth of the statements. If applicant cannot attest to the truth of these statements, then an appropriate "NO" response

## **SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM**

box is provided and should be checked. The carrier official's signature at the end of this section applies to the Safety Certifications. The "Applicant's Oath" at the end of the application form applies to all certifications. False certifications are subject to the penalties described in that oath.

If the applicant is exempt from the U.S. DOT safety fitness regulations because it operates only vehicles with a gross vehicle weight rating under 10,001 pounds, and it will not transport any hazardous materials, the applicant must certify that it is familiar with and will observe general operational safety fitness guidelines and applicable State, local and tribal laws relating to the safe operation of commercial vehicles.

Applicants should complete all applicable Attachment pages and, if necessary to complete the responses, attach additional pages identifying the applicant on each supplemental page and referring to the section and item number in the application for each response. If the applicant is exempt from the U.S. DOT safety fitness regulations, the applicant must complete all relevant attachment pages to demonstrate the applicant's willingness and ability to comply with general operational safety fitness guidelines and applicable State, local and tribal laws.

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### ***SECTION VI - HOUSEHOLD GOODS ARBITRATION CERTIFICATIONS***

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Applicants for household goods registration as defined in 49 U.S.C. 13102(10) must certify their agreement to offer arbitration as a means of settling loss and damage claims as a condition of registration. The signature should be that of the same company official who completes the Applicant's Oath.

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### ***SECTION VII - SCOPE OF OPERATING REGISTRATION SOUGHT***

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Applicant must indicate, by checking one or more boxes, the description(s) of the registration(s) for which application is being made.

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### ***SECTION VIII - COMPLIANCE CERTIFICATIONS***

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All applicants are required to certify accurately to their willingness and ability to comply with statutory and regulatory requirements, to their tax payment status, and to their understanding that their agent for service of process is their official representative in the U.S. to receive filings and notices in connection with enforcement of any Federal statutes and regulations.



## SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM

Applicants are required to certify their willingness to produce records for the purpose of determining compliance with the applicable safety regulations of the FMCSA.

Applicants are required to certify that they are not now disqualified from operating a commercial motor vehicle in the U.S. pursuant to the Motor Carrier Safety Improvement Act of 1999.

Applicants are required to certify that they are not now prohibited from filing an application because a previously granted FMCSA registration is currently under suspension or was revoked less than 30 days before the filing of this application.

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### **SECTION IX - APPLICANT'S OATH**

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The applicant or an authorized representative may prepare applications. In either case, the applicant must sign the oath and all safety certifications. (For information on who may sign, see "General Instructions for Completing the Application Form" in the instructions for this application.)

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### **LEGAL PROCESS AGENTS**

All motor carrier applicants must designate a process agent in each State where operations are conducted. For example, if the applicant will operate only in California and Arizona, it must designate an agent in each of those States; if the applicant will operate in only one State, an agent must be designated for that State only. Process agents who will accept filings and notices on behalf of the applicant are designated on FMCSA Form BOC-3. Form BOC-3 must be filed with the application, unless the applicant uses a Process Agent Service. If the applicant opts to use a Process Agent Service, it must submit a letter with the application informing the FMCSA of this decision and have the Process Agent Service electronically file the BOC-3 with FMCSA within 90 days after the applicant submits its application. **Applicants may not begin operations unless the Form BOC-3 has been filed with the FMCSA.**

### **STATE NOTIFICATION**

Before beginning operations, all applicants must contact the appropriate regulatory agencies in every State in and through which the carrier will operate to obtain information regarding various State rules applicable to interstate registrations. It is the applicant's responsibility to comply with registration, fuel tax, and other State regulations and procedures. Please refer to the additional information provided in the application packet for further information.

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**MAILING INSTRUCTIONS:**

To file for registration an applicant must submit an ***original and one copy*** of this application with the appropriate filing fee to FMCSA. **Note:** Retain a copy of the completed application form and any attachments for the applicant's records.

**Mailing address for applications:**

**FOR REGULAR MAIL (CHECK OR MONEY ORDER PAYMENT)**

Federal Motor Carrier Safety Administration  
P. O. Box 70935  
Charlott, NC 28272-0935

**FOR EXPRESS MAIL (CHECK OR MONEY ORDER PAYMENT)**

QLP Wholesale Lockbox - NC0810  
Lockbox #70935  
1525 West WT Harris Blvd.  
Charlotte, NC 28262

**FOR CREDIT CARD PAYMENT**

FMCSA Trans-border Office  
P.O. Box 530870  
San Diego, CA 92153-0870

**FOR RE-APPLICATION (NO PAYMENT REQUIRED)**

FMCSA Trans-border Office  
P.O. Box 530870  
San Diego, CA 92153-0870