

P 371-GC
(Rev. 11/14)

Authorized by the
Motor Carrier Act,
Act 254 P.A. 1933, as
amended.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN PUBLIC SERVICE COMMISSION
MOTOR CARRIER DIVISION
P. O. Box 30221
Lansing, Michigan 48909



APPLICATION FOR AN INTRASTATE MOTOR CARRIER CERTIFICATE

General Information:

The Motor Carrier Act, 254 PA 1933, as amended, requires any person engaged in the transportation, by motor vehicle, of property for hire upon the public highways of this state, either directly or through any device or arrangement, to first obtain a certificate from the Public Service Commission(PSC).

Persons who use motor vehicles to haul property for hire on the public roads of Michigan must know and obey Michigan trucking laws and Public Service Commission regulations.

Filing of this form is mandatory. Violation of the Motor Carrier Act may result in a fine or revocation of operating authority.

NOTICE: DO NOT USE THIS APPLICATION FOR A HOUSEHOLD GOODS AUTHORITY. COMMISSION APPLICATION FORM P-371-H IS REQUIRED. TO OBTAIN AN APPLICATION CALL (517) 284-8120.

Instructions: (READ ALL INSTRUCTIONS FULLY BEFORE COMPLETING APPLICATION.)

1. Type or print legibly in ink. (These forms may be obtained on our website at www.michigan.gov/mpsc under the "Motor Carrier" tab.)
2. This application will be evidence in any Commission proceeding to determine a grant of a certificate. If the applicant is a corporation or other business entity, **the application must be signed and sworn to by an officer or owner of the company who is identified under item 6 of this application.**
3. If additional space is needed to fully respond to an item, attach a plain sheet of paper and enter the applicant's name, item number and information being continued.
4. Failure to provide the requested information may result in the return of your application.
5. Payment of a \$100.00 non-refundable application filing fee (in U.S. funds) by check or money order made payable to: **"State of Michigan"** must be included with this application. **Starter check, COMCHECK and credit/debit cards are not accepted.**
6. Applications for a Certificate of Authority must include the following:
 - a) A complete copy of applicant's Articles of Incorporation or Organization, or a complete copy of applicant's Certificate to Conduct Business under an Assumed Name, or Articles of Co-partnership.
 - b) A complete 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, & Commercial Licensing Bureau, Corporation Division at (517) 241-6470.
7. Attach a copy of all Annual Vehicle Inspections for all Power Units and Trailers intended for use under this authority.
8. A "Form E - UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE" must be submitted by an applicant's insurance company before a temporary or certificate will be issued. The name appearing on your insurance certificate must be identical to that registered with the Michigan Corporation Division or your County Clerks office. **Please request your insurance company submit the Form E immediately after submission of this application.**

Cargo insurance is not required to be filed with the Michigan Public Service Commission unless you are applying for Household Goods Authority. (Use Form P-371-H for Household Goods Authority, not this application.)

Michigan requirements for Public Liability and Property Damage Insurance minimum coverage's are the same as required by Federal regulation under 49 C.F.R. 387.9.

1. GENERAL FREIGHT VEHICLES OF 10,001 POUNDS GVWR OR MORE:

- (a) Property (non-hazardous) \$ 750,000
- (b) Property (hazardous) \$5,000,000

Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks or hopper-type vehicles with capacities in excess of 3,500 water gallons, or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas or compressed gas, or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.

- (c) Property (hazardous) \$1,000,000

Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 171.101, but not mentioned in 1(b) or 2(b).

2. GENERAL FREIGHT VEHICLES OF 10,000 POUNDS OR LESS GVWR :

- (a) Property (non-hazardous): \$ 300,000
- (b) Property (hazardous) \$5,000,000

Any quantity of Class A or B explosives, any quantity of poison gas (Poison A); or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.

- (c) Property (hazardous) \$1,000,000

Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 171.101, but not mentioned in 1(b) or 2(b)

3. VEHICLES TRANSPORTING VEHICLE REGARDLESS OF GVWR :

- (a) Property (hazardous) \$1,000,000

Motor carriers that transport vehicles, as defined in 49 CFR 171.8 as HM (Hazardous Materials) and listed in 49 CFR 172.101, are considered a HM (Hazardous Materials) motor carrier, and must maintain the minimum level of financial responsibility regardless of the type of operation. This includes towing companies, new & used car transporters and dealers, repair facilities offering towing, repossessions, etc.

9. RETENTION OF RECORDS: **Retain a copy of the application and these instruction pages for your records.**

10. PROCESSING:

Processing of a completed application takes approximately 90 days. Processing of a Temporary Authority takes approximately 30 – 45 days with no approval guaranteed. All applications include both permanent and temporary authority. Those qualifying for the issuance of a Temporary Authority will receive a certificate authorizing the temporary in the mail. A carrier **may not** commence intrastate operations until the certificate, decals and cab cards (if applicable) 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 by the owner/officer of the company.**

11. QUESTIONS, CALL MOTOR CARRIER DIVISION:

On SAFETY, Part II of the Application, call (517) 284-8118 or 284-8119.
On INSURANCE, call (517) 284-8120.
For additional information on Parts I and III, call (517) 284-8122.
To obtain a USDOT number, call (888) 464-8736 or via the web at www.safersys.org .

Additional Application Requirements: Part II, Item 14 - Safety Submissions

*****NOTE: WHERE ALL VEHICLES IN THE CARRIER FLEET HAVE A GVWR OF 10,000 POUNDS OR LESS - PROCEED TO PAGE 5 OF THIS DOCUMENT**

CARRIERS OPERATING ONE OR MORE VEHICLES WITH A GVWR OF 10,001 LBS. OR MORE

In conjunction with Part II, Item 14 of the Motor Carrier Application for MPSC Authority, the following documents are to be submitted with your application. Your application will not proceed to processing until all the following required documents have been received. Additional safety related documents may be requested while your safety review is in progress.

1. **Company Safety Policy – All Applicants**
2. **Copies of Driver Qualification Files – All Applicants**
3. **Drug and Alcohol Testing Policy - Required where:**
 - (A) ***A CDL (Commercial Driver’s License) is required; or***
 - (B) ***For any size vehicle that will be used to transport hazardous materials in a quantity which will require placarding.***

The requirements of the Federal Motor Carrier Safety Regulations (FMCSR) were adopted by the Michigan Motor Carrier Safety Act and apply to all carriers conducting for-hire intrastate operations. Intrastate authority applicants must submit documentation of policies and procedures which demonstrates the company’s knowledge of and compliance with the FMCSR.

Copies of the above documents will be required and reviewed with your application to determine compliance with FMCSR and Michigan safety requirements. Where our review results in question, identification of missing requirements, or the need for further clarification or documentation, personnel of the Motor Carrier Division will contact you, in writing, and request the additional materials.

Failure to submit the requested safety documents which comply with governing requirements will result in a recommendation of dismissal of the application to the commission based upon failure to meet required safety standards.

1. Company Safety Policy

While various publications, groups and web pages may provide samples of Safety Policies, copies of these samples will not be accepted as the applicant’s Safety Policy. The carrier safety policy must be in writing and be specific to the applicant’s operations.

The safety policy must include (at a minimum) information relative to each of the following categories:

Vehicle Maintenance File (Specific FMCSR Part 396): Establishment of the manner in which vehicles will be maintained through:

- Individual vehicle maintenance records;
- Daily Inspection – inspections of the vehicle performed at the end (post-trip) and beginning (pre-trip) of each day’s work;
- Periodic Maintenance – annual inspection of the vehicle, conducted once every 12 months; and
- What actions are to be taken following a Roadside Inspection by Enforcement Personnel?

Driver Qualifications (Specific FMCSR Part 391): This portion of your policy must set forth the requirements that apply to:

- Applicants for driver positions – what requirements must the applicant meet before being employed by your operation.

Establishment, Use and Retention of Driver Qualification Files (Specific FMCSR Part 391)

- Personnel employed as drivers - each carrier is required to establish a driver qualification (DQ) file for each driver employed. This DQ file must contain the documents required by Part 391. The DQ file is used by the carrier to support the carrier’s decision that a driver is qualified to drive when first employed, and continues to be qualified through periodic carrier reviews required under Part 391. A Safety Policy must reference what documents are to be included in the DQ file and what periodic updates are required by Part 391. Each DQ file shall be retained for as long as a driver is employed by that motor carrier and for three years thereafter.

Driver Hours of Service (Specific FMCSR Part 395): Carrier policy requirements must set forth how the driver’s hours of service will be controlled through:

- Maximum driving and on-duty time.
- Use, completion, review and retention of daily logs (logbook) where required; and

- A company system, including retention of accurate time records, to monitor those drivers involved in operations which are exempt from logbook maintenance (Including an explanation of logbook exemption).

Procedures to be Followed in Case of Accident: Your policy must set forth the actions to be taken at the time of the accident, including at the scene of the accident, as follow-up to the accident, and the manner in which an accident register (FMCSR Part 390.15(b)) will be maintained.

Each of these required areas must include information relative to:

1. What is to be done;
2. When (how often, what time frame, etc.);
3. How the requirement will be met (what has to be done, what forms have to be completed, etc.);
4. Where is the function to be performed;
5. Who is involved/responsible for the action;
6. Who will/is responsible for reviewing the completed action; and
7. Where and for how long will documentation be retained.

2. Copies of Driver Qualification Files

Drivers Listed on Application: Where less than five (5) drivers are to be employed by the carrier, copies of the following documents from each driver's qualification file is to be submitted. Where five (5) or more drivers are employed, three drivers are to be selected, and copies of the following documents from each driver's qualification file are to be submitted with the application. Additional drivers or documents from a driver qualification file may be requested at a later date by the Motor Carrier Division.

1. A readable copy of the driver's application for employment;
2. A readable copy of the driver's MVR;
3. A readable copy of the valid Medical Examiner's Certificate and/or Waiver; and
4. A readable copy of the driver's CDL.

3. Drug and Alcohol Testing Policy - Required where: one or more of applicant's vehicles:

- (A) *A CDL (Commercial Driver's License) is required; or*
- (B) *For any size vehicle that will be used to transport hazardous materials in a quantity which will require placarding (Specific FMCSR: Parts 40 and 382)*

Each carrier shall provide drivers with educational materials that explain the requirements of the FMCSR and the carrier's policies and procedures with respect to meeting these requirements. The drug and alcohol testing policy should state: how and when the required testing of drivers will be conducted in connection with pre-employment, random testing, reasonable cause testing, post-accident testing, return-to-duty testing, and follow-up drug and alcohol testing; the consequences for drivers engaged in substance use related conduct; the handling of test results, record retention and confidentiality.

The testing program may be administered by the carrier who meets and demonstrates FMCSR Sampling criteria or may be completed under contract with a Consortium/Third Party Administrator (C/TPA). A carrier administering its testing program should be able to prove that it has contracted with a qualified drug and alcohol collection facility, a certified laboratory, medical review officer, and substance abuse professional. **Carrier operations with only one (1) driver and operating one (1) or more vehicles having a G.V.W. of 26,001 pounds or more MUST CONTRACT WITH A C/TPA** for administration of the drug and alcohol testing program. A carrier utilizing a C/TPA will have to prove that it has contracted with the C/TPA.

A Drug and Alcohol Testing Policy may be provided by a C/TPA which the carrier has joined. Its content should also be presented as a carrier policy, identifying the applicant and stating that the attached policy is incorporated and adopted by the applicant for use as its Drug and Alcohol Testing Policy.

Should you have question pertaining to the submission and compliance requirements of the safety review portion of the application for intrastate for-hire motor carrier operating authority, please contact a member of the Motor Carrier Division at (517)284-8118 or 284-8119.

Additional Application Requirements: Part II, Item 14 - Safety Submissions

CARRIER OPERATIONS WHERE ALL VEHICLES IN THE CARRIER FLEET HAVE A GVWR OF 10,000 POUNDS OR LESS

In conjunction with Part II, Item 14 of the Motor Carrier Application for MPSC Authority, the following documents are to be submitted with your application. Your application will not proceed to processing until all following required documents have been received. Additional safety related documents may be requested while your safety review is in progress.

- Company Safety Policy – All Applicants
- Readable copy of the Motor Vehicle Records (MVR's) issued for its driver(s).

Where our review results in question, identification of missing requirements, or the need for further clarification or documentation, personnel of the Motor Carrier Division will contact you, in writing, and request the additional materials.

While various publications, groups and web pages may provide samples of Safety Policies, copies of these samples will not be accepted as the carrier's Safety Policy. The carrier policy must be in writing and be specific to the carriers operations.

Failure to submit the requested safety documents which comply with governing requirements will result in a recommendation of dismissal of the application to the Commission based upon failure to meet required safety standards.

Company Safety Policy

Each carrier is required to establish a written safety policy, published under the carrier's name, which sets forth information of the carrier's rules and procedures of safety – how things will be done when working for the carrier. The policy is used to provide information of operations to not only the MPSC, but also to employees of the carrier. This policy should set forth **in each of the required areas:**

1. What is to be done;
2. When (how often, what time frame, etc.);
3. How the requirement will be met (what has to be done, what forms have to be completed, etc.);
4. Where is the function to be performed;
5. Who is involved/responsible for the action;
6. Who will/is responsible for reviewing the completed action.

The policy must address (at a minimum) the safety topics of:

- vehicle maintenance plans,
- vehicle operations and equipment use,
- driver qualifications,
- control of driver hours, and
- procedures to be follow in case of accident.

Should you have question pertaining to the submission and compliance requirements of the safety review portion of the application for intrastate for-hire motor carrier operating authority, please contact a member of the Motor Carrier Division at (517)284-8118 or 284-8119.

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P. O. Box 30221
Lansing, Michigan 48909



**APPLICATION FOR AN INTRASTATE MOTOR CARRIER CERTIFICATE
- GENERAL COMMODITIES -**

For assistance with this application call (517) 284-8122

PART I. GENERAL INFORMATION

1. MPSC Authority Number (if any): _____ MC Authority Number: _____

US DOT Number: _____ Federal Tax ID # (or Social Security # if Sole Prop) _____

Type of intrastate motor carrier operations applied for: (check one)

Motor Carrier transporting general commodities other than hazardous materials.

Motor Carrier transporting general commodities including hazardous materials.

Motor Carrier transporting vehicles and general commodities.

2. Applicant's name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

3. Name under which applicant will conduct business if different from # 2 above: (Include certificate of assumed name.)

4. Type of facility from which Motor Carrier operations are to be conducted:

Office Warehouse Terminal Other: (Specify) _____

Facility location: Same as stated in item 2 As follows:

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

5. Provide the name of the person responsible for safety at your company:

Name _____ Address: _____

Title _____

Phone (____) _____ Fax (____) _____

6. Type of business: (Check A, B or C.)

- A. Sole Proprietorship (A copy of the Certificate of Assumed Name from the County Clerk must be submitted):
B. Partnership (A copy of the Articles of Partnership must be submitted): (List the partners below)

- C. Closely Held Corporation Public Corporation Limited Liability Company
(Michigan Companies must enclose Articles of Incorporation or Organization and, if not a Michigan corporation, a Certificate to Conduct Business in Michigan and Articles of Incorporation.)

The companies owners and officers are:

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____

7. Attorney or Agent to whom correspondence in this application should be directed if any:

Name: _____ Bar No. (If applicable): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email Address: _____

8. Prior experience in the motor carrier industry:

- Owner or operation of authority number: MPSC # _____ MC# _____
What was your position with the identified motor carrier(s)?
 Owner - Time in position: _____ Years Safety/Permits Manager – Time in position: _____ Years
 Other – please describe: _____ Time in position: _____ Years
- Employment in various motor carrier operations while serving in the following positions (please specify):
 Driver - Time in position: _____ Year Safety/Permits Manager – Time in position: _____ Years
 Other – please describe: _____ Time in position: _____ Years
 Other – please describe: _____ Time in position: _____ Years
- Other business experience (provide description and length of time): _____

PART II. SAFETY/FITNESS INFORMATION

(For assistance with this Part, call (517) 284-8118 or 285-8119)

The Motor Carrier Division conducts a safety fitness analysis of each application for a Motor Carrier Certificate pursuant to the Order of the Commission in File No. T-1281, (Jan. 11, 1995), Order Implementing Safety Rating System. The review process requires the completion of all of the following questions and submission of requested documents.

9. By verifying and signing this application on the last page, the applicant certifies:
- a) that it will comply with the Motor Carrier Act as amended, and the rules and regulations of the Michigan Public Service Commission;
 - b) that the character and condition of the vehicles to be used is such that they may be operated safely upon the public highways;
 - c) all vehicles 10,001 pounds or greater have passed a vehicle inspection within the preceding 12 months pursuant to the requirements of the Motor Carrier Safety Act, Public Act 181 of 1963, as amended, and that the applicant will systematically inspect, repair and maintain all vehicles under its control.

10. Safety and Fitness Issues:

Within the past three years, has applicant, its owner(s), or principal(s), been involved in any State or Federal court proceedings, compliance reviews, out of service or shut down orders related to the safety or fitness of the applicant, its owner(s) or principal(s), to conduct motor carrier operations?

YES NO

If yes, provide the following information:

Jurisdiction:	Case No. /Year:	Case outcome:
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

11. List all **ACCIDENTS*** within the preceding 12 month period. **If none, check box**

An "ACCIDENT" is an occurrence involving a commercial motor vehicle operating on a public road in interstate or intrastate commerce which results in:

- (i) A fatality; or
- (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- (iii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other motor vehicle.

DATE	LOCATION CITY/STATE	DRIVER'S NAME	NUMBER OF INJURIES	NUMBER OF FATALITIES	VEHICLE S TOWED

(ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY.)

12. List the types of vehicles and the gross vehicle weight rating (G.V.W.R.*) of each type of vehicle to be operated under this certificate:
 * G.V.W.R. means the value specified by the manufacturer as the loaded weight of a single vehicle.
 (49 CFR 383.5.) This can be found on the door tag on the driver's side inside door frame.

Vehicle Information: (Specify the complete vehicle information including Make, Model, Year & Serial/VIN # of each vehicle you intend to use) (ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY.)	List the exact GVWR as indicated on the door tag.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

****SUBMIT COPIES OF CURRENT ANNUAL INSPECTIONS ON ALL POWER UNITS AND TRAILERS INTENDED FOR USE UNDER THIS AUTHORITY****

13. List the names of drivers who will be operating under this certificate and the date of hire. If more than 10 drivers, list only the first ten alphabetically. This includes the owner/operator.

Driver:	Date of Hire:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

14. **Attach a copy of Applicant's Safety Policy & Procedures.** (See Instructions for Safety Submission) This should address inspection of vehicles, maintenance of vehicles, reporting of accidents, driver qualifications & files, use of log books and/or timekeeping, driver training, and any other information that specifically indicates that the applicant operates, or will operate, in accordance with the safety regulations. **Satisfactory completion of all safety requirements is required for issuance of a temporary authority.**

PART IV - VERIFICATION

PLEASE NOTE: If the motor carrier is a corporation or a limited liability company, an officer is required to verify and sign this application. If a sole proprietorship, the owner is required to verify and sign this application. If a partnership, one of the partners is required to verify and sign this application.

By signing and submitting this application, Applicant attests and certifies that all statements made herein are true.

15. Verification:

I, _____, representing _____
(Typed or printed name) (Carrier/Company Name)

being duly sworn upon oath, verify under penalty of perjury that the facts asserted in the foregoing Application are true and correct. If representing a company, corporation, or organization, I further certify that I am authorized and qualified to submit this information.

Signature of Applicant: _____

Title: _____ Date: _____

State of _____)

County of _____)

Subscribed and sworn to before me, a Notary Public in and for the County of _____, acting in the County of _____, State of _____, this _____ day of _____.

Notary's signature: _____

Notary's name: _____
(Typed or printed.)

Expiration of Commission: _____

20. MAILING INSTRUCTIONS: Mail the original completed application, appendix (if any), required attachments, and check or money order in payment of application fee to:

To Mail (including Priority Mail):

**Department of Licensing and Regulatory Affairs
Michigan Public Service Commission
Motor Carrier Division
P. O. Box 30221
Lansing, Michigan 48909**

To Present In Person or for Overnight Delivery:
(other than United States Postal Service Priority Mail)

**Department of Licensing and Regulatory Affairs
Michigan Public Service Commission
Motor Carrier Division
7109 West Saginaw Hwy
Lansing, Michigan 48917**