



Department of Motor Vehicles
Motor Carrier Services
P.O. Box 27412
Richmond, Virginia 23269-0001

OA142M (07/02)

FOR HIRE INTRASTATE OPERATING AUTHORITY PERMIT AND DECAL APPLICATION

CERTIFICATE, LICENSE, PERMIT, DECAL, VEHICLE REGISTRATION DENIAL AND SUSPENSION/REVOCAION REASONS

Chapter 20 or Chapter 21 of Title 46.2 of the Code of Virginia provides that the Virginia Department of Motor Vehicles may, depending on your authority type, for one or more of the following reasons:

- deny your application for an operating authority certificate, license, or permit, decal, vehicle registration, or
 - suspend or revoke an existing operating authority certificate, license, permit, decal, or vehicle registration.
1. Making misstatements or omitting information on your application for an operating authority certificate, license, or permit, decal, or for the registration of your vehicle(s).
 2. Failing to comply with any legal order issued by DMV or:
 - any provision of Chapter 20 or Chapter 21 of Title 46.2 of the Code of Virginia, or
 - any terms, conditions, or restrictions of your certificate, license, or permit.
 3. Failing to comply with zoning or other land use ordinances, regulations, or statutes.
 4. Using deceptive business acts or practices.
 5. Making untruthful, misleading, or deceptive advertisements relating to the business authorized by a certificate, license, or permit that you are applying for or that you hold.
 6. Being found in either a judicial or administrative hearing to have committed fraudulent or deceptive business acts relating to the business authorized by a certificate, license, or permit that you are applying for or that you hold.
 7. Being convicted of any criminal act involving the business authorized by a certificate, license, or permit that you are applying for or that you hold.
 8. Committing any of the following, if you are a self-insured carrier:
 - refusing arbitrarily or unreasonably to pay a claim, or
 - failing to, in good faith, make prompt, fair, and equitable settlements of claims where liability is reasonably clear, or
 - threatening to appeal an arbitration settlement prior to the arbitration hearing to try to get a person to settle a claim, or
 - requiring, for the purpose of delaying an investigation or payment of claims, an insured, claimant, or physician of either to file both a preliminary claim report and a formal proof of loss form when both contain substantially the same information.
 9. Improperly leasing, renting, or lending; or allowing improper use of a certificate, license, permit, decal, or vehicle registration.
 10. Having been convicted of a felony.
 11. Having been convicted of any misdemeanor involving lying, cheating, stealing, or immoral conduct.
 12. Failing to pay to DMV any taxes, fees, dues, fines, or penalties owed to DMV.
 13. Failing to submit to DMV information, documentation, or records required or requested by statute.
 14. Knowingly and willingly filing any false report, account, record, or memorandum.
 15. Failing to prove that:
 - there is a need for the service you are applying for, or
 - you are fit to provide the service, or
 - you can meet the required financial responsibility requirements.
 16. Willfully altering or changing the appearance or wording of any certificate, license, permit, decal, license plate, or vehicle registration.
 17. Failing to provide the services authorized by the certificate, license, or permit.
 18. Failing to keep proof of financial responsibility and/or a performance bond on file with DMV.
 19. Failing to comply with the Worker's Compensation Act of Title 65.2 of the Code of Virginia.
 20. Failing to properly register a motor vehicle under Title 46.2 of the Code of Virginia.
 21. Failing to comply with any federal motor carrier statute, rule, or regulation.
 22. Failing to comply with any requirements of the Americans with Disabilities Act.
 23. Failing to actively maintain your motor carrier business, for example not having a motor vehicle registered under your operating authority certificate or permit for more than three months.



**FOR HIRE INTRASTATE OPERATING AUTHORITY
PERMIT AND DECAL APPLICATION**

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INSTRUCTIONS

Please Print Or Type

- Original Permit and Decal** -- Check this box if you are applying for an original Employee Hauler, Non-Profit/Tax Exempt Passenger, Property-Bulk, Property-Non Bulk, or Taxicab permit. Complete **all** sections of this application. *(If you want to apply for any other type of operating authority, you must complete the For Hire Intrastate Operating Authority Certificate or License Application -- OA 141.)*
- Original Decal** -- Check this box if you have submitted a *For Hire Intrastate Operating Authority Certificate or License Application* (OA 141) and want to obtain decals. Complete sections **1,2,3,6 and 8**.
- Decal Renewal** -- Check this box if you are applying to renew your operating authority decals. Complete **all** sections.
- Add Vehicle** -- Check this box if you are applying to add a vehicle to an existing operating authority account. Complete **all** sections.
- Amendment** -- Check this box if you are applying to obtain an amended Employee Hauler permit. Complete **all** sections.
- Close Account** -- Check this box if you are requesting to close your account. Complete sections **1, and 8**. *You must return this application and your operating authority decals to the address on the front of this application.*
- Cancel Authority Type** -- Check this box if you are applying to cancel authority. Write the type of authority you want canceled below and complete **all** sections. *You must return this application and your operating authority decals to the above address.* _____

Authority Type to be canceled

If you have any questions about this application or operating authority types, contact a Motor Carrier Services Representative at:
 (866) 878-2582 (voice) (804) 367-1073 (fax) (800) 272-9268 (deaf and hearing impaired only) mcsonline@dmv.state.va.us (e-mail)

Request a copy of the *Motor Carrier Guidelines* (MCTS247) for information on minimum insurance limits, authority types, and general requirements.

1 CARRIER INFORMATION

FEIN/SSN (Required)	Authority Certificate or Permit Number <i>(required for existing accounts)</i>	Business Organization <i>(check box that describes your business' organization)</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other <i>(Specify)</i>	
Business Name <i>(If your business type is Individual, give your full legal name.)</i>		Trade Name or Doing Business As <i>(if different from Business Name)</i>	

2 ADDRESS INFORMATION

Street Address <i>(do not give P.O. box)</i>			
City	State	Zip Code	County <i>(if Virginia address)</i>
General Mailing Address <i>(if different from above)</i>		City	State Zip Code
Decal Mailing Address <i>(if different from above)</i>		City	State Zip Code

3 CONTACT INFORMATION

General Contact Person	Telephone Number ()	Fax Number ()	e-mail Address
Decal Contact Person	Telephone Number ()	Fax Number ()	e-mail Address

4 OTHER CARRIER INFORMATION

Virginia IFTA License Number <i>(if applicable)</i>	IFTA Base State	DOT Number <i>(if applicable)</i>
FMCSA MC (Federal MC) Number <i>(if applicable)</i>	IRP Account Number <i>(if applicable)</i>	IRP Base State

5 PARTNERSHIP INFORMATION

Complete the following for ALL partners. (Attach additional pages if needed.)

Social Security Number	Full Legal Name

6 VEHICLE AND FEE INFORMATION**PAYMENT METHODS**

You can pay by personal check or money order made payable to DMV or complete the credit card payment information below.

FEE WAIVER QUALIFICATIONS

You are not required to pay the registration fee for vehicles that are registered under the same name and account number as on this application **and**:

- registered under your Virginia International Fuels Tax Agreement (IFTA), **or**
- operated only in Virginia, and
 - has two or more axles and a registered gross vehicle weight of more than 26,000 pounds, **or**
 - has three or more axles.

Check the box next to the applicable authority type(s) listed below and write, in the space provided, the total number of vehicles that you operate under each type.

AUTHORITY TYPE	NUMBER OF VEHICLES	AUTHORITY TYPE	NUMBER OF VEHICLES
<input type="checkbox"/> Common Carrier-Irregular Route		<input type="checkbox"/> Property - Bulk	
<input type="checkbox"/> Common Carrier-Regular Route		<input type="checkbox"/> Property - Non Bulk	
<input type="checkbox"/> Contract Bus		<input type="checkbox"/> Non-Profit/Tax Exempt Passenger	
<input type="checkbox"/> Contract Passenger		<input type="checkbox"/> Sightseeing	
<input type="checkbox"/> Employee Hauler		<input type="checkbox"/> Taxicab	
<input type="checkbox"/> Household Goods			

A. Enter the total number of vehicles that you use to transport passengers .	
B. Enter the total number of vehicles that you use to transport property .	
C. Enter the number of passenger vehicles that meet any of the fee waiver qualifications above.	
D. Enter the number of property vehicles that meet any of the fee waiver qualifications above.	
E. Subtract Line C from Line A, multiply the results by \$3, and enter the Passenger Vehicle Registration Fee.	\$
F. Subtract Line D from Line B, multiply the results by \$10, and enter the Property Vehicle Registration Fee.	\$
G. Add together Line E and Line F and enter the Total Registration Fee Due.	\$
H. Employee Hauler and Taxicab only: Enter \$50 if you are applying for an original permit.	\$
I. Add together Line G and Line H and enter the TOTAL FEES OWED .	\$

7 OPERATION INFORMATION *(Attach additional pages if needed.)*

All applicants, give a brief description of your operation. **Employee Hauler** applicants list employers' names and locations. *(Example: A. E. Jones, Co. -- Richmond, VA)*

8 CERTIFICATION

I certify that I will comply with all of the applicable provisions of the Code of Virginia, Title 46.2, and with all applicable requirements prescribed by the Virginia Department of Motor Vehicles. I affirm that all taxes, fees, penalties, interest, and judgements due the Commonwealth of Virginia have been paid or satisfied and that I am in compliance with the Workman's Compensation Act of Title 65.2 and with the Business, Professional, and Occupational License Tax requirements. I further affirm that I have read this application and know its contents, and that all of the information herein is true and accurate. I understand that it is unlawful to knowingly make a false statement on this application and that any violation may be prosecuted as a Class 5 felony (§§18.2-434 and 46.2-105) and I understand that any Virginia Operating Authority certificate or permit issued to me can be suspended and revoked if any of the information in this application is found to be untrue or inaccurate.

Authorized Representative's Full Legal Name <i>(please print)</i>	Title	
Authorized Representative's Signature	Date	
Telephone Number ()	Fax Number ()	e-mail Address

CREDIT CARD PAYMENT INFORMATION

Name Appearing On Credit Card		Daytime Telephone Number ()	
Card Number	Date Card Expires	Amount to be charged	\$
I Hereby Authorize DMV To Charge The Credit Card Account Listed above.			
Print Card Holder's Name		Card Holder's Signature	Date