

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 <u>derrick.carrington@dot.gov</u>.

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.



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# **VERIFICATION INQUIRY WORKSHEET**

## «MC\_» «BUSN\_NAME»

• Names of all corporate officers President, Vice President, Treasurer, Secretary, and Safety Manager (or like position) of applicant.

President	 
Vice President	 
Treasurer	
Secretary of Corporation	
Safety Manager	

- Copies of the initial and previous 3 years filings with the Secretary of State of Incorporation; e.g., articles of incorporation, amendments, annual notice filings, tax returns and officer and director rosters.
- Names of all persons having a 20 percent or greater ownership interest in the applicant.

#### • Physical location of applicant's principal place of business where company records are maintained.

Telephone No.	Cell Phone No.		Fax No.
Street Address or P.O. Box	City	St	ate Zip Code
Mailing addresses, telephone num business	ber(s), cell phone number(s), and fax 1	number(s) used in co	onnection with this
Street Address	City	State	Zip Code
Physical location where company	vehicles are maintained or housed whe	en not being operate	ed.
Street Address	City	State	Zip Code
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• Names and driving license numbers of all drivers employed or used by applicant for the operation of commercial motor vehicles during the 12 months immediately prior to the date of the application.

• For all vehicles owned or operated by the applicant currently or in the previous 12 months, please provide: the manufacturer name, model, number of passengers the vehicle is designed to transport and vehicle identification numbers (VIN)

### «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.

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 <u>your.name@dot.gov</u>.

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

Signature	Title	Date
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