

A-1 FORM



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

APPLICATION FOR REGISTRATION OF INTERSTATE OPERATIONS EXEMPT FROM ECONOMIC JURISDICTION OF FMCSA

MAIL COMPLETED FORM TO:
MODOT – MOTOR CARRIER SERVICES
P.O. BOX 893
JEFFERSON CITY, MO 65102-0893

IF ASSISTANCE NEEDED CALL: **573-751-3358**
1-866-831-6277
FAX NUMBER: 573-522-6708

MOTOR CARRIER IDENTIFICATION NUMBERS

USDOT NO	SOCIAL SECURITY NUMBER	FMCSA MC NO(S)	FEIN NO
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APPLICANT

NAME	TELEPHONE NUMBER
D/B/A	FAX NUMBER

MAILING ADDRESS

STREET
CITY, STATE, ZIP CODE

BUSINESS ADDRESS (IF DIFFERENT FROM MAILING ADDRESS ABOVE)

STREET
CITY, STATE, ZIP CODE

FORM OF BUSINESS (FILL IN ONLY ONE BOX BELOW)

- Sole Proprietorship Partnership Limited Partnership Incorporated in State of _____
 Limited Liability Company in State of _____ Limited Liability Limited Partnership

LIST NAME OF PARTNERS OR OFFICERS BELOW

NAME (PLEASE PRINT)	TITLE (PLEASE PRINT)

The applicant hereby designates as agent for service of process in Missouri as follows (you must fill in one box)

I/we hereby designate the following as my/our agent for service of process at the following street address within the State of Missouri:

Name: _____
Street: _____ City _____ State _____ Zip _____

I/we hereby designate the Missouri Highways and Transportation Commission, 105 West Capitol Avenue, Jefferson City, MO 65102 as my/our agent for service of process in Missouri.

CERTIFICATION

I DECLARE UNDER THE PENALTY OF PERJURY under the laws of the State of Missouri and the United States of America that the foregoing information in this Application is true and correct, that I am authorized to sign this Application on behalf of Applicant and that the signature below is my own true and correct signature made by me and no other person.

NAME (PRINTED)	DATE
SIGNATURE	TITLE

Missouri Department of Transportation

Motor Carrier Services

Form A-1 Instruction Sheet

MOTOR CARRIER IDENTIFICATION NUMBERS: Indicate your USDOT number, Social Security Number (if a Sole Proprietor), MC Number (issued by Federal Motor Carrier Safety Administration), and FEIN Number.

APPLICANT: Indicate the applicant name and DBA name (fictitious name). Your name must match how you are registered with the USDOT. Your telephone and fax number are also required.

MAILING ADDRESS: Indicate your mailing address. Post Office Boxes are acceptable as a mailing address.

BUSINESS ADDRESS: Indicate your business address if different from the mailing address. Post Office Boxes are not acceptable as business addresses.

FORM OF BUSINESS: Indicate the form of business. Indicate the state in which your business is organized if not a Sole Proprietor.

LIST NAMES OF PARTNERS OR OFFICERS: Indicate the names and titles of partners or officers if form of business is not a Sole Proprietor.

PROCESS AGENT DESIGNATION: A Missouri registered agent must be designated for service of any legal notice or action against the carrier. If you designate a registered agent (someone other than MoDOT), the agent must be an individual (not a corporation), located in Missouri.

CERTIFICATION: The applicant must sign the application. If the applicant is a corporation, then an officer of the company or an individual authorized to sign on behalf of the company may sign this application. The member or manager of the Limited Liability Company (LLC) may sign the application.

ADDITIONAL INFORMATION

INSURANCE REQUIREMENTS: Please review the enclosed insurance requirement. Motor Carrier Services requires a **Form E** (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance) or a **Form G** (Uniform Motor Carrier Bodily Injury and Property Damage Surety Bond) before the authority is issued. The name and address on the insurance form **must** be identical to the name and address on the A-1 form.

LICENSE REQUIREMENTS: Please complete the Form B-1R. If your principal place of business is in Arkansas, Georgia, Illinois, Indiana, Iowa, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, North Carolina, Ohio, Oklahoma, South Dakota, Texas or Wisconsin, the Form B-1R should not be completed. If your vehicles are fully qualified in one of those states, you will not be issued an Interstate Exempt Stamp. This USDOT Number should be written in the Missouri block on the Form D-1 Cab Card. If your vehicles are not fully qualified in those states of travel, you will need to complete Form B-1R. If your company also holds interstate authority issued by the **Federal Motor Carrier Safety Administration** or the old **Interstate Commerce Commission**, the credential issued by the base jurisdiction under the **Single State Registration System** is sufficient if the **RS-3** credential properly lists Missouri for the vehicle(s) to be used in exempt operations.

TRANSFERS: If you have sold your interstate exempt authority, you must complete an A-1 application to transfer the authority to the new owner(s). The transferee (buyer) should complete the application as instructed above for new carriers and write **TRANSFER** and the **USDOT Number** being transferred in the upper right-hand corner. New proof of insurance will be required to be filed in the transferee's name.

CHANGE OF NAME/ADDRESS: Please notify this agency immediately in writing of all address changes (street, mailing, city, state and/or zip) or name changes. If you are changing your name from an individual or partnership to a partnership or corporation, you will be required to transfer the authority using the transfer instructions above.

OFFICE INFORMATION: You may mail the completed application and fees to Motor Carrier Services at **P. O. Box 893, Jefferson City, Mo 65102-0893**. The office is open Monday through Friday from 7:30 a.m. to 4:00 p.m. Central Time.



If you have any questions, please contact this office at (573) 751-3358 or toll free (866) 831-6277. Further information may be found at our website at <http://www.carrier.state.mo.us>. Fax Number is (573) 522-6708.