

# OPERATING AUTHORITY CERTIFICATE APPLICATION FOR COMMON CARRIERS OF PASSENGERS INSTRUCTIONS AND APPLICATION

**Purpose:** Use this form to apply for or change existing authority to operate as a Common Carrier over Regular Routes or a Common Carrier over Irregular Routes in Virginia. For information on how to obtain For-Hire Intrastate Operating Authority for other types of for-hire services, visit [www.dmvNow.com](http://www.dmvNow.com).

**Instructions:** To ensure accurate and timely processing of your application, read and follow all steps outlined in the instructions that follow PRIOR to completing the application.

**NOTE:** The application process for operating authority involves multiple steps, including the submission of various pieces of information, and requires the applicant's continuing involvement and cooperation with DMV staff. It is critical that all required information is current and that it is submitted timely. If after 90 days you have failed to respond to a request for information, DMV may cancel your application. If your application has been canceled and you later decide to reapply for operating authority, you will need to begin the process as a new applicant.

**Please be aware of the following prohibition:** If you have been or are found guilty of performing, offering, advertising, providing, procuring, or arranging by contract, agreement, or arrangement to transport passengers for compensation without the required license, permit, or certificate through either a conviction resulting from a Virginia Uniform Summons or a civil penalty appropriately assessed by DMV, you will be denied the license, permit, or certificate requested for a period of 12 months beginning from the date of the conviction or assessment of the civil penalty.

## SECTION 1 -- APPLICATION AND AUTHORITY TYPES

Selecting the correct "Application Type" is important as these selections impact how DMV will process your application. Application and authority types available are defined below:

### APPLICATION TYPES

**ORIGINAL APPLICATION** -- Select this application type if:

- ▶ you would like to obtain a For-Hire Intrastate Operating Authority Common Carrier Regular/Irregular Route Certificate. You must complete the following:
  - ◆ Select appropriate AUTHORITY TYPE (see "Authority Types" below for additional information.)
    - If you selected Authority Type Common Carrier - REGULAR ROUTE, complete sections 1 through 4, 6, 9 and 10.
    - If you selected Authority Type Common Carrier - IRREGULAR ROUTE, complete sections 1 through 4, 7, 9 and 10.
  - ◆ Demonstrate public need -- Your completed application (OA 141) serves as a request for a certificate of public convenience and necessity which would authorize you to transport the general public within Virginia as a common carrier over regular or irregular routes. You will be required to publish a notice of your application in a newspaper having circulation in the area you propose to serve or where your business is located. DMV will provide you the required content of this notice. A notice informing the public of your application will also stay on the DMV website for two weeks. These notices are required by Virginia Code. Interested persons that feel they may be harmed by the issuance of the certificate of public convenience and necessity you have requested may respond to these notices by sending a written protest to both you as the applicant and DMV. If the protest results in an administrative hearing to determine whether or not the certificate of public convenience and necessity should be issued, you would be required to provide convincing evidence that the public needs your proposed transportation service even if other licensed motor carriers are already serving the area you propose to serve, and that you have the motor vehicles and resources to serve the public at their convenience throughout the entire area you propose to serve.
  - ◆ **ALL AUTHORITY TYPES**
    - You must submit the following items with your application:
      - A \$50.00 nonrefundable filing fee.
      - A Surety Bond or Irrevocable Letter of Credit (Additional information provided in the "Authority Types" section). These forms must be completed by a surety company or financial institution licensed to do business in Virginia.
      - A Power of Attorney document (from your surety company).
      - Tariff (Additional information provided in the "Authority Types" section).

**ADD OR DELETE ROUTE / SERVICE AREA** -- Select this application type if:

- ▶ you currently have a valid For-Hire Intrastate Operating Authority Certificate AND you would like to change the authorized routes or service areas. You must complete the following:
  - ◆ Select appropriate AUTHORITY TYPE (see "Authority Types" below for additional information.)

- If you selected Authority Type Common Carrier - REGULAR ROUTE, complete sections 1, 2, 6 and 9.
- If you selected Authority Type Common Carrier - IRREGULAR ROUTE, complete sections 1, 2, 7 and 9.
- ◆ Submit a copy of your certificate
- ◆ If your application is approved, you will be required to provide DMV with an updated tariff (Additional information provided in the "Authority Types" section).
- ◆ Demonstrate public need - See Instructions for Original Application.

**REMOVE LIMITATION / RESTRICTION** -- Select this application type if:

- ▶ you currently have a For-Hire Intrastate Operating Authority Certificate AND you would like to remove certain limitations or restrictions from the certificate. You must complete the following:
  - ◆ Select appropriate AUTHORITY TYPE (see "Authority Types" below for additional information.)
  - ◆ Complete sections 1, 2, 8 and 9.
  - ◆ Submit a copy of your certificate
  - ◆ If your application is approved, you will be required to provide DMV with an updated tariff (Additional information provided in the "Authority Types" section).
  - ◆ Demonstrate public need - See Instructions for Original Application.

**TRANSFER / SALE** -- Select this application type if:

- ▶ you are purchasing or receiving via transfer a For-Hire Intrastate Operating Authority Common Carrier Regular/Irregular Route Certificate from another party. You must complete the following:
  - ◆ Select the AUTHORITY TYPE of the certificate you are purchasing or receiving via transfer.
  - ◆ If you currently hold a For-Hire Intrastate Operating Authority Certificate of ANY type, complete sections 1, 2, 5, 9 and 10.
  - ◆ If you do NOT currently hold a For-Hire Intrastate Operating Authority Certificate, complete sections 1 through 5, 9 and 10.
  - ◆ **ALL AUTHORITY TYPES**
    - You must submit the following items with your application:
      - A \$50.00 nonrefundable filing fee.
      - A Surety Bond or Irrevocable Letter of Credit (Additional information provided in the "Authority Types" section).
      - A Power of Attorney document (from your surety company).
      - Tariff (Additional information provided in the "Authority Types" section).

**ALL APPLICATION TYPES** - DMV does not accept applications via fax.

**AUTHORITY TYPES**

**COMMON CARRIER - REGULAR ROUTE --** Select this authority type if:

▶ you would like to obtain OR you are changing, purchasing or receiving via transfer a For-Hire Intrastate Operating Authority Certificate to transport the general public for individual fees by motor vehicle over pre-defined route(s) in Virginia. The following requirements MUST be met:

- ◆ You must:
  - provide your services to the general public
  - operate on the routes that will be listed on your certificate.
  - file a tariff showing all rates and charges for the transportation you provide and any rules and regulations you will require your customers to follow as they relate to your transportation services.
  - file a time schedule.

NOTE: For additional instructions and samples of tariffs and time schedules, review form OA-449 located under "Forms and Publications" on DMVNow.com.

- maintain a surety bond in the amount of \$25,000. The bond must be kept in effect for 3 years from the issue date of the operating authority certificate.

NOTE: For additional instructions review form OA435 - Passenger Carrier and Passenger Broker Bond or form OA447 - For Hire Operating Authority Certificate or License, Irrevocable Letter of Credit located under "Forms and Publications" on dmvNow.com.

- ◆ If your application is approved, you will be required to have proof of liability insurance filed with DMV by your insurance company. Required minimum amounts are as follows:

Minimum Bodily Injury and Property Damage Amount	Total Passengers (including driver)
\$350,000	1 to 6
\$1,500,000	7 to 15
\$5,000,000	16 or more

**COMMON CARRIER - IRREGULAR ROUTE --** Select this authority type if:

▶ you would like to obtain OR you are changing, purchasing or receiving via transfer a For-Hire Intrastate Operating Authority Certificate to transport the general public for individual fees by motor vehicle over any route(s) in pre-determined areas of Virginia. The following requirements MUST be met:

- ◆ Vehicles used MUST be designed to carry 15 passengers or less (including driver).
- ◆ You can only operate in the areas of Virginia that will be listed on your certificate.
- ◆ You must file a tariff showing all rates and charges for the transportation you provide and any rules and regulations you will require your customers to follow as they relate to your transportation services.

NOTE: For additional instructions and a sample tariff, review form OA-448 located under "Forms and Publications" on DMVNow.com.

- ◆ You must maintain a surety bond in the amount of \$25,000. The bond must be kept in effect for 3 years from the issue date of the operating authority certificate.

NOTE: For additional instructions review form OA435 - Passenger Carrier and Passenger Broker Bond or form OA447 - For Hire Operating Authority Certificate or License, Irrevocable Letter of Credit located under "Forms and Publications" on dmvNow.com.

- ◆ If your application is approved, you will be required to have proof of liability insurance filed with DMV by your insurance company. Required minimum amounts are as follows:

Minimum Bodily Injury and Property Damage Amount	Total Passengers (including driver)
\$350,000	1 to 6
\$1,500,000	7 to 15

**SECTION 2 -- BUSINESS INFORMATION**

Complete all fields in this section as described below:

**BUSINESS NAME** - enter the legal name used to register your business.

**FEDERAL TAX IDENTIFICATION NUMBER** - Internal Revenue Service assigned number that identifies your business entity.

**TRADE NAME OR DOING BUSINESS AS** - enter the name by which people know your business. Only complete this field if this name is different than your "Business Name".

**BUSINESS STREET ADDRESS** - enter the street number and name of your business' physical location. This location must be where the routine day to day operations of the business are conducted, owned or leased by the applicant, satisfy all applicable local zoning regulations, houses all records, and be equipped with a working telephone listed in the business name.

**CITY** - enter the city name of your business' physical location.

**STATE** - enter the state name of your business' physical location.

**ZIP CODE** - enter the postal zip code for your business' physical location.

**BUSINESS MAILING ADDRESS** - enter the mailing address (street number and name OR P.O. Box) for your business. Only required if different than business' physical location.

**CITY** - enter the city of the mailing address for your business.

**STATE** - enter the state of the mailing address for your business.

**ZIP CODE** - enter the postal zip code of the mailing address for your business.

**COUNTY NAME** - if your business is located in Virginia, enter the county name for the business' physical location (if applicable).

**BUSINESS TELEPHONE NUMBER** - the number at which your business can be reached during business hours, this number must be listed or advertised in the name of the business.

**BUSINESS FAX NUMBER** - FAX transmissions sent to the physical location of your business will use this number.

**PRIMARY CONTACT PERSON NAME** - enter the name of the person who will serve as the primary DMV contact for any questions regarding your application or business.

**PRIMARY CONTACT TELEPHONE** - enter the best number to reach the primary contact person listed for your business.

**PRIMARY CONTACT FAX NUMBER** - enter the best number to send FAX transmissions to the business' primary contact person.

**PRIMARY CONTACT PERSON TITLE** - enter the official business title of the business' primary contact person.

**PRIMARY CONTACT EMAIL ADDRESS** - enter the email address for the business' primary contact person.

**SECTION 3 -- BUSINESS ENTITY INFORMATION**

<p>BUSINESS ENTITY TYPE - check to indicate if your business is structured as a corporation or other entity type.</p>	<p>LIST BUSINESS OFFICIALS - enter requested information for all required business officials as determined by your entity type.</p>
---	---

**SECTION 4 -- LICENSE / CERTIFICATE INFORMATION**

<p>Answer questions in this section accurately and provide additional information as appropriate.</p>	
<p>CERTIFICATE, LICENSE OR PERMIT NUMBER - enter the certificate, license or permit number(s) associated with the operating authority that you currently hold or have previously held.                  IRP ACCOUNT NUMBER / IFTA LICENSE NUMBER - enter the IRP account number(s) or IFTA license number that you currently hold or have previously held.                  BASE STATE - enter the name of the jurisdiction that serves as your base state for IFTA/IRP.</p>	<p>CERTIFICATE / LICENSE TYPE - if your business has had an operating authority certificate or license denied, suspended or revoked, enter the type of certificate or license that was denied, suspended or revoked.                  CERTIFICATE / LICENSE NUMBER - enter the certificate or license number(s) associated with the denial, suspension or revocation.                  CERTIFICATE / LICENSE WAS - Check appropriate box to indicate if your certificate or license was denied, suspended or revoked.                  REASON - enter the reason why your certificate or license was denied, suspended or revoked.</p>

**SECTION 5 -- TRANSFER / SALE INFORMATION**

<p>Complete this section only if your APPLICATION TYPE is Transfer/Sale. The current certificate holder or an authorized representative must also provide information and certification via signature in this section.</p>	
<p>CURRENT CERTIFICATE HOLDER NAME - enter the name of the individual or business that currently holds the for-hire operating authority certificate.                  CERTIFICATE NUMBER - enter the for-hire operating authority certificate number being purchased.                  BUSINESS MAILING ADDRESS - enter the mailing address (street number and name OR P.O. Box) of the individual or business transferring/selling the for-hire operating authority certificate.                  CITY - enter the mailing address' city of the individual or business transferring/selling the for-hire operating authority certificate.                  STATE - enter the mailing address' state of the individual or business transferring/selling the for-hire operating authority certificate.                  ZIP CODE - enter the mailing address' postal zip code of the individual or business transferring/selling the for-hire operating authority certificate.</p>	<p>BUSINESS TELEPHONE NUMBER - enter the telephone number of the individual or business transferring/selling the for-hire operating authority certificate.                  BUSINESS FAX NUMBER - enter the number used for FAX transmissions for the individual or business transferring/selling the for-hire authority certificate.                  PRIMARY CONTACT PERSON NAME - enter the name of the person who will serve as the primary DMV contact for the individual or business transferring/selling the for-hire authority certificate.                  PRIMARY CONTACT TELEPHONE - enter the best number to reach the primary contact person listed for the individual or business transferring/selling the for-hire authority certificate.</p>

**SECTION 6 -- VIRGINIA TRAVEL INFORMATION**

<p>You must complete this section if:                  ► your APPLICATION TYPE is "ORIGINAL" or "ADD OR DELETE ROUTE / SERVICE AREA" <b>AND</b>;                  ► your AUTHORITY TYPE is "COMMON CARRIER -- REGULAR ROUTE"</p>	
<p>VIRGINIA TRAVEL INFORMATION - use the space provided to detail the route(s) you are requesting:                  ♦ List the name of the location and address in the Virginia city or county where your trip will begin and end                  ♦ List each and every street, road, etc. that will be traveled during each trip</p>	<p>CERTIFICATE NUMBER TO AMEND - If your APPLICATION TYPE is "ADD OR DELETE ROUTE / SERVICE AREA", enter the for-hire operating authority certificate number you are changing.                  TO DELETE A ROUTE OR SERVICE AREA - when deleting a route or service area, begin the route or service area with "DELETE -"</p>

**SECTION 7 -- TRAVEL JURISDICTIONS INFORMATION**

<p>You must complete this section if:                  ► your APPLICATION TYPE is "ORIGINAL" or "ADD OR DELETE ROUTE / SERVICE AREA" <b>AND</b>;                  ► your AUTHORITY TYPE is "COMMON CARRIER -- IRREGULAR ROUTE"</p>	
<p>Check the box next to each city and county you plan to travel through. You must be able to drive a connecting route through the neighboring cities/counties selected or your application will be returned.</p>	<p>TO ADD OR DELETE CITIES / COUNTIES - check the box next to each city and/or county you would like to add or delete. Write "A" to add or "D" to delete next to the city and/or county in the space provided.</p>

**SECTION 8 -- REMOVE LIMITATION / RESTRICTION INFORMATION**

You must complete this section if:

- ▶ your APPLICATION TYPE is REMOVE LIMITATION / RESTRICTION

Limitations and restrictions are based on fitness at time of initial application. In order to remove limitations and/or restrictions, you will be required to prove by competent evidence that your fitness to provide the transportation service has risen to a level that makes the restriction/limitation unjustified.

**Removal of limitations/restrictions may require a DMV Administrative Hearing.**

**SECTION 9 -- CERTIFICATION**

Carefully read this section, then sign and date where indicated.

**SECTION 10 -- PAYMENT METHODS**

Payment must be submitted with the application if:

- ▶ your APPLICATION TYPE is "ORIGINAL" or "TRANSFER / SALE"

A \$50.00 non-refundable fee must be included with the above application types. If this application is returned to you, you may be required to pay another \$50.00 filing fee.

**CONTACT INFORMATION**

If you have additional questions or need assistance, you can contact a Motor Carrier Services Representative at:

804-249-5130 (voice)

800-828-1120 (deaf and hearing impaired only)

(804) 367-1058 (fax)

[mcsonline@dmv.virginia.gov](mailto:mcsonline@dmv.virginia.gov) (e-mail)



# OPERATING AUTHORITY CERTIFICATE APPLICATION FOR COMMON CARRIERS OF PASSENGERS

## 1. APPLICATION AND AUTHORITY TYPES

**APPLICATION TYPE** (check one)

ADD OR DELETE ROUTE / SERVICE AREA     
  ORIGINAL APPLICATION (Fee Required with application)     
  REMOVE LIMITATION / RESTRICTION     
  TRANSFER / SALE (Fee Required with application)

**AUTHORITY TYPE REQUESTED**

COMMON CARRIER -- IRREGULAR ROUTE     
  COMMON CARRIER -- REGULAR ROUTE

## 2. BUSINESS INFORMATION

BUSINESS NAME		FEDERAL TAX ID/DRIVERS LICENSE NUMBER (if sole proprietor)	
TRADE NAME OR DOING BUSINESS AS (if different from Business Name)			
BUSINESS STREET ADDRESS (do not give P.O. Box)	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
COUNTY NAME (if Virginia Address)	TELEPHONE NUMBER	FAX NUMBER (business)	
PRIMARY CONTACT PERSON NAME	TELEPHONE NUMBER	FAX NUMBER (contact)	
PRIMARY CONTACT PERSON TITLE	PRIMARY CONTACT PERSON EMAIL ADDRESS		

## 3. BUSINESS ENTITY INFORMATION

Virginia law requires DMV to determine if persons applying for operating authority are fit to provide the service. Va. Code §19.2-389(30) authorizes the release of criminal history information to DMV in order to evaluate certificate/license applicants. In addition, DMV will review your driving record. The information requested below must be provided for:

- The owner of the business if you are applying as a sole proprietor (individual),
- Each partner of the business if applying as a partnership, limited partnership (LP), or limited liability partnership (LLP),
- Each member and /or manager if applying as a limited liability company (LLC), or
- Each officer if applying as a corporation.

If any of the business officials listed below holds a driver's license issued by a state other than Virginia, you **must** enclose a current **CERTIFIED** copy of that person's driving record with this application regardless of whether the official holds a driver's license or an identification card..

FULL LEGAL NAME	DRIVER LICENSE NUMBER	ISSUING STATE (certified copy required if not issued by VA)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

## 4. LICENSE / CERTIFICATE INFORMATION

Does your business have an IFTA or an IRP account?	<input type="checkbox"/> NO - Skip to the next question <input type="checkbox"/> YES - enter applicable information	IFTA LICENSE NUMBER	BASE STATE
IRP ACCOUNT NUMBER	BASE STATE	IRP ACCOUNT NUMBER	BASE STATE
Has any official of the business had any type of local, state, or federal certificate or license denied, suspended, or revoked?			
<input type="checkbox"/> NO <input type="checkbox"/> YES - list certificate / license type(s) and number(s) below.			
Has your business had any type of local, state, or federal certificate or license denied, suspended, or revoked?			
<input type="checkbox"/> NO <input type="checkbox"/> YES - list certificate / license type(s) and number(s) below.			

Certificate / License Type	Certificate / License Number	Certificate / License was: (check if applicable)	Reason
		<input type="checkbox"/> DENIED <input type="checkbox"/> SUSPENDED/REVOKED	
		<input type="checkbox"/> DENIED <input type="checkbox"/> SUSPENDED/REVOKED	

Have you as a sole proprietor, or a partner, or the business name provided above, or any business official listed above, **ever been convicted or assessed a civil penalty for operating, offering, advertising, providing, procuring, furnishing or arranging to transport passengers for compensation without first obtaining a license, permit or certificate from DMV?**  NO     YES - provide additional detail below.

FULL LEGAL NAME	<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)
-----------------	---	----------------------

FULL LEGAL NAME	<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)
-----------------	---	----------------------

**5. TRANSFER / SALE INFORMATION**

**Complete for APPLICATION TYPE TRANSFER / SALE**

CURRENT CERTIFICATE HOLDER NAME		CERTIFICATE NUMBER	
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	BUSINESS FAX NUMBER	PRIMARY CONTACT PERSON NAME	TELEPHONE NUMBER

**The following information MUST be completed by the current certificate holder or their authorized representative.**

Are you selling all of the business to the applicant named in Section 2, "Business Information" of this application?  NO  YES  
 I certify that I currently hold a valid Virginia operating authority certificate and that I have agreed to transfer / sell the certificate to the applicant named in Section 2, "Business Information" of this application. I further certify that all the information provided in the "Transfer / Sale" section of this application is true and correct.

CURRENT CERTIFICATE HOLDER OR AUTHORIZED REPRESENTATIVE FULL NAME (print)	TITLE
CURRENT CERTIFICATE HOLDER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)

**6. VIRGINIA TRAVEL INFORMATION**

**Complete for AUTHORITY TYPE Common Carrier -- Regular Route & APPLICATION TYPES Original or Add or Delete Route / Service Area**

- |   |                             |
|---|-----------------------------|
| <ul style="list-style-type: none"> <li>• If application type is ADD OR DELETE ROUTE / SERVICE AREA -- list only new OR amended trip information. If you wish to delete a route / service area, precede the route's / service area's description with "DELETE - " . . .</li> <li>• If application type is ORIGINAL APPLICATION -- list the name of the location and address in the Virginia city or county where your trips will begin and end and each and every street, road, etc. that you travel during each trip.<br/> <i>Example:</i> Trip 7 - Start from Four Mile Mall north parking lot at 410 Four Mile Rd. in Alexandria, travel northwest 3 blocks to I-395 South, travel 6 miles to I-95 south, travel 93.4 miles to Boulevard exit in Richmond City, turn right onto Boulevard, travel 6 blocks to end of trip 1234 Boulevard in Richmond City.</li> </ul> | CERTIFICATE NUMBER TO AMEND |
|---|-----------------------------|

### 7. TRAVEL JURISDICTIONS INFORMATION

**Complete for AUTHORITY TYPE Common Carrier -- Irregular Route & APPLICATION TYPES Original or Add or Delete Route / Service Area**

Check the box next to EACH city and county you plan to travel through. You must be able to drive a connecting route through the neighboring cities / counties you selected or your application will be returned.

For example, if you plan to travel from Charlottesville to Petersburg you would check the following cities and counties if you were traveling on routes I-64 and I-95: Charlottesville City, Albemarle County, Fluvanna County, Louisa County, Goochland County, Henrico County, Richmond City, Chesterfield County, Colonial Heights City, and Petersburg City.

**NOTE:** For APPLICATION TYPE "ADD OR DELETE ROUTE / SERVICE AREA", check only the cities and counties you want to add to or delete from your current certificate. Enter "A" to indicate selection is to be added or "D" to indicate selection should be deleted.

#### CITIES

- |   |                                       |   |  |                                     |   |
|---|---------------------------------------|---|--|-------------------------------------|---|
| <input type="checkbox"/> Alexandria       | <input type="checkbox"/> Covington    | <input type="checkbox"/> Fredericksburg | <input type="checkbox"/> Manassas      | <input type="checkbox"/> Poquoson   | <input type="checkbox"/> Staunton       |
| <input type="checkbox"/> Bristol          | <input type="checkbox"/> Danville     | <input type="checkbox"/> Galax          | <input type="checkbox"/> Manassas Park | <input type="checkbox"/> Portsmouth | <input type="checkbox"/> Suffolk        |
| <input type="checkbox"/> Buena Vista      | <input type="checkbox"/> Emporia      | <input type="checkbox"/> Hampton        | <input type="checkbox"/> Martinsville  | <input type="checkbox"/> Radford    | <input type="checkbox"/> Virginia Beach |
| <input type="checkbox"/> Charlottesville  | <input type="checkbox"/> Fairfax      | <input type="checkbox"/> Harrisonburg   | <input type="checkbox"/> Newport News  | <input type="checkbox"/> Richmond   | <input type="checkbox"/> Waynesboro     |
| <input type="checkbox"/> Chesapeake       | <input type="checkbox"/> Falls Church | <input type="checkbox"/> Hopewell       | <input type="checkbox"/> Norfolk       | <input type="checkbox"/> Roanoke    | <input type="checkbox"/> Williamsburg   |
| <input type="checkbox"/> Colonial Heights | <input type="checkbox"/> Franklin     | <input type="checkbox"/> Lexington      | <input type="checkbox"/> Norton        | <input type="checkbox"/> Salem      | <input type="checkbox"/> Winchester     |
|   |                                       | <input type="checkbox"/> Lynchburg      | <input type="checkbox"/> Petersburg    |                                     |   |

#### COUNTIES

- |                                     |                                       |   |   |   |                                       |
|-------------------------------------|---------------------------------------|---|---|---|---------------------------------------|
| <input type="checkbox"/> Accomack   | <input type="checkbox"/> Caroline     | <input type="checkbox"/> Franklin       | <input type="checkbox"/> King George    | <input type="checkbox"/> Nottoway       | <input type="checkbox"/> Scott        |
| <input type="checkbox"/> Albemarle  | <input type="checkbox"/> Carroll      | <input type="checkbox"/> Frederick      | <input type="checkbox"/> King William   | <input type="checkbox"/> Orange         | <input type="checkbox"/> Shenandoah   |
| <input type="checkbox"/> Alleghany  | <input type="checkbox"/> Charles City | <input type="checkbox"/> Giles          | <input type="checkbox"/> Lancaster      | <input type="checkbox"/> Page           | <input type="checkbox"/> Smyth        |
| <input type="checkbox"/> Amelia     | <input type="checkbox"/> Charlotte    | <input type="checkbox"/> Gloucester     | <input type="checkbox"/> Lee            | <input type="checkbox"/> Patrick        | <input type="checkbox"/> Southampton  |
| <input type="checkbox"/> Amherst    | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Goochland      | <input type="checkbox"/> Loudoun        | <input type="checkbox"/> Pittsylvania   | <input type="checkbox"/> Spotsylvania |
| <input type="checkbox"/> Appomattox | <input type="checkbox"/> Clarke       | <input type="checkbox"/> Grayson        | <input type="checkbox"/> Louisa         | <input type="checkbox"/> Powhatan       | <input type="checkbox"/> Stafford     |
| <input type="checkbox"/> Arlington  | <input type="checkbox"/> Craig        | <input type="checkbox"/> Greene         | <input type="checkbox"/> Lunenburg      | <input type="checkbox"/> Prince Edward  | <input type="checkbox"/> Surry        |
| <input type="checkbox"/> Augusta    | <input type="checkbox"/> Culpeper     | <input type="checkbox"/> Greensville    | <input type="checkbox"/> Madison        | <input type="checkbox"/> Prince George  | <input type="checkbox"/> Sussex       |
| <input type="checkbox"/> Bath       | <input type="checkbox"/> Cumberland   | <input type="checkbox"/> Halifax        | <input type="checkbox"/> Mathews        | <input type="checkbox"/> Prince William | <input type="checkbox"/> Tazewell     |
| <input type="checkbox"/> Bedford    | <input type="checkbox"/> Dickenson    | <input type="checkbox"/> Hanover        | <input type="checkbox"/> Mecklenburg    | <input type="checkbox"/> Pulaski        | <input type="checkbox"/> Warren       |
| <input type="checkbox"/> Bland      | <input type="checkbox"/> Dinwiddie    | <input type="checkbox"/> Henrico        | <input type="checkbox"/> Middlesex      | <input type="checkbox"/> Rappahannock   | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Botetourt  | <input type="checkbox"/> Essex        | <input type="checkbox"/> Henry          | <input type="checkbox"/> Montgomery     | <input type="checkbox"/> Richmond       | <input type="checkbox"/> Westmoreland |
| <input type="checkbox"/> Brunswick  | <input type="checkbox"/> Fairfax      | <input type="checkbox"/> Highland       | <input type="checkbox"/> Nelson         | <input type="checkbox"/> Roanoke        | <input type="checkbox"/> Wise         |
| <input type="checkbox"/> Buchanan   | <input type="checkbox"/> Fauquier     | <input type="checkbox"/> Isle of Wight  | <input type="checkbox"/> New Kent       | <input type="checkbox"/> Rockbridge     | <input type="checkbox"/> Wythe        |
| <input type="checkbox"/> Buckingham | <input type="checkbox"/> Floyd        | <input type="checkbox"/> James City     | <input type="checkbox"/> Northampton    | <input type="checkbox"/> Rockingham     | <input type="checkbox"/> York         |
| <input type="checkbox"/> Campbell   | <input type="checkbox"/> Fluvanna     | <input type="checkbox"/> King and Queen | <input type="checkbox"/> Northumberland | <input type="checkbox"/> Russell        |                                       |

### 8. REMOVE LIMITATION / RESTRICTION INFORMATION

**Complete for APPLICATION TYPE REMOVE LIMITATION / RESTRICTION**

For application type "REMOVE LIMITATION / RESTRICTION", enter limitation or restriction information to remove.

### 9. 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 Worker's Compensation Act of Title 65.2 and with the Business, Professional, and Occupational License Tax requirements. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make these certifications and affirmations under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I understand that any Virginia Operating Authority certificate or license issued to me can be suspended and revoked if any of the information in the application is found to be untrue or inaccurate.

APPLICANT OR AUTHORIZED REPRESENTATIVE NAME	APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE	
APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)	



**AVOID DELAYS in processing your application, review instructions to ensure you have completed this application correctly.**

**10. PAYMENT METHODS**

Applicants that have APPLICATION TYPES "Original Application" or "Transfer / Sale" must include a **NON-REFUNDABLE** \$50.00 fee with this application. If this application must be returned to you for any reason, you may be required to pay another \$50.00 filing fee.

(Check one:)

CHECK / MONEY ORDER -- Made payable to DMV  CREDIT CARD / E-Check -- provide contact number →

TELEPHONE NUMBER

**NOTE:** In our continuing effort to safeguard customer information, DMV does not accept credit card payments by mail or email. You may pay with a credit card by having a Motor Carrier Services Representative contact you. We accept checks and money orders via mail.