

INTRASTATE CERTIFICATE OF AUTHORITY APPLICATION MOTOR BUS

APPLICATION INFORMATION

1. FULL LEGAL NAME (Legal Papers and Insurance must match this name)

NAME	DBA (if applicable)
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2. BUSINESS MAILING

ADDRESS		ADDRESS 2	
CITY	COUNTY	STATE/PROVIDENCE	ZIP/POSTAL CODE
PHONE NUMBER FOR PUBLIC TO CALL ()	FAX NUMBER ()	PHONE NUMBER OTHER ()	
WEB PAGE ADDRESS		E-MAIL ADDRESS	

3. INDICATE THE TYPE OF FACILITIES FOR YOUR BUSINESS (Choose all that apply)

Office Garage Home Other (Specify) _____

4. REPRESENTATIVE INFORMATION TO WHOM INQUIRIES SHOULD BE DIRECTED:

NAME	TITLE	
ADDRESS (Address can not be a P.O. box)		
CITY	STATE/PROVIDENCE	ZIP/POSTAL CODE
PHONE NUMBER ()	CELL PHONE NUMBER ()	

5. TYPE OF BUS OPERATIONS (check all that apply)

Intra-State (Only within Michigan's Borders)

Intra-State and Inter-State (Within and Across Michigan's Borders)

Current Numbers Issued: USDOT# _____ MC# _____

Applied to FMCSA and awaiting number(s)

Future Interstate Application Possible

6. FORM OF BUSINESS

A. SOLE PROPRIETORSHIP, WITH THE PERSON DOING BUSINESS AS: (Provide Certificate of Assumed Name, if applicable)

PARTNERSHIP, WITH THE PERSONS DOING BUSINESS AS: (Provide Articles of Co-Partnership)

B. LIMITED LIABILITY COMPANY (LLC) OPERATING UNDER THE NAME OF: (Provide Articles of Organization)

C. CORPORATION OR CORPORATION OPERATING UNDER THE ASSUMED NAME OF: (Corporations must provide Articles of Incorporation and, if not a Michigan corporation, a Certificate to Conduct Business in Michigan.)

STATE OF INCORPORATION

YEAR OF INCORPORATION

D. OTHER:

7. CARRIER OWNERS AND PRINCIPALS ARE:

NAME		TITLE	PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
NAME		TITLE	PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
NAME		TITLE	PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
NAME		TITLE	PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
NAME		TITLE	PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP CODE

8. LOCATION WHERE VEHICLE INSPECTIONS WILL BE PERFORMED

NAME		PHONE NUMBER		
ADDRESS		CITY	STATE	ZIP CODE

9. ENTER ADDRESSES FOR OFFICE OR GARAGE LOCATIONS NOT LISTED IN #2 OR #8 ABOVE

10. TYPE OF BUS OPERATIONS: (Check all that apply)

Charter operations

Regular Route operations, submit the following, **a**) a route description naming the streets and highways the service will operate over from the point of origination (beginning) to final destination (end), **b**) a time schedule showing the effective date, time points, points to be served and a number of trips daily.

On Call, Demand or Reservation Operations, (ie. Airport shuttle, client, medical, etc.), submit the following, **a**) listing of all cities, towns, townships to be served, **b**) a schedule of hours of operation.

11. VERIFICATION

I, (print) _____ verify that all information supplied on this form or relating to this Application is true and correct. If representing a company, corporation, or organization, I further certify that I am authorized to submit this information. I further certify that the applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.

SIGNATURE OF APPLICANT	TITLE	DATE
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**PROCEDURE FOR FILING
APPLICATION FOR INTRASTATE
CHARTER OR REGULAR ROUTE AUTHORITY
WITH THE**

**MICHIGAN DEPARTMENT OF TRANSPORTATION
Bureau of Passenger Transportation
Motor Bus and Limousine Regulatory Services B-425
Post Office Box 30050
425 West Ottawa
Lansing, Michigan 48909**

The Motor Bus Transportation Act 432 PA 1982, as amended, requires any person engaged in the transportation by motor bus for hire upon the public highways of this state, either directly or through any device or arrangement, to first obtain a certificate from the Department of Transportation.

A motor bus is defined as a self-propelled motor vehicle designed or used to transport more than 15 passengers and their baggage for hire upon any public highway of this state.

The following steps must be completed correctly in order to obtain a Certificate of Authority to operate as a motor carrier of intrastate passengers in the State of Michigan. Following completion of these steps and a passed safety inspection, a Certificate of Authority will be issued.

1. APPLICANT INFORMATION, PART 1

The applicant must completely fill out the Applicant Information. Failure to provide the requested information may result in the return of your application. This application **must** include the following:

- a) Certified copy of applicant's Articles of Incorporation or Articles of Organization or Certificate to Conduct Business under an Assumed Name, or Articles of Co-partnership (as applicable).
- b) Certified copy of applicant's Certificate to Conduct Business in Michigan (if incorporated in a state other than Michigan). If needed, please contact the Corporations & Securities Bureau at (517) 241-6400.

2. EQUIPMENT VEHICLE ROSTER

Submit an Equipment Vehicle Roster (form attached) listing the equipment to be operated by the applicant under the issued authority. Annual safety inspections conducted by other states/provinces may be used for carriers physically located outside the state of Michigan. Please call (517) 335-2562 for the current listing and instructions. Photocopies of current equipment inspections from the Michigan State Police (yellow and black school buses only) will be accepted. If the applicant's equipment has not been inspected by one of the above,

upon receipt of (1) the application, (2) equipment vehicle roster, (3) certificate of insurance, and (4) applicant filing fees, the applicant will be contacted by a MDOT safety inspector to arrange an appointment for the vehicle inspection. All revenue vehicles to be operated by the carrier must be listed on the vehicle roster and pass a state inspection before a certificate of authority will be granted.

3. CERTIFICATE OF INSURANCE

You must request your insurance company to submit an MDOT form No. 3007, Certificate of Insurance, to MDOT, certifying bodily injury and property damage protection of \$5 million combined, as well as Michigan basic no-fault coverage. **The name appearing on your insurance certificate must be identical to the legal name as shown on your application.** Your insurance company may obtain blank 3007 forms from MDOT, by contacting this office at (517) 241-0679. Filings must be signed by the insurance company or authorized branch representative. **The signature of an insurance agent or insurance agency personnel is not acceptable.** NO OTHER TYPE CERTIFICATE OF INSURANCE FORM WILL BE ACCEPTED.

4. APPLICANT FILING FEES

Submit a check made out to the “**State of Michigan**” for:

- A. Original applicant fee in the amount of \$300.
- B. Annual registration fees for each motor bus listed on the equipment vehicle roster in the amount of \$25 each.
- C. Modification or change to an existing certificate of authority in the amount of \$25.

Any of the above fees may be combined in one check.

5. PROCESSING:

Processing of a completed application usually takes from 1 to 2 weeks. A carrier may not commence intrastate operations until the certificate and decals are issued. **To avoid processing delays, please insure that all questions are answered, required documents are included, and the application is properly signed and verified.**

**NOTE: IF YOU NEED ASSISTANCE OR HAVE QUESTIONS CONCERNING THE APPLICATION PROCESS CONTACT ROBBIE SMITH at (517)241-0679
THE FAX NUMBER IS (517) 241-0127**