



**U.S. Department
of Transportation**

Federal Motor Carrier
Safety Administration

Form Approved
OMB No. 2126-0016
Expires: 09/30/2012

**Instructions for Completing Form OP-1(NNA)--Application for U.S.
Department of Transportation (USDOT) Registration by Non-North America-
Domiciled Motor Carriers**

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, if applicable. **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 the applicant on each supplemental page and refer to the section and item number in the application for each response.

PURPOSE OF THIS APPLICATION FORM:

The Form OP-1(NNA) is required to be filed by Non-North America-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.

WHAT TO FILE:

All applicants must submit the following:

1. An original and one copy of a completed revised FORM OP-1(NNA) Application for U.S. Department of Transportation (USDOT) Registration by Non-North America-Domiciled Motor Carriers.
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(NNA), and applicant's address, including the street address, the city, State, country and zip code, must be attached to the application, unless the applicant attaches a letter stating it will use a process agent service that will submit the Form BOC-3 electronically. 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 Federal Motor Carrier Safety Administration.**

3. A completed and signed Form MCS-150 Motor Carrier Identification Report.
4. If required under Section III, a filing fee of \$300 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 the 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 telephone phone numbers. **Do not** include the international access codes, such as (011-52).

ADDITIONAL ASSISTANCE

FORM OP-1(NNA) OR MCS-150

Call 1-800-832-5660 for additional information on obtaining FMCSA registration numbers (USDOT or MC) or to monitor the status of an application.

SAFETY RATINGS

For information concerning a carrier's assigned safety rating, call: 1-800-832-5660.

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, Pipeline and Hazardous Materials Safety 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

SECTION I - APPLICANT INFORMATION

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.

SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM

BUSINESS ADDRESS/MAILING ADDRESS. The business address is the physical location of the business. Example: 24 Calle 10-08 Zona 11 Granai 2 Quetzaltenago, Guatemala.

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, MC-RIO, W65-206, 1200 New Jersey Avenue, S.E., 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 concerning this application.

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 DOT registration.

NOTE: A completed and signed Form MCS-150 Motor Carrier Identification Report **must** be submitted along 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.

SECTION IA – ADDITIONAL APPLICANT INFORMATION

All applicants must answer each question in this section. The applicant must provide the requested information concerning its current operations in the United States and any motor carrier registration issued by any Non-North American government.

SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM

SECTION II - AFFILIATIONS INFORMATION

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.

SECTION III – TYPE (S) OF REGISTRATION REQUESTED

Check the appropriate box(es) for the type(s) of registration the applicant is requesting. A separate filing fee is required for certain types of registration requested. Filing fees are waived for for-hire motor carriers exempt under 49 United States Code, Chapter 135, Subchapter I. Please see Section III for more information.

SECTION IV - INSURANCE INFORMATION

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.

If the applicant operates only vehicles with a gross vehicle weight rating of less than 10,001 pounds 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

SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM

highway route controlled quantity of radioactive materials, the applicant must maintain \$5 million minimum liability coverage.

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 applicant submits its application: These include Form BMC-91 or BMC-91X for bodily injury and property damage for all applicants and Form BMC-34 for cargo insurance (household goods 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, DOT registration is still not effective and operations under that registration may not begin unless an insurance filing has been made with and accepted by the FMCSA as required under 49 CFR 387.7, 387.31 and 387.301.

SECTION V - SAFETY CERTIFICATIONS

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. 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.

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.

SECTION VI - HOUSEHOLD GOODS REQUIREMENTS

Applicants applying for registration as a household goods motor carrier as defined in 49 U.S.C. 13102(12) must provide certain information regarding their arbitration program and tariff. They must also certify they are familiar with FMCSA's consumer protection requirements applicable to household

SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM

goods transportation. Applicants must disclose all relationships involving common stock, common ownership, common management, or common familial relationships between the applicant and any other motor carrier, freight forwarder, or broker of household goods within 3 years of the date of the filing of this application. The signature should be that of the same company official who completes the Applicant's Oath.

SECTION VII - SCOPE OF OPERATING REGISTRATION SOUGHT

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

SECTION VIII - COMPLIANCE CERTIFICATIONS

All applicants are required to certify accurately to their willingness and ability to comply with statutory and regulatory requirements 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.

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 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.

SECTION IX - APPLICANT'S OATH

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.)

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

SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE APPLICATION FORM

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.

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:

Check or Money Order (Make payable to the FMCSA in U.S. dollars)

- **First-Class Mail**
Federal Motor Carrier Safety Administration
P.O. Box 530226 Atlanta, GA 30353-0226
- **Express Mail**
Bank of America Lockbox #530226 1075 Loop Road
Atlanta, GA 30337
- **Credit Card** (MasterCard or Visa only) Federal Motor Carrier Safety Administration 1200 New Jersey Avenue SE, MC-RIO Washington, DC 20590

NOTE: Sending payment to the wrong address will delay application processing by 2-3 weeks.



**U.S. Department
of Transportation**

Federal Motor Carrier
Safety Administration

Form Approved
OMB No. 2126-0016
Expires: _____

**FORM OP-1(NNA)
Application for U.S. Department of Transportation (USDOT) Registration
by Non-North America-Domiciled Motor Carriers**

For FMCSA Use Only
Docket No. MC _____
DOT No. _____
Filed _____
Fee No. _____
CC Approval Number _____
Application Tracking Number _____

PAPERWORK BURDEN

The collection of this information is authorized under the provisions of 49 U.S.C. 31144 and 13902. Public reporting for this collection of information is estimated to be 4 hours per response, including the time for reviewing instructions and completing and reviewing the collection of information. All responses to this collection of information are mandatory, and will be provided confidentiality to the extent allowed by law. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-0016. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MMI, U.S. Department of Transportation, Washington, D.C. 20590

SECTION I - APPLICANT INFORMATION

LEGAL BUSINESS NAME: _____
DOING BUSINESS AS NAME: (Trade Name, if any) _____

BUSINESS ADDRESS: (Actual Street Address):

(Street Name and Number)

(City) (State) (Country) (Zip Code)

(Telephone Number) (Fax Number)

MAILING ADDRESS: (If different from above)

(Street Name and Number)

(City) (State) (Country) (Zip Code)

U.S. ADDRESS: (Does the applicant currently have an office in the United States? If yes, give address and telephone number.)

(Street Name and Number)

(City) (State) (Country) (Zip Code)

(Telephone Number) (Fax Number)

APPLICANT'S REPRESENTATIVE: (Person who can respond to inquiries)

(Name and title, position, or relationship to applicant)

(Street Name and Number)

(City) (State) (Country) (Zip Code)

(Telephone Number) (Fax Number)

US DOT NUMBER (If available) _____

FORM OF BUSINESS (Check one)

CORPORATION (Give foreign, U.S. or other State of Incorporation) _____

SOLE PROPRIETORSHIP (Give full name of individual)

(First Name)

(Middle Name)

(Surname)

PARTNERSHIP (Give full name of each partner) _____

SECTION IA – ADDITIONAL APPLICANT INFORMATION

1. Does the applicant currently operate in the United States?

Yes No

1a. If yes, indicate the locations where the applicant operates and the ports of entry utilized.

2. Has the applicant previously completed and submitted a Form MCS-150?

Yes No

2a. If yes, give the name under which it was submitted.

3. Does the applicant presently hold, or has it ever applied for operating authority or registration from the former U.S. Interstate Commerce Commission, the U.S. Federal Highway Administration, the Office of Motor Carrier Safety, or the Federal Motor Carrier Safety Administration of the U.S. Department of Transportation under the name shown on this application, or under any other name?

Yes No

3a. If yes, please identify the lead docket number(s) assigned to the application or grant of authority or registration.

3b. If the application was rejected before the time a lead docket number(s) was assigned, please provide the name of the applicant shown on the application.

3c. If yes, did FMCSA revoke the applicant's operating authority or provisional registration because the applicant failed to receive a Satisfactory safety rating or because the FMCSA otherwise determined the applicant's basic safety management controls were inadequate?

Yes No

3d. If the applicant answered yes to 3c above, it must explain how it has corrected the deficiencies that resulted in revocation, explain what effectively functioning basic safety management systems the applicant has in place, and provide any information and documents that support its case. (If the applicant requires more space, **attach the information to this application form.**)

4. Does the applicant hold a Federal Tax Number from the U.S. Government?

Yes No

4a. If yes, enter the number here: _____

5. Is the applicant required to register as a motor carrier with any non-North American government?

Yes No

5a. If yes, give the name under which the applicant is registered with the non-North American government, the applicant's registration number, and the name of the non-North American government that issued the registration.

5b. If applicant has applied to register with a non-North American government but has not yet been registered, indicate the application date.

SECTION II – AFFILIATIONS INFORMATION

Disclose any relationship the applicant has, or has had, with any U.S. or foreign motor carrier, broker, or freight forwarder registered with the former ICC, FHWA, Office of Motor Carrier Safety, or Federal Motor Carrier Safety Administration within the past 3 years. For example, this relationship could be through a percentage of stock ownership, a loan, a management position, a wholly-owned subsidiary, or other arrangement.

If this requirement applies to the applicant, provide the name of the affiliated company, the latter's MC or MX number, its U.S. DOT Number, if any, and the company's latest U.S. DOT safety rating. Applicant must indicate whether these entities have been disqualified from operating commercial motor vehicles anywhere in the United States. (If the applicant requires more space, **attach the information to this application form.**)

Name of affiliated company	MC or MX Number	U.S. DOT Number	U.S. DOT Safety Rating	Ever Disqualified from operating CMVs in the U.S.?

SECTION III – TYPE(S) OF REGISTRATION REQUESTED

Applicant must submit a filing fee for certain types of registration requested (for each checked box).

Applicant seeks to provide the following transportation service:

PASSENGER REGISTRATION
<input type="checkbox"/> For-hire Motor Carrier of Passengers. (\$300 fee required, fee is waived if carrier is exempt under 49 U.S.C. Chapter 135, Subchapter I.)
<input type="checkbox"/> Private Motor Carrier of Passengers. (No fee required)
PROPERTY REGISTRATION
<input type="checkbox"/> For-hire Motor Carrier of Property (except Household Goods). (\$300 fee required; fee is waived if carrier is exempt under 49 U.S.C. Chapter 135, Subchapter I.)
<input type="checkbox"/> For-hire Motor Carrier of Household Goods. (\$300 fee required)
<input type="checkbox"/> Motor Private Carrier. (No fee required)

SECTION IV – INSURANCE INFORMATION

MOTOR PASSENGER CARRIER APPLICANTS

All motor passenger carriers operating in the United States, including non-North America-domiciled carriers, must maintain public liability insurance. The amounts in parentheses represent the minimum amount of coverage required.

Applicant will use (*check only one*):

- Any vehicle has a seating capacity of 16 passengers or more (\$5,000,000)
- All vehicles have seating capacities of 15 passengers or fewer only (\$1,500,000)

MOTOR PROPERTY CARRIER APPLICANTS (*including Household Goods Carriers*)

NOTE: Refer to **SECTION IV** under the *Instructions to the Form OP-1(NNA)* for information on cargo insurance filing requirements for household goods carriers.

- Applicant will operate vehicles having a gross vehicle weight rating (GVWR) of 10,000 pounds or more to transport:
 - Non-hazardous commodities (\$750,000)
 - Hazardous materials referenced in the FMCSA insurance regulations at 49 CFR § 387.303(b)(2)(c) (\$1,000,000).
 - Hazardous materials referenced in the FMCSA insurance regulations at 49 CFR § 387.303(b)(2)(b) (\$5,000,000).
- Applicant will operate only vehicles having a GVWR under 10,000 pounds to transport:
 - Any quantity of Division 1.1, 1.2 or 1.3 explosives; and 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 (\$5,000,000).

Does the applicant presently hold public liability insurance?

Yes No

If applicant does hold such insurance, please provide the information below:

Insurance Company: _____

Address: _____

Maximum Insurance Amount: _____

Policy Number: _____

Date Issued: _____

Insurance Effective Date: _____

Insurance Expiration Date: _____

SECTION V – SAFETY CERTIFICATIONS

Applicant maintains current copies of all U.S. DOT Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, and the Hazardous Materials Regulations (if a property carrier transporting hazardous materials), understands and will comply with such Regulations, and has ensured that all company personnel are aware of the current requirements.

_____Yes

Applicant certifies that the following tasks and measures will be fully accomplished and procedures fully implemented before it commences operations in the United States:

1. Driver qualifications:

The carrier has in place a system and procedures for ensuring the continued qualification of drivers to operate safely, including a safety record for each driver, procedures for verification of proper licensing of each driver, procedures for identifying drivers who are not complying with the U.S. safety regulations, and a description of a retraining and educational program for poorly performing drivers.

_____Yes

The carrier has procedures in place to review drivers' employment and driving histories for at least the last 3 years, to determine whether the individual is qualified and competent to drive safely.

_____Yes

The carrier has established a program to review the records of each driver at least once every 12 months and will maintain a record of the review.

_____Yes

The carrier will ensure, once operations in the United States have begun, that all of its drivers operating in the United States are at least 21 years of age and possess a valid Commercial Drivers License or Non-resident Commercial Drivers license.

_____Yes

2. Hours of service:

The carrier has in place a record keeping system and procedures to monitor the hours of service performed by drivers, including procedures for continuing

review of drivers' log books, and for ensuring that all operations requirements are complied with.

_____Yes

The carrier has ensured that all drivers to be used in the United States are knowledgeable of the U.S. hours of service requirements, and the carrier has clearly and specifically instructed the drivers concerning the application to them of the 11 hour, 14 hour, and 60 and 70 hour rules, as well as the requirement for preparing daily log entries in their own handwriting for each 24 hour period.

_____Yes

The carrier has **attached to this application** statements describing the monitoring procedures to ensure that drivers complete logbooks correctly, and describing the carrier's record keeping and driver review procedures.

_____Yes

The carrier will ensure, once operations in the United States have begun, that its drivers operate within the hours – of - service rules and are not fatigued while on duty.

_____Yes

3. Drug and alcohol testing:

The carrier is familiar with the alcohol and controlled substance testing requirements of 49 CFR part 382 and 49 CFR part 40 and has in place a program for systematic testing of drivers.

_____Yes

The carrier has **attached to this application** the name, address, and telephone number of the person(s) responsible for implementing and overseeing alcohol and drug programs, and also of the drug testing laboratory and alcohol testing service that are used by the company.

_____Yes

4. Vehicle condition:

The carrier has established a system and procedures for inspection, repair and maintenance of its vehicles in a safe condition, and for preparation and maintenance of records of inspection, repair and maintenance in accordance

with the U.S. DOT's Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations.

_____Yes

The carrier has inspected all vehicles that will be used in the United States before the beginning of such operations and has proof of the inspection on-board the vehicle as required by 49 CFR 396.17.

_____Yes

The carrier will ensure, once operations in the United States have begun, that all vehicles it operates in the United States were manufactured or have been retrofitted in compliance with the applicable U.S. DOT Federal Motor Vehicle Safety Standards in effect at the time of manufacture.

_____Yes

The carrier will ensure that all vehicles operated in the United States are inspected at least every 90 days by a certified inspector in accordance with the requirements for a Level I Inspection under the criteria of the North American Standard Inspection, as defined in 49 CFR 350.105, once operations in the United States begin and until such time as the carrier has held permanent registration from the FMCSA for at least 36 consecutive months. After the 36-month period expires, the carrier will ensure that all vehicles operated in the United States are inspected in accordance with 49 CFR 396.17 at least once every 12 months thereafter.

_____Yes

The carrier will ensure, once operations in the United States have begun, that all violations and defects noted on inspection reports are corrected before vehicle and drivers are permitted to enter the United States.

_____Yes

5. Accident monitoring program:

The carrier has in place a program for monitoring vehicle accidents and maintains an accident register in accordance with 49 CFR 390.15.

_____Yes

The carrier has **attached to this application** a copy of its accident register for the previous 12 months, or a description of how the company will maintain this register once it begins operations in the United States.

_____Yes

The carrier has established an accident countermeasures program and a driver training program to reduce accidents.

_____Yes

The carrier has **attached to the application** a description and explanation of the accident monitoring program it has implemented for its operations in the United States.

_____Yes

6. Production of records:

The carrier can and will produce records demonstrating compliance with the safety requirements within 48 hours of receipt of a request from a representative of the USDOT/FMCSA or other authorized Federal or State official.

_____Yes

The carrier is including as an **attachment to this application** the name, address and telephone number of the employee to be contacted for requesting records.

_____Yes

7. Hazardous Materials (to be completed by carriers of hazardous materials only).

The HM carrier has full knowledge of the U.S. DOT Hazardous Materials Regulations, and has established programs for the thorough training of its personnel as required under 49 CFR part 172, Subpart H and 49 CFR 177.816. The HM carrier has **attached to this application** a statement providing information concerning (1) the names of employees responsible for ensuring compliance with HM regulations, (2) a description of their HM safety functions, and (3) a copy of the information used to provide HM training.

_____Yes _____N/A

The carrier has established a system and procedures for inspection, repair and maintenance of its reusable hazardous materials packages (cargo tanks, portable tanks, cylinders, intermediate bulk containers, etc.) in a safe

condition, and for preparation and maintenance of records of inspection, repair, and maintenance in accordance with the U.S. DOT Hazardous Materials Regulations.

_____Yes _____N/A

The HM carrier has established a system and procedures for filing and maintaining HM shipping documents.

_____Yes _____N/A

The HM carrier has a system in place to ensure that all HM trucks are marked and placarded as required by 49 CFR part 172, Subparts D and F.

_____Yes _____N/A

The carrier will register under 49 CFR part 107, Subpart G, if transporting any quantity of hazardous materials requiring the vehicle to be placarded.

_____Yes _____N/A

7A. For Cargo Tank (CT) Carriers (of HM):

The carrier **submits with this application** a certificate of compliance for each cargo tank the company utilizes in the U.S., together with the name, qualifications, CT number, and CT number registration statement of the facility the carrier will be utilizing to conduct the test and inspections of such tanks required by 49 CFR part 180.

_____Yes _____N/A

Signature of applicant

By signing these certifications, the carrier official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for and examination of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the authority granted.

Safety and Compliance Information and Attachments for Section V

1. Individual responsible for safe operations and compliance with applicable regulatory and safety requirements.

NAME	ADDRESS	POSITION

2. Location where current copies of the Federal Motor Carrier Safety Regulations and other regulations are maintained.

ATTACHMENT FOR SECTION V, NO. 1, DRIVER QUALIFICATIONS
Intentionally Left Blank

ATTACHMENT FOR SECTION V, NO. 3, DRUG AND ALCOHOL TESTING

Person(s) responsible for implementing and overseeing alcohol and drug programs.

NAME	ADDRESS	POSITION

The drug testing laboratory and the alcohol testing service that are used by the carrier.

NAME	ADDRESS	TELEPHONE NO.

ATTACHMENT FOR SECTION V, NO. 4,
Intentionally Left Blank

ATTACHMENT FOR SECTION V, NO. 6, PRODUCTION OF RECORDS

Contact person(s) for requesting records:

Name	Address	Telephone Number

SECTION VI - HOUSEHOLD GOODS REQUIREMENTS

Household Goods Motor Carrier Applicants must :

1. Provide evidence of participation in an arbitration program and a copy of the notice they provide to shippers of the availability of binding arbitration.
2. Identify their tariff and provide a copy of the notice to shippers of the availability of that tariff for inspection, indicating how that notice is provided.
3. Disclose all relationships involving common stock, common ownership, common management, or common familial relationships between the applicant and any other motor carrier, freight forwarder, or broker of household goods within 3 years of the date of the filing of this application.

Applicant certifies that it has access to, has read, is familiar with, and will observe all applicable Federal laws relating to consumer protection, estimating, consumers' rights and responsibilities, and options for limitations of liability for loss and damage.

Signature

Name of affiliated person or company	Common Stock (Yes/No)	Common Ownership (Yes/No)	Common Management (Yes/No)	Family Relation (Yes/No)

SECTION VII – SCOPE OF REGISTRATION SOUGHT

1. Applicant seeks to provide the following transportation service in foreign/international commerce:

- For a non-North American carrier to transport property between points outside of United States and all points in the United States.
- For non-North American passenger carriers, charter and tour bus operations between points outside of United States and points in the United States.
- For a non-North American passenger carrier to provide transportation services as a private motor carrier of passengers.

2. Indicate the principal border crossing points which applicant intends to utilize.

SECTION VIII – COMPLIANCE CERTIFICATIONS

All applicants must certify as follows:

<p>➤ Applicant is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards, and minimum financial responsibility requirements.</p> <p style="text-align: center;">_____ Yes</p> <p>➤ Applicant understands that the agent(s) for service of process designated on FMCSA Form BOC-3 will be deemed applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations.</p> <p style="text-align: center;">_____ Yes</p> <p>➤ Applicant is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards and Hazardous Materials Regulations, within 48 hours of any written request. Applicant understands that the written request may be served on the person identified in the attachment for Section V, number 6, or the designated agent for service of process.</p> <p style="text-align: center;">_____ Yes</p> <p>➤ Applicant is willing and able to have all vehicles operated in the United States inspected at least every 90 days by a certified inspector and have decals affixed attesting to satisfactory compliance with applicable inspection criteria. This requirement will end after applicant has held permanent registration from FMCSA for three consecutive years.</p> <p style="text-align: center;">_____ Yes</p> <p>➤ Applicant is not presently disqualified from operating a commercial vehicle in the United States.</p> <p style="text-align: center;">_____ Yes</p> <p>➤ Applicant is not prohibited from filing this application because its FMCSA registration is currently under suspension or was revoked less than 30 days before the filing of this application.</p> <p style="text-align: center;">_____ Yes</p> <p style="text-align: center;">_____ Signature</p> <p>All motor carriers operating within the United States, including non-North American motor carriers applying for operating authority under this form, must comply with all pertinent Federal, State, local and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by an OSHA state plan agency pursuant to Section 18 of the Occupational Safety and Health Act of 1970. Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.</p>

SECTION IX – APPLICANT’S OATH

APPLICANT’S OATH MUST BE COMPLETED (SIGNED) BY APPLICANT

I, _____,
(First Name) (Middle Name) (Surname) (Title)

verify under penalty of perjury, under the laws of the United States of America, that I understand the foregoing certifications and that all responses are true and correct. I certify that I am qualified and authorized to file this application. I know that willful misstatement or omission of material facts constitute Federal criminal violations under 18 U.S.C. §§ 1001 and 1621 and that each offense is punishable by up to 5 years imprisonment and a fine under Title 18, United States Code, or civil penalties under 49 U.S.C. §521(b)(2)(B) and 49 U.S.C. Chapter 149.

I further certify that I have not been convicted in U.S. Federal or State courts, after September 1, 1989, of any offense involving the distribution or possession of controlled substances, or that if I have been so convicted, that I am not ineligible to receive U.S. Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

(Signature) (Date)

(Applicant’s Title, e.g., President or Owner)

FMCSA FILING FEES

Fee Schedule effective January 1996
Fee for Registration . . . \$300.00

FEE POLICY

- Filing fees apply only to For-hire carriers of passengers or property. The fee is waived if a For-hire carrier is exempt under 49 U.S.C. Chapter 135, Subchapter I.
- Filing fees must be payable to the **Federal Motor Carrier Safety Administration**, by check drawn upon funds deposited in a bank in the United States or money order payable in U.S. currency or by approved credit card.
- Separate fees are required for each **type of registration** requested. If applicant requests registration as a for-hire motor carrier and as a motor private carrier, multiple fees are required. The applicant may submit a single payment for the sum of the applicable fees.
- Filing fees must be **sent along with the original and one copy of the application** to the appropriate address under the paragraph titled **MAILING INSTRUCTIONS** on page 10 of the instructions to this form.
- After an application is received, the filing fee is non-refundable.
- An application submitted with a personal check will be held for 30 days from the date received. The FMCSA reserves the right to discontinue processing any application for which a check is returned due to insufficient funds. No application will be processed until the fee is paid in full.

FILING FEE INFORMATION

Applicants must submit a filing fee of \$300.00 for each type of registration that requires a filing fee. The total amount due is equal to the fee(s) times the number of boxes checked in **Section III** (where a filing fee applies) of the Form OP-1(NNA). Fees for multiple authorities may be combined in a single payment.

Total number of boxes checked in **Section III** (requiring a filing fee) ___ x filing fee \$ _____ = \$ _____

INDICATE AMOUNT \$ _____ AND METHOD OF PAYMENT:

CHECK OR MONEY ORDER, PAYABLE TO: **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**

VISA MASTERCARD

Credit Card Number _____

Expiration Date: _____

Signature _____ Date: _____