

## MOTOR CARRIER PERMIT APPLICATION INSTRUCTIONS

Effective January 1, 2016.

**All Motor Carrier Permit (MCP) applicants must complete this application, in its entirety, pay the required fees, provide required information regarding enrollment in mandated programs, provide and maintain liability insurance at the required level on the required form, and provide workers' compensation insurance on the required form if you are subject to California's workers' compensation laws.**

Effective January 1, 2016, the Department of Motor Vehicles (DMV) will begin collecting the Carrier Inspection Fee (CIF) in conjunction with the base fees upon original application and renewal of an MCP, per *Revenue and Taxation Code* (R&TC) Sections 7236 (a) (1) and (2) (B). Base fees include the Safety Fee and Uniform Business License Tax (UBLT). The CIF replaces the Biennial Inspection of Terminal fees. The CIF will not be apportioned or prorated. R&TC Section 7236 (d) requires DMV to assess delinquency fees for late payment of fees due. Delinquency fees will continue to accrue until **ALL** fees are paid and **ALL** fees must be paid to obtain an MCP.

Under the new Basic Inspection of Terminals (BIT) program, the California Highway Patrol (CHP) will select terminals for inspection based on available carrier performance data or the commodity transported, rather than the prior time-based mandate of once every 25 months.

If you need forms, have questions, or need assistance completing this application, information is available at [http://www.dmv.ca.gov/mcs/mcs\\_permits.htm](http://www.dmv.ca.gov/mcs/mcs_permits.htm) or call (916) 657-8153.

Make a copy for your records then mail the signed, completed application to the address provided in **SECTION 15. Required information must be provided or your application will be returned.**

### **CARRIER IDENTIFICATION NUMBER (CA#):**

The CA# is issued by the CHP and used as the MCP identification number. Contact the CHP Motor Carrier Safety Unit in your area for assistance.

### **SECTION 1 – TYPE OF APPLICATION: *check only one box***

- A. ORIGINAL** – You are applying for your first Annual or Non-Expiring MCP.
- B. REINSTATEMENT** – You are reinstating your MCP after a Voluntary Withdrawal, Suspension, or Revocation.
- C. RENEWAL** – You are renewing your MCP.
- D. SEASONAL ORIGINAL/RENEWAL** – You are applying for your first seasonal MCP or your seasonal MCP term has expired. Seasonal MCPs are issued for no less than 6-months and no more than 11-months during your 12-month permit term. Seasonal MCPs are not issued to interstate motor carriers.
- E. SEASONAL EXTENSION** – You are adding months to an existing seasonal MCP (11-months maximum in the 12-month term). In addition to the monthly permit fees, a \$5 extension request fee is due. No additional CIFs are due.

### **SECTION 2 – LEGAL NAME/BUSINESS ENTITY: *check only one box and enter the required information***

- A. INDIVIDUAL** – An individual operating as a sole proprietor must provide:
  - Full legal name (use the same name as shown on your driver license), your driver license number, and the state of issuance.
  - Social Security Number.
- B. CORPORATION** – A corporation registered with the Secretary of State, a Non-Profit organization, a Trust, an Indian Tribe, or a Government Agency must provide:
  - Name of Corporation, Non-Profit organization, Trust, Indian Tribe, or Government Agency.
  - Federal Employer Identification Number (FEIN) or if exempted by the Internal Revenue Service (IRS), enter "EXEMPT".\*
  - Corporation number issued by the Secretary of State, state of issuance, and date of incorporation.
  - Name and title of the principal officer and all other officers of the corporation. Attach a separate sheet if necessary.
- C. LIMITED LIABILITY COMPANY (LLC)** – An LLC registered with the Secretary of State must provide:
  - Name of the LLC.
  - FEIN or if exempted by the IRS, enter "EXEMPT".\*
  - Name of the managing member and all members.
- D. PARTNERSHIP** – A legally organized partnership must provide:
  - Name of the Partnership.

- FEIN or if exempted by the IRS, enter “EXEMPT”
- Name of the general or managing partner and all partners. Attach a separate sheet if necessary.

**\*NOTE:** If you are exempt from obtaining an FEIN, submit copies of supporting documentation issued by the IRS.

**TELEPHONE NUMBER: *required information*** – Provide the business telephone number or the application will be returned.

**AUTHORIZED REPRESENTATIVE: *Required if an Authorized Representative signs the application*** – Enter the name of the person who is authorized to act as your representative for MCP issues.

**SECTION 3 – DOING BUSINESS AS (DBA)/TRADE NAMES/FICTITIOUS BUSINESS NAMES:**

You are **required** to provide all DBAs, Trade Names, or Fictitious Business Names used in your motor carrier operation. Submit a copy of your current Fictitious Business Name Statement filing, if applicable.

Do not include DBA names unless they are adopted in compliance with the *Business and Professions Code*, commencing with Section 17900. Contact your local County Recorder’s office for assistance.

**SECTION 4 – PRINCIPAL PLACE OF BUSINESS: *required information***

**A. Business Address** – Provide your business address. If you have more than one location, provide the primary office address. Do not enter a Post Office (PO) Box or a private mail box (PMB) address.

**B. Mailing Address (If Different)** – Enter the mailing address if it is different than your business address.

**SECTION 5 – TRANSPORTATION ACTIVITIES: *check all that apply***

Select all Transportation Activity boxes that apply to your motor carrier operation. You are **required** to provide this information in full.

**SECTION 6 – TYPE OF VEHICLE(S): *check all that apply***

Select all boxes that describe the type(s) of vehicle(s) used in your motor carrier operation. You are **required** to provide this information in full.

**SECTION 7 – OPERATING AUTHORITY IDENTIFICATION NUMBERS: *check only one box***

If you operate **intrastate only**, select the Intrastate box and continue to **SECTION 8**. If you operate interstate, you must complete this section in full. Select the Interstate box and:

- Provide all operating authority identification numbers issued to you (USDOT, MC, MX, etc.).
- Enter your total California intrastate fleet miles.
- Enter your total interstate miles (this includes California mileage). If you are a new business without prior operations, you may estimate your mileage.
- Certify awareness of *Federal Motor Carrier Safety Regulations* and/or *Federal Hazardous Materials Regulations*.
- Certify payment of annual Unified Carrier Registration (UCR) fees. You may pay UCR fees online at <http://www.ucr.in.gov/>.

**NOTE:** All interstate motor carriers are subject to the UCR Act of 2005 and must register with UCR prior to issuance of the MCP. UCR fees are due annually by January 1.

**SECTION 8 – CONTROLLED SUBSTANCE AND ALCOHOL TESTING (CSAT): *required information***

All motor carrier permit holders are required to certify enrollment in a CSAT program that meets USDOT rules for commercial drivers, unless otherwise exempted.

**A. Enrolled in CSAT** – Select this box if you are required to be enrolled in a CSAT program pursuant to CVC Section 34520.

- **Exempt from CSAT** – Select this box if you are exempt from enrollment.

If you are not sure whether you are required to be enrolled in a CSAT program, contact the CHP Motor Carrier Safety Unit in your area for assistance or visit <http://www.chp.ca.gov>.

**SECTION 9 – EMPLOYER PULL NOTICE PROGRAM (EPN): *check only one box***

If vehicles used in your motor carrier operation require the driver to hold a Commercial Driver License (class A, class B, or class C with a special certificate or endorsement), you must enroll in the EPN Program pursuant to CVC Section 1808.1. If you require forms or have any questions regarding the EPN Program, you may visit <http://www.dmv.ca.gov/vehindustry/epn/epngeninfo.htm> or call (916) 657-6346 for assistance.

Select one of the following:

**A. EPN Number Required** – Select this box and enter your EPN requester code when:

- Your business entity is a **Corporation, LLC, Partnership, or Individual**; one or more commercial vehicles in your motor carrier fleet requires the driver to hold a Commercial Driver License, you employ drivers, use friends or family, or your vehicles are operated by members of the Corporation, LLC, or Partnership.

- Your business entity is **Individual**; your motor carrier fleet is two or more commercial motor vehicles, one or more that requires the driver to hold a Commercial Driver License.

**B. Owner Operator – Select this box when:**

- Your business entity is **Individual** and your motor carrier fleet is one commercial motor vehicle that requires the driver to hold a Commercial Driver License and no more than three trailers. The department will enroll you in its EPN account and monitor your driving record. If your Commercial Driver License is suspended or revoked, the department may suspend your motor carrier permit.

**NOTE:** The Owner Operator selection is only for business entity **Individual** who meets the definition of an Owner Operator and is not an applicable selection for business entity Corporation, LLC, or Partnership.

**C. EPN# Not Required – Select this box and enter the requested information when:**

- Your motor carrier operation does not require drivers to hold a Commercial Driver License.
- You do not have a terminal (place of business) located within California. Enter out-of-state business address.
- Your motor carrier operation requires drivers to hold a Commercial Driver License, however, you do not employ the drivers as you obtain them from an agency, or third party, and these drivers are enrolled in their employer's EPN account. Enter the name, address, and telephone number of the agency or third party.

**NOTE:** Your EPN selection will be reviewed and if it is determined that enrollment in the EPN Program is required or further information needed, you will be notified in writing.

**SECTION 10 – VEHICLES OPERATED: *must be completed in full***

A **For-Hire** motor carrier is one who transports property for compensation. A **Private** motor carrier is one who transports only their own property, including, but not limited to, the delivery of goods sold by that carrier. If you use vehicles both For-Hire and Private operation, enter that information in the corresponding section.

**A. Number of Vehicles –** You are required to provide:

- The number of motor vehicles used in your motor carrier operation.
- Indicate if the motor vehicles are used For-Hire (includes seasonal) or Private, or both.

**B. Vehicle Information –** You are required to provide a list of all motor vehicles used in your motor carrier operation by:

- License plate number and state issued.
- Entire Vehicle Identification Number (VIN).

**NOTE:** Use the format shown on the application. Attach a separate sheet if necessary or you may submit a CD.

**SECTION 11 – EMPLOYEES: *required for renewal or reinstatement applicants only***

All motor carriers with a carrier fleet of 20 or more vehicles are required to report the number, classification, and gross annual salary of all employees and owner-operator drivers hired or engaged during the reporting period (CVC Section 34633). Please provide the salary information in \$5,000 increments (e.g., \$5,000 - \$10,000, \$15,000 - \$20,000), using the format shown on the application.

**SECTION 12 – WORKERS' COMPENSATION INSURANCE EXEMPTION CERTIFICATION:**

All motor carriers are required to provide proof of compliance with California workers' compensation laws. If you do not employ any person(s) in your motor carrier operations that would subject you to these laws you may so certify. If you later become subject to California workers' compensation laws, you must notify the department within thirty days and file acceptable proof of insurance. (*California Code of Regulations*, Title 13, Section 220.16(c)) Submit one of the following forms as proof of compliance or certify on the application that you are not subject to California workers' compensation laws.

Acceptable forms of proof are:

- Certificate of Insurance (MC 65 M).
- Certificate of Insurance submitted by the State Compensation Insurance Fund.
- Certificate of Consent to Self-Insure issued by the Department of Industrial Relations.
- Certify by checking the box on the application that you are not subject to the workers' compensation laws of the State of California.

**NOTE:** Proof of insurance must be issued in the same motor carrier legal name entered in **SECTION 2** of the application.

**SECTION 13 – FEE CALCULATIONS:**

Use these charts to determine fees due. For an original **Interstate** motor carrier, use the following equation:

- Determine the full year intrastate fee amount according to your fleet size and type of operation.
- Divide the intrastate miles by the interstate miles reported in **SECTION 7** of the application (you will obtain a percentage amount).

- Multiply the full year fee amount by the percentage amount to arrive at the total prorated fee.
- Add the CIF amount according to your fleet size. CIFs are not prorated, full fees apply. This is the total due California.

**SECTION 14 – REGISTRATION SERVICE INFORMATION:**

As of January 1, 2006, any person or registration service submitting documents and or fees for pay or compensation shall be licensed by the DMV. The following information is required if you are a registration service:

- Printed name and signature of the preparer and date signed.
- Name of the firm, occupational license number, date of expiration, address, and telephone number.

**SECTION 15 – CERTIFICATION**

All applicants are required to complete this section and sign in ink. If signed by an Authorized Representative, the Authorized Representative section in **SECTION 2** must be completed.

**LIABILITY INSURANCE REQUIREMENTS:**

Use this chart to determine the level of liability insurance your operation requires based upon the Transportation Activities you marked in **SECTION 5** of the application. Activity B can qualify under any of the insurance limits depending on the type of property transported and the Gross Vehicle Weight Rating (GVWR) of the vehicle(s).

<i><b>If you are transporting...</b></i>	<i><b>Then you are required to provide insurance at the following combined single limit...</b></i>
Property, other than hazardous materials, in vehicles with a GVWR of 10,000 lbs. or less	\$300,000
Property, other than hazardous materials, in vehicles with a GVWR of 10,001 lbs. or more	\$750,000
Any quantity of hazardous materials not subject to a higher minimum coverage	\$1,000,000
Oil listed in Section 172.101 of Title 49, <i>Code of Federal Regulations</i> (Hazardous Materials Table)	\$1,000,000
Non-RCRA hazardous waste (California-regulated only)	\$1,000,000
Petroleum products in bulk including waste petroleum and waste petroleum products	\$1,200,000
Hazardous substances as defined in Section 171.8 of Title 49, <i>Code of Federal Regulations</i> , in cargo tanks, portable tanks, and hopper vehicles in excess of 3,500 water gallon capacity	\$5,000,000
Division 2.1 or 2.2 gases in cargo tanks or portable tanks in excess of 3,500 water gallon capacity	\$5,000,000
Any quantity of Division 2.3 gas, Hazard Zone A (poison gas)	\$5,000,000
Any quantity of Division 1.1, 1.2, or 1.3 explosives	\$5,000,000

A permit will not be issued until acceptable proof of liability insurance has been provided to the department. During an “Active” permit term, all motor carriers are required to maintain proof of liability insurance on file with the department at the required levels of coverage. Liability insurance must be submitted on one of the following documents:

- Certificate of Insurance (MC 65 M)
- Surety Bond (MC 55 M)
- Certificate of Self-Insurance (MC 131 M)

**NOTE:** Proof of insurance must be issued in the same motor carrier legal name entered in **SECTION 2** of the application.

**VOLUNTARY WITHDRAWAL**

If you wish to cease motor carrier operations, you must complete and submit a Request for Voluntary Withdrawal (MC 716 M) prior to cancelling your liability or workers’ compensation insurance.

If you have any questions, call (916) 657-8153.

**Mail your completed application to:**  
**DEPARTMENT OF MOTOR VEHICLES**  
**REGISTRATION OPERATIONS DIVISION MSH875**    **OR**  
**P.O. BOX 932370**  
**SACRAMENTO CA 94232-3700**

**Overnight Mail to:**  
**DEPARTMENT OF MOTOR VEHICLES**  
**REGISTRATION OPERATIONS DIVISION MSH875**  
**2415 1ST AVENUE**  
**SACRAMENTO CA 95818**



# APPLICATION FOR MOTOR CARRIER PERMIT

CARRIER IDENTIFICATION NUMBER (CA) #

- The information required on this form pertains to eligibility for issuance of a Motor Carrier Permit (MCP) and is required under authority of Division 14.85 of the *California Vehicle Code* (CVC). Failure to provide the information required under CVC Section 34621 is cause for refusal to issue an MCP.
- The information provided on this form is public record regularly used by law enforcement agencies and is open to inspection by the public except driver license number, Social Security Number, Federal Employer Identification Number, Employer Pull Notice requester code number, payment information, and employees' information.
- Please read the instructions before completing this application.

**NOTE:** The law allows the State Board of Equalization and Franchise Tax Board to share taxpayer information with the Department of Motor Vehicles (DMV). Motor carriers are required to pay their state tax obligation. If the state tax obligation is not paid, DMV may suspend an MCP pursuant to the *Business and Professions Code* Section 494.5.

## SECTION 1: TYPE OF APPLICATION

<b>A.</b> <input type="checkbox"/> Original <b>B.</b> <input type="checkbox"/> Reinstatement <b>C.</b> <input type="checkbox"/> Renewal	<b>D.</b> <input type="checkbox"/> <b>Seasonal Original/Renewal:</b> Select 6 to 11 months in the 12 month term. <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <b>E.</b> <input type="checkbox"/> <b>Seasonal Extension:</b> Select additional months – no more than 11 months per term. <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
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## SECTION 2: LEGAL NAME/BUSINESS ENTITY – *check only one box and complete in full*

### A. INDIVIDUAL

LEGAL NAME (LAST, FIRST, MI AS SHOWN ON YOUR DRIVER LICENSE OR IDENTIFICATION CARD)	DRIVER LICENSE NO.	STATE ISSUED	SOCIAL SECURITY NO.

### B. CORPORATION

NAME OF CORPORATION (AS REGISTERED WITH THE SECRETARY OF STATE)		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT"	
CORPORATION NUMBER	STATE ISSUED	DATE OF INCORPORATION (MONTH/DAY/YEAR)	
NAME OF PRINCIPAL OFFICER (LAST, FIRST, MI)		TITLE	
CORPORATE OFFICERS (ATTACH A SEPARATE SHEET IF NECESSARY)			

### C. LIMITED LIABILITY COMPANY (LLC)

NAME OF LIMITED LIABILITY COMPANY (AS REGISTERED WITH THE SECRETARY OF STATE)	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT"
NAME OF MANAGING MEMBER (LAST, FIRST, MI)	ALL MEMBER NAMES (ATTACH A SEPARATE SHEET IF NECESSARY)

### D. PARTNERSHIP

NAME OF PARTNERSHIP	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT"
NAME OF GENERAL OR MANAGING PARTNER (LAST, FIRST, MI)	ALL PARTNER NAMES (ATTACH A SEPARATE SHEET, IF NECESSARY)

<b>TELEPHONE NUMBER – (required for all applicants)</b>	<b>AUTHORIZED REPRESENTATIVE – (required if authorized representative signs the application)</b>
( )	

## SECTION 3: DOING BUSINESS AS (DBA)/TRADE NAMES/FICTITIOUS BUSINESS NAMES – *enter only legally adopted business names and submit a copy of your current Fictitious Business Name statement filing or note not applicable (N/A)*


**SECTION 4: PRINCIPAL PLACE OF BUSINESS – must be completed in full**

BUSINESS ADDRESS (PHYSICAL ADDRESS NOT P.O. BOX OR PMB)	CITY	COUNTY	STATE	ZIP CODE
<b>A.</b>				

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)	CITY	COUNTY	STATE	ZIP CODE
<b>B.</b>				

**SECTION 5: TRANSPORTATION ACTIVITIES – check ALL boxes that apply (Required)**

- A. United States (US) Mail. A motor carrier permit is not required if you are contracted exclusively with the US Postal Service to transport mail.
- B. Property under contract with the US Government (other than US Mail).  
**You must also mark at least one of the following boxes: C, D, E, F, G, H, I, T, U, or V.**
- C. 500 lbs. or more of any hazardous material transported for-hire or as a delivery service to customers.
- D. Hazardous materials in amounts that require the display of hazard placards.  
**You must also mark at least one of the following boxes: E, F, G, H, I, or T and SECTION 6, box I.**
- E. Oil listed in Section 172.101 of Title 49, *Code of Federal Regulations* (CFR), but not included in boxes G or H.
- F. Non-RCRA hazardous waste as defined in Section 25117, *California Health & Safety Code* and Section 66261.1 of Title 22, *California Code of Regulations*, but not included in boxes G or H.
- G. Hazardous substances as defined in Section 171.8 of Title 49, CFR, liquefied compressed gas, or compressed gas, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons.
- H. Any quantity of Division 1.1, 1.2, or 1.3 explosives; any quantity of poison gas (poison A); or highway route controlled quantity radioactive materials as defined in Section 173.403 of Title 49, CFR.
- I. Hazardous materials in any amount as defined in Section 171.8 of Title 49, CFR, (including hazardous substances and hazardous waste) and listed in Section 172.101 of Title 49, CFR, but not included in boxes G or H.
- T. Petroleum products in bulk, including waste petroleum and waste petroleum products.
- U. Vehicles **10,001 lbs. or more Gross Vehicle Weight Rating (GVWR)**, transporting property other than that listed in boxes E, F, G, H, I, or T.
- V. Vehicles **10,000 lbs. or less GVWR**, transporting property other than that listed in boxes E, F, G, H, I, or T.

**SECTION 6: TYPE OF VEHICLE(S) – check ALL boxes that apply (Required)**

- A. Any motor vehicle **used to transport property for-hire or compensation.**
- B. Motortrucks of two or more axles that are 10,001 lbs. or more GVWR (except a pickup used non-commercially).
- C. Motortrucks of three or more axles that are 10,001 lbs. or more GVWR.
- D. Truck tractors.  
**NOTE:** Motortrucks or two-axle truck tractors with a GVWR less than 26,001 lbs. are **NOT** subject to MCP requirements when operated singly in noncommercial use (provision operative January 1, 2016).
- G. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck is **10,000 lbs. or less GVWR**. Exclude vehicles that meet the CVC definition of camp and utility trailers, trailer coaches, and trailers used to transport a watercraft.
- H. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck is **10,001 lbs. or more GVWR**. Exclude vehicles that meet the CVC definition of camp and utility trailers, trailer coaches, and trailers used to transport a watercraft.
- I. Any truck or any combination of a truck and/or any other vehicle transporting hazardous materials.  
(See **SECTION 5, box D**)
- J. Any commercial motor vehicle 26,001 lbs. or more GVWR.
- K. Any commercial motor vehicle with any GVWR towing any vehicle that is 10,001 lbs. or more GVWR except combinations including camp and utility trailers, trailer coaches, and trailers used to transport a watercraft.
- L. Any other motortruck not identified above that is regulated by the Public Utilities Commission (PUC) or the Federal Motor Carrier Safety Administration (FMCSA) related to hours of service and driver's logbooks.
- M. Motor vehicles with a GVWR of 10,000 lbs. or less.

**NOTE:** Pickup trucks as defined in CVC Section 471 are subject to MCP requirements when operated in commercial use.

**SECTION 7: OPERATING AUTHORITY IDENTIFICATION NUMBERS – must be completed in full**

- INTRASTATE** – Operate in California only. ENTER USDOT# \_\_\_\_\_, if applicable. Proceed to **SECTION 8**.
- INTERSTATE** – Complete **SECTION 7** in full.
  - Current Unified Carrier Registration (UCR) Authority? (Required)  Yes  No,  
Please pay fees online at <http://www.ucr.in.gov>.
  - I certify I am aware of *Federal Motor Carrier Safety Regulations* and/or *Federal Hazardous Materials Regulations*.
  - USDOT # \_\_\_\_\_  MC # \_\_\_\_\_  MX # \_\_\_\_\_
  - International Fuel Tax Agreement (IFTA)# \_\_\_\_\_  International Registration Plan (IRP)# \_\_\_\_\_

**MILEAGE INFORMATION (REQUIRED) – ENTER:**

\_\_\_\_\_ Total California intrastate fleet miles traveled during the permit period  
 \_\_\_\_\_ Total interstate fleet miles (including California miles) traveled during the permit period

Use this mileage information in **SECTION 13** for original permits with interstate operations.

**NOTE:** If this is a new business without prior operations you may estimate mileage. Motor carriers operating both intrastate and interstate will be issued a Non-Expiring MCP and must pay UCR fees annually.

**SECTION 8: CONTROLLED SUBSTANCE AND ALCOHOL TESTING (CSAT) – must select applicable box**

Are you enrolled in or exempt from a CSAT program?

(This is a drug and alcohol testing program that meets USDOT rules  Enrolled in CSAT  Exempt from CSAT for commercial drivers.)

**NOTE:** If you have questions regarding CSAT, contact the CHP Motor Carrier Safety Unit in your area.

**SECTION 9: EMPLOYER PULL NOTICE PROGRAM (EPN) CVC SECTION 1808.1. – must be completed in full**

- A. EPN# REQUIRED** – You are a Corporation, LLC, or Partnership, and your motor carrier operation requires drivers to hold a Commercial Driver License or you employ drivers, use friends or family, or the vehicles are operated by members of your entity. You are an individual who has two or more vehicles and at least one of your vehicles requires the driver to hold a Commercial Driver License. **EPN Requester Code #** \_\_\_\_\_.
- B. Owner Operator** – You are an Individual who has one vehicle which requires a Commercial Class A, Commercial Class B, or Class C with a special certificate or endorsement and no more than three trailers. (Not applicable for Corporations, LLCs, or Partnerships).
- C. EPN# NOT Required** – Provide the required information below.
  - Motor carrier operation does not require a Commercial Driver License.
  - No terminal located in California. Terminal address is \_\_\_\_\_
  - Motor carrier operation requires a Commercial Driver License and I obtain drivers from a third party (enter name, address, and telephone number) \_\_\_\_\_

**NOTE:** Your selection will be reviewed and if it is determined that enrollment in EPN or additional information is required, you will be notified in writing.

**SECTION 10: VEHICLES OPERATED – must be completed in full**

**A.** Enter the number of vehicles owned, registered, leased, and/or operated during the last permit period. If this is a new business without prior operation or permits, enter the number of vehicles that will be operated during the current permit period. If you have vehicles that are For-Hire and Private, enter those numbers where appropriate. **Do not include trailers.**

<b>#</b>	<b>NUMBER OF VEHICLES – For-hire or seasonal (transport property for compensation)</b>
<b>#</b>	<b>NUMBER OF VEHICLES – Private (transport your own property)</b>
<b>#</b>	<b>TOTAL NUMBER OF VEHICLES IN FLEET</b>





**SECTION 13: FEE CALCULATION CHART – interstate and intrastate full year – follow the steps below**

**FULL YEAR INTRASTATE CARRIERS (DOING BUSINESS IN CALIFORNIA ONLY):**

Use the chart that applies to your operation (**For-Hire** and/or **Private**) and locate your fleet size and the corresponding fee. Enter it in the total amount due. If you have vehicles that are For-Hire and Private, add both fees to obtain the total amount due.

**FEE CHART – FULL YEAR INTRASTATE CARRIERS\* (DOING BUSINESS IN CALIFORNIA ONLY)**

\***Interstate carriers**, see chart below to calculate base fees, then add the CIF for the fleet size.

The CIF is due in full for all carriers and will not be apportioned or prorated.

FLEET SIZE	FOR HIRE			PRIVATE		
	BASE FEES**	CIF	TOTAL	BASE FEES**	CIF	TOTAL
1	\$120	\$130	\$250	\$35	\$130	\$165
2-4	\$200	\$152	\$352	\$35	\$152	\$187
5-10	\$475	\$252	\$727	\$35	\$252	\$287
11-20	\$710	\$573	\$1,283	\$240	\$573	\$813
21-35	\$975	\$743	\$1,718	\$325	\$743	\$1,068
36-50	\$1,310	\$961	\$2,271	\$430	\$961	\$1,391
51-100	\$1,610	\$1,112	\$2,722	\$535	\$1,112	\$1,647
101-200	\$1,935	\$1,463	\$3,398	\$635	\$1,463	\$2,098
201-500	\$2,240	\$1,512	\$3,752	\$730	\$1,512	\$2,242
501-1000	\$2,545	\$1,600	\$4,145	\$830	\$1,600	\$2,430
1001-2000	\$2,830	\$1,800	\$4,630	\$930	\$1,800	\$2,730
2001 & Above	\$3,030	\$2,114	\$5,144	\$1,030	\$2,114	\$3,144

\*\*Base Fees include the Safety Fee and UBLT

**FULL YEAR ORIGINAL INTERSTATE CARRIER (COMBINED CARRIER):**

Following the instructions for Full Year Intrastate Carriers (above), enter the Base Fee amount due according to your motor vehicle fleet size to obtain the full year amount and enter it here. .... **A. \$** \_\_\_\_\_

Enter total California intrastate fleet mileage..... **B.** \_\_\_\_\_

Enter total interstate fleet mileage (including California mileage) ..... **C.** \_\_\_\_\_

Divide the number in B by the number in C and enter it here ..... **D.** \_\_\_\_\_ %

Multiply the amount in A by the percentage in D and enter it here ..... **E. \$** \_\_\_\_\_

Enter the CIF according to your motor vehicle fleet size, from the chart above, and enter the amount here ..... **F. \$** \_\_\_\_\_

Add lines E and F together, this is the total fee due for your Non-expiring MCP ..... **G. \$** \_\_\_\_\_

**FEE CALCULATIONS – INTRASTATE SEASONAL – FOLLOW THE STEPS BELOW**

The minimum Seasonal permit period allowed is 6-months and the maximum period is 11-months in your twelve month term. The Seasonal permit may be extended for additional months beyond those indicated on the Original/Renewal application within the twelve month term. For each extension request, a \$5 Extension Request Fee is required along with the Per-Month Extension Fee, per *Revenue & Taxation Code*, Section 7236(c)(1).

**SEASONAL ORIGINAL/RENEWAL:**

Use the chart on the next page to identify the Total Amount Due.

Locate the number of months in operation and fleet size, and enter the Total Amount Due for a Seasonal permit.

**SEASONAL EXTENSION:**

Locate the **Per Month Extension Fee** and fleet size.

Multiply the **Per Month Extension Fee** by the number of months the permit is being extended to obtain your subtotal.

Add the \$5.00 **Extension Request Fee** to the subtotal to obtain the Total Amount Due for a Seasonal extension permit.

No additional CIFs are due on extensions.

**FEE CHART – SEASONAL CARRIERS**

Seasonal carriers (**FOR HIRE only**) are required to pay the CIF in full, but only once, upon commencement of the seasonal term. No additional CIF is required when applying for an extension. The CIF is not prorated.

**NOTE:** A seasonal MCP is not issued to *INTERSTATE* motor carriers.

FLEET SIZE	CIF+	6 MONTHS	7 MONTHS	8 MONTHS	9 MONTHS	10 MONTHS	11 MONTHS	EXTENSION REQUEST FEE	PER MONTH EXTENSION FEE
1	\$130	\$90	\$95	\$100	\$105	\$110	\$115	\$5	\$5
2-4	\$152	\$141	\$152	\$163	\$174	\$185	\$196	\$5	\$11
5-10	\$252	\$338	\$361	\$384	\$407	\$430	\$453	\$5	\$23
11-20	\$573	\$480	\$520	\$560	\$600	\$640	\$680	\$5	\$40
21-35	\$743	\$655	\$710	\$765	\$820	\$875	\$930	\$5	\$55
36-50	\$961	\$874	\$948	\$1,022	\$1,096	\$1,170	\$1,244	\$5	\$74
51-100	\$1,112	\$1,075	\$1,165	\$1,255	\$1,345	\$1,435	\$1,525	\$5	\$90
101-200	\$1,463	\$1,289	\$1,398	\$1,507	\$1,616	\$1,725	\$1,834	\$5	\$109
201-500	\$1,512	\$1,486	\$1,612	\$1,738	\$1,864	\$1,990	\$2,116	\$5	\$126
501-1000	\$1,600	\$1,688	\$1,831	\$1,974	\$2,117	\$2,260	\$2,403	\$5	\$143
1001-2000	\$1,800	\$1,884	\$2,043	\$2,202	\$2,361	\$2,520	\$2,679	\$5	\$159
2001 & Above	\$2,114	\$2,032	\$2,199	\$2,366	\$2,533	\$2,700	\$2,867	\$5	\$167

**SECTION 14: REGISTRATION SERVICE INFORMATION – for Registration Service Use only**

PREPARER'S PRINTED NAME		PREPARER'S SIGNATURE <b>X</b>	
REGISTRATION SERVICE NAME/ADDRESS			TELEPHONE NUMBER ( )
OCCUPATIONAL LICENSE NUMBER/EXPIRATION DATE			DATE

**SECTION 15: CERTIFICATION – complete and sign**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

PRINTED NAME		TITLE	
SIGNATURE <b>X</b>		SIGNED AT (CITY)	DATE

**PAYMENT:**

Make your check or money order (**NO CASH**) payable to the Department of Motor Vehicles and submit with your application. Call (916) 657-8153 if you have any questions.

**NOTE:** If the bank does not honor your payment, a \$30 dishonored check fee will be assessed and your permit may be cancelled.

Mail your completed application to:  
**DEPARTMENT OF MOTOR VEHICLES  
 REGISTRATION OPERATIONS DIVISION MS H875 OR  
 P.O. BOX 932370  
 SACRAMENTO CA 94232-3700**

Overnight Mail to:  
**DEPARTMENT OF MOTOR VEHICLES  
 REGISTRATION OPERATIONS DIVISION MSH875  
 2415 1ST AVENUE  
 SACRAMENTO CA 95818**

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