



U.S. Department
of Transportation
Federal Motor Carrier
Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

January 9, 2015

Refer to: MC-RS

«MC_»
«BUSN_NAME»
«OWNER»
«ADDRESS»
«CTYSTZIP»

Dear «OWNER»:

The Federal Motor Carrier Safety Administration (FMCSA) is in receipt of your Application for Motor Passenger Carrier Authority (Form OP-1(P)) for «MC_» «MC_». Pursuant to Title 49 U.S. Code Section 13902, applicants seeking to register as motor carriers must present evidence to FMCSA that the applicant is fit, and willing and able to comply with applicable Federal statutes and regulations, including requirements relating to safety, financial responsibility and, as to motor carriers of passengers, accessibility for disabled passengers. The applicant has the burden to produce evidence that it is fit, willing and able to comply with all applicable statutory and regulatory requirements.

Following an initial review of «MC_» «BUSN_NAME»'s Form OP-1(P), FMCSA has opened an investigative file. FMCSA has determined that additional evidence must be provided in order for you to meet its burden. FMCSA will not process your application further without a response to the Verification Inquiry Response Worksheet provided.

Please submit the requested information not later than 30 days from the date of this letter to the following address:

Federal Motor Carrier Safety Administration
Office of Registration and Safety Information
1200 New Jersey Avenue, SE
Washington, DC 20590
Attn: Your name, Derrick D. Carrington

You may also provide your response by fax to 202-366-7298, Attn: Derrick Carrington or by email (PREFERRED) to derrick.carrington@dot.gov.

Pursuant to 49 CFR § 365.109(a)(2), your application will be rejected if FMCSA does not receive all material information requested. **You are not authorized to engage in the interstate transportation of passengers by commercial motor vehicle during the application review.**

Enclosures

VERIFICATION INQUIRY RESPONSE

«MC_» «BUSN_NAME»

- **Name of all insurance companies providing liability insurance to the applicant and policy number(s) under which such coverage is written.**

- **Have any of the corporate officers or persons responsible for day to day operations and safety management of the applicant worked at or for any other motor passenger carrier? If so, when, and in what position, and what was the passenger carrier's name(s) and USDOT number or MC number.**

- **If applicable, a copy of the motor carrier's Americans with Disabilities Act compliance plan, including information regarding accessibility of the carrier's fleet.**

- **Disclose any relationship you have or any corporate officials had with any other FMCSA regulated entity within the past 3 years. Describe that relationship, including any common ownership, management, employees, vehicles, buildings or insurance policies.**

- **PROVIDE A COPY OF THE FRONT AND BACK OF YOUR DRIVER'S LICENSE.**

- **PROVIDE A COPY OF YOUR BUSINESS PHONE BILL**

- **PROVIDE A COPY OF YOUR MORTGAGE STATEMENT OR LEASE AGREEMENT OF YOUR BUSINESS ADDRESS.**

- **PROVIDE COPIES (FRONT/BACK) OF THE TITLES AND REGISTRATIONS OF VEHICLES USED/AND TO BE USED IN THE OPERATION OF THIS BUSINESS.**

SUBMIT THESE COPIES ALONG WITH THE COMPLETE DETAILED ANSWERS OF THIS VERIFICATION FORM.

You must submit answers to each numbered item listed above before «MC_» «BUSN_NAME» application for operating authority will be processed.

Submission of a false statement in response to this request may lead to rejection of «MC_» «BUSN_NAME» application and possible civil or criminal penalties.

Should you have any questions, please contact YOUR NAME, Transportation Specialist at 202-XXX-XXXX or by e-mail to your.name@dot.gov.

***NOTE: please use one of the following acceptable titles in the "TITLE" field below: PRESIDENT, OWNER, CEO or COMPANY OFFICER.**

Signature _____ **Title** _____ **Date** _____