

Department of Revenue
Motor Vehicle Division
Commercial Vehicle Section
1200 Tradeport Blvd., Hapeville, GA 30354
PO Box 161227
Atlanta, GA 30321
(404) 363-6484
<http://www.dor.ga.gov/>

Instructions for Completing an Application for Motor Carrier of Property Permit

New intrastate authority: For motor carriers operating as 'for hire' carriers within the State of Georgia.

Have your insurance company file a Form E, proof of commercial liability and property insurance, with the Georgia Department of Revenue. Minimum Insurance Required: \$100,000/\$300,000/\$50,000. The name and address on the Form E must match the name and address on your application. A Form E must be on file before this Department will grant authority.

Complete and sign Form IR-1/IE-1

Submit your completed IR-1/IE-1 form together with your payment for the total fees due, i.e. \$50 registration fee plus \$5 for each vehicle. Acceptable Methods of Payment: Cash (in-person only), check, or money order made payable to the Department of Revenue. Please do not remit cash thru the mail!

No refunds will be issued.

If you are a corporation, attach a copy of your Certificate of Incorporation issued by the Secretary of State's office or other government agency certifying approval of your corporation name.

The signatures on the second page of the application and the statement certifying identification of vehicles must be notarized. In addition to signing, the notary public must affix his/her valid notary seal or stamp and record the date (month, day and year) his/her notary commission expires. Applications not notarized will be returned.

Important: If you are operating solely in the State of Georgia, not crossing state lines, with vehicles in excess of 10,000 GVWR **or** are transporting hazardous materials requiring place cards (signs displayed on the outside of trucks carrying certain amounts of hazardous materials), you must have a U.S. D.O.T number. If you do not have a U.S. D.O.T. number nor have you applied for one, please call 404-562-3620 or 1-800-832-5660 for an application. Or, you may wish to apply on-line for your U.S. D.O.T. number from the Federal Motor Carriers Safety Administration's (FMCSA) website, <http://safer.fmcsa.dot.gov>. Please disregard this requirement if you already have a U.S. D.O.T. number or you have applied for one.

Single State Registration Repealed

Important: Congress repealed the Single State Registration System (SSRS) effective January 1, 2007. The SSRS will be replaced with the Unified Carrier Registration System (UCRS); however, formal rules including a fee structure have not yet been adopted to implement UCRS.

Until there are UCRS rules and fees, SSRS credentials will not be issued. We will notify you when UCRS is in place or if Congress passes any legislation to extend SSRS. Until that time, you must:

- Continue to register your vehicles through IRP or your County Tag Office
- Continue to display current license plates
- Maintain proof of registration in any vehicle that is operated
- Maintain proof of insurance in any vehicle that is operated.
- Bookmark the department's website, www.dor.ga.gov, and visit it often for updates.

We apologize for this delayed notice. It was hoped that before Congress adjourned last year, legislation would be passed to extend SSRS through 2007.

If you are a Georgia carrier operating under the authority of the Federal Motor Carrier Safety Administration and you have not registered this authority with this Department, please call: (404) 362-6484 for instructions.

Application for Motor Carrier of Property Permit

Mail to: Attention: Commercial Vehicles Permitting Section
 Dept. of Revenue/Motor Vehicle Division
 P. O. Box 161227
 Atlanta, Georgia 30321

Applicant's Name:	Date:
Name of D/B/A (Doing Business As – When Applicable):	
Telephone Number including area code:	FAX # including area code:
Address for Principal Place of Business (Street Address):	
Principal Place of Business City, State & Zip:	
Mailing Address, if different from address shown above (Street or PO Box #):	
Mailing Address City, State & Zip Code:	
Type of Motor Carrier – Check Only One Box	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation* *If you are a corporation, attach a copy of your certification from the Secretary of State's office or other state government agency that shows approval of your corporate name. Record the name of the issuing state here: _____	
Partners' or Officers' Information	
1. Name:	2. Name:
Street Address:	Street Address:
City, State & Zip:	City, State & Zip:
3. Name:	4. Name:
Street Address:	Street Address:
City, State & Zip:	City, State & Zip:
Type of Motor Carrier Operations – Check Only One Box	
<input type="checkbox"/> Transportation of Property – Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more. <input type="checkbox"/> Transportation of Property – Using freight vehicles with a gross vehicle weight rating of less than 10,000 pounds. <input type="checkbox"/> Both	

Hazardous Materials*

The applicant **will not** haul hazardous materials in any quantity.

The applicant **will** haul hazardous materials.

If the applicant intends to haul hazardous materials, please specify below the types of products to be transported: _____

*Please indicate when any items being transported will be transported in bulk.

Process Agent Information – If your company is based in a state other than Georgia, please list below your process agent for the State of Georgia.

Name:

Street Address:

City, State & Zip

Interstate Authority – Must be completed or your application will be returned.

Do you cross the state lines? Yes No

Do you hold authority from the Federal Motor Carriers Safety Administration? Yes* No

*If the answer is 'yes', please record your motor carrier number here: MC# _____

Does your company have a U.S. D.O.T. Number? Yes* No

*If the answer is 'yes', please record your U.S. D.O.T. number here: D.O.T. # _____

Safety Awareness – This section must be completed or your application will be returned

Is your company familiar with the Department of Transportation's safety and/or hazardous materials rules and regulations and are you prepared to conduct your operations in compliance with these rules and regulations?

Yes No

Will your company maintains its vehicles used in transportation for compensation under its motor carrier of property permit in a safe operating condition and in compliance with the Department of Transportation's safety and hazardous materials rules and regulations? Yes No

Please provide the physical address of the office or terminal where documents supporting your safety program can be inspected.

Street Address:

City, State & Zip:

Please give a general overview of the types of equipment you intend to operate below, i.e. refrigerated, tank vehicles, dump trucks, etc. _____

I, the undersigned, under penalty for false statements, do hereby certify that the above information is true and correct and I am authorized to execute and file this document on behalf of the above named applicant. State penalties apply as prescribed by law.

(Applicant's Signature & Position or Job Title)

(Notary Public's Signature & Notary Seal or Stamp)

Sworn and subscribed before me this _____
(Day)

of _____, 20_____
(Month) (Year)

(Date Notary Commission Expires – Month, Day & Year)

Commercial Vehicles Permitting Unit
(404) 362-6484 - FAX (404) 363-7587

Application For the Registration of Vehicles Operated by Motor Carriers Holding
Certificates or Permits Under the Jurisdiction of the Department of Revenue & Motor
Carriers Engaged in Intrastate Exempt Passenger Commerce

Mail to: **ATTN. Commercial Vehicles Permitting Section**
DOR/Motor Vehicle Services
PO Box 161227
ATLANTA, GA 30321

Date:
MCA File Number (leave blank if 'new' carrier):
Telephone Number including area code:

The applicant shown below hereby applies for the issuance of registration stamp(s) in the following number for the purpose of registering vehicle(s) which the applicant intends to operate within Georgia during the period for which such registration stamp(s) are effective.

2007 Vehicle Identification Stamps

_____	\$5.00 Registration Stamp(s) *for use in identifying and registering
(No. of \$5.00 Stamps	ALL vehicles to be operated entirely intrastate commerce in
being ordered)	Georgia. Please allow 3 to 4 weeks for delivery.
\$ _____	Note: Only cash, checks or money orders made payable to the
(Total Fees Enclosed)	Department of Revenue will be accepted. Please do not remit cash
	through the mail!

The applicant shall not knowingly permit any other person or organization to use the registration and identification stamp(s) issued or assigned pursuant to this application. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. Penalties shall apply as provided by state law. I hereby certify knowledge of applicable Federal and State motor carrier safety rules, regulations, standards, and orders, and declare that all operations will be conducted in compliance therewith.

Applicant's/Carrier's Full Legal Name:	
Applicant's/Carrier's Principal Address including city, state and zip	
Applicant's/Carrier's Mailing Address (if different from address shown above):	
Signature:	Position or Job Title:

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Statement of Safety Awareness Motor Carrier Certification

For:

(Carrier's Name)

I, _____, hereby certify knowledge
(Carrier's Full Legal Name)

of applicable Federal and State motor carrier safety rules and regulations, standards and orders, and declare that all operations shall be conducted in compliance with such requirements.

Statement of Certifying Identification of Vehicles

I hereby certify that all vehicles to be operated under the authority granted by the Department of Revenue will be durably marked on both sides of the body or cab of the vehicle, in letters and figures in sharp color contract to the background and legible from a distance of fifty (50) feet while the vehicle is not in motion, with the following information:

1. Legal name or single trade name;
2. Principal place of domicile, for vehicles with a G.V.W.R. under 10,000 lbs or vehicles with a G.V.W.R. over 43,000 lbs. ¹ ²
3. Assigned U.S.D.O.T. number, for vehicles with a G.V.W.R. over 10,000 lbs.

Signature:	Position or Job Title:
Subscribed and sworn before me this _____ of _____, 2_____ (Day) (Month) (Year)	
Notary Public's Signature & Notary Seal or Stamp:	Notary Public's Printed Name:
Date Notary Commission Expires (month, day & year):	

¹ The city and state of your principal place of business.

² G.V.W.R. means the Gross Vehicle Weight Rating. This rating is applied by the vehicle manufacturer to the vehicle chassis and cannot be changed, except by the manufacturer.