

## [Applying for Intrastate Operating Authority – Online Procedures](#)

All motor carriers who operate for hire, in **intrastate commerce\*** are required to obtain intrastate operating authority through MoDOT Motor Carrier Services, unless their vehicle or specific operations are exempted. Operating Authority can be requested by filling out an MO-1 form located on the MO Operating Authority tab of our website, [www.mcs.modot.mo.gov/mcs](http://www.mcs.modot.mo.gov/mcs), or online through MoDOT Carrier Express.

[Click Here](#) to see the following types of vehicles and/or operations that are exempt from registration requirements.

**\*INTRASTATE COMMERCE:** commerce moving wholly between points within this state, whether such commerce moves wholly by motor vehicle or partly by motor vehicle and partly by any other means of transportation (section [390.020](#), RSMo).

**INSURANCE:** In order to receive and maintain authority, proof of insurance to the limits of liability is required. **Contact your insurance company to file the required insurance form(s) with MoDOT Motor Carrier Services.**

**TYPES OF AUTHORITY:** Click on the authority type to see procedures for filing online.

<a href="#">Property</a>	Transports any property ( <i>except</i> household goods).
<a href="#">Household Goods</a>	Transports personal effects & property to be used in a dwelling, store, office, or institution; or articles that require specialized handling and equipment used in moving household goods.
<a href="#">Passengers Other than in Charter Service</a>	Transports passengers for-hire at a per passenger fee.
<a href="#">Passengers in Charter Service</a>	Transports passenger groups from beginning to end at a fixed charge for the vehicle.
<a href="#">Passengers Other than Charter Not-For-Profit</a>	Transports exclusively the elderly, handicapped, preschool disadvantaged, or in specialized “urbanized areas”. Section 390.063, RSMo.

[Click Here](#) for Report List Instructions.

### CONTACT US

**Address:** 830 MoDOT Drive, PO Box 270  
Jefferson City, MO 65102-270

**Phone:** 866.831.6277, option 3

**Fax:** 573.522.6708

# Applying for Intrastate Operating Authority – Online Procedures

## PROPERTY CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:  
([www.mcs.modot.mo.gov/mcs](http://www.mcs.modot.mo.gov/mcs)).

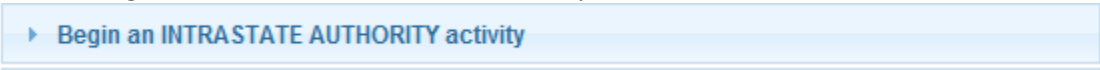


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
  - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.  
*Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.*
  - If you don't have a user id or password, visit [www.modot.org/mcs/MotorCarrierExpress.htm](http://www.modot.org/mcs/MotorCarrierExpress.htm) to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

**Account Name: QUALITY CARRIERS INC**  
**Customer ID: 3606 USDOT Number: 76600**

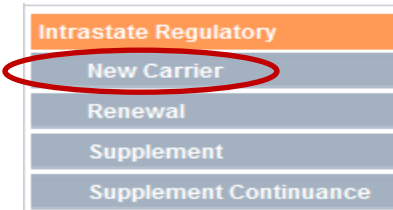
4. Click on Begin an INTRASTATE AUTHORITY activity:



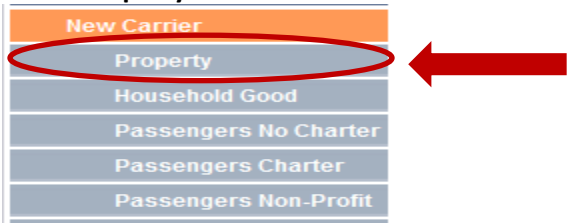
5. Select Intrastate Regulatory:



6. Select New Carrier

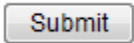


7. Select **Property**:



# Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. **GENERAL INFORMATION**

a. Verify that your **DBA NAME & Principal Address** are Correct:

*(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)*

**General Information**  
 DBA Name: ABC TRUCKING  
 Registration Year: 2015  
**Principal Address**  
 Address: 611 KIMBERLY DR  
 JEFFERSON CITY, MO 65109  
**Mailing Address**  
 Address 1: PO BOX 271  
 City: DENTON  
 State: TX - TEXAS  
 Zip: 76202  
**Terminal Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
**Contact Information**  
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: \_\_\_\_\_  
 Electronic Renewal:  Fax: ( ) - \_\_\_\_\_  
 Email: \_\_\_\_\_

b. Enter a **Mailing Address** if different from your Principal Address:

**General Information**  
 DBA Name: ABC TRUCKING  
 Registration Year: 2015  
**Principal Address**  
 Address: 611 KIMBERLY DR  
 JEFFERSON CITY, MO 65109  
**Mailing Address**  
 Address 1: PO BOX 271  
 City: DENTON  
 State: TX - TEXAS  
 Zip: 76202  
**Terminal Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
**Contact Information**  
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: \_\_\_\_\_  
 Electronic Renewal:  Fax: ( ) - \_\_\_\_\_  
 Email: \_\_\_\_\_

c. Enter a **Terminal Address**, if applicable:

**General Information**  
 DBA Name: ABC TRUCKING  
 Registration Year: 2015  
**Principal Address**  
 Address: 611 KIMBERLY DR  
 JEFFERSON CITY, MO 65109  
**Mailing Address**  
 Address 1: PO BOX 271  
 City: DENTON  
 State: TX - TEXAS  
 Zip: 76202  
**Terminal Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
**Contact Information**  
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: \_\_\_\_\_  
 Electronic Renewal:  Fax: ( ) - \_\_\_\_\_  
 Email: \_\_\_\_\_

d. Enter all available **Contact Information** (name, phone, fax, e-mail):

**General Information**  
 DBA Name: ABC TRUCKING  
 Registration Year: 2015  
**Principal Address**  
 Address: 611 KIMBERLY DR  
 JEFFERSON CITY, MO 65109  
**Mailing Address**  
 Address 1: PO BOX 271  
 City: DENTON  
 State: TX - TEXAS  
 Zip: 76202  
**Terminal Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
**Contact Information**  
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: \_\_\_\_\_  
 Electronic Renewal:  Fax: ( ) - \_\_\_\_\_  
 Email: \_\_\_\_\_

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

*(If you are not Safety Rated leave this section blank.)*

**Safety Fitness**  
 Safety Rated:  Date: \_\_\_\_\_ Rating: \_\_\_\_\_

# Applying for Intrastate Operating Authority – Online Procedures

## 11. PROCESSING AGENT

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person's name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

**Processing Agent**

Other than Missouri

\_\_\_\_\_

\_\_\_\_\_

## 12. HAZARDOUS MATERIALS – Select if you will or will not be transporting hazardous materials:

**Hazardous Materials**

Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.

Applicant will transport hazardous materials requiring:

## 13. IF TRANSPORTING HAZARDOUS MATERIALS

- a. Select the level of Public Liability & Property Damage insurance you carry:

1 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.

5 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.

### AND

- b. Select **ALL** Classes and Divisions of hazardous materials you carry:  
*(If you carry all divisions in a class select the checkbox next to the class)*

Applicant desires to transport the following hazard classes/divisions: (Check all that apply)

CLASS 1 EXPLOSIVES;

- Division 1.1 Explosive 1.1;
- Division 1.2 Explosive 1.2;
- Division 1.3 Explosive 1.3;
- Division 1.4 Explosive 1.4;
- Division 1.5 Explosive 1.5;
- Division 1.6 Explosive 1.6;

CLASS 2 GASES;

- Division 2.1 Flammable Gas;
- Division 2.2 Non-Flammable Gas;
- Division 2.3 Poison Gas;

CLASS 3 FLAMMABLE LIQUID;

CLASS 4 FLAMMABLE SOLIDS;

- Division 4.1 Flammable Solid;
- Division 4.2 Spontaneously Combustible;
- Division 4.3 Dangeous When Wet;

CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES;

- Division 5.1 Oxidizers;
- Division 5.2 Organic peroxides;

CLASS 6 POISONS;

- Division 6.1 Poison Inhalation Hazard - Zone A or B;
- Division 6.1 Poison Other Than Inhalation Hazard - Zone A or B;
- Division 6.2 Infectious Substance;

CLASS 7 RADIOACTIVE MATERIALS;

CLASS 8 CORROSIVES;

CLASS 9 MISCELLANEOUS;

FORM-D (Other regulated materials);

**THE SELECTIONS MADE HERE MUST BE LISTED ON YOUR USDOT NUMBER.**

## 14. CONSENT AUTHORIZATION – Read and put a checkmark in the Consent Authorization box.

*This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.*

**Consent Authorization**

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

## Applying for Intrastate Operating Authority – Online Procedures

15. Click Submit (2 times)

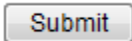


### 16. BILLING INFORMATION

- INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
PROPERTY CARRIER	Billing Date:	
Supplement Status: 0 - OPEN	Invoice Date:	Cancel Bill: <input type="checkbox"/>
<b>Fee Details</b>		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested:	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers Requested:	Fees Due:
House Movers:		Fees Due:
		Total Due:

17. Click Submit (2 times)



18. You will see the following message if the application processed successfully

**SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT**

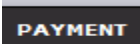
*NOTE: If you do not see this message contact MoDOT MCS for further information.*

**CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR** – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

*INTRASTATE ONLY CARRIERS – PROCEED TO STEP 19.*

19. Click on the PAYMENT Tab to pay the invoice



20. All active invoices for your company will show.

- The invoice description will be titled as your carrier type.

Carrier Types
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

- Click on the **Blue** Invoice ID in the column to the right of the description.

Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

21. Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

## Applying for Intrastate Operating Authority – Online Procedures

**Customer ID:** 5926  
**Customer Name:** JACK'S TRUCK RENTAL INC  
**USDOT No:** 234567

To switch to a different customer, go to [Customer Admin page](#) to select one.

**Payment Processing Instructions - Updated**

Show Active Invoices    Show All Invoices

Select the Invoice ID to make payment.

### Active Invoices

Show  entries    Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries    First Previous Next Last

Your application is complete. MoDOT MCS will contact you once your authority has been issued. If you have not received your decals within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

# Applying for Intrastate Operating Authority – Online Procedures

## HOUSEHOLD GOODS CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:  
([www.mcs.modot.mo.gov/mcs](http://www.mcs.modot.mo.gov/mcs)).

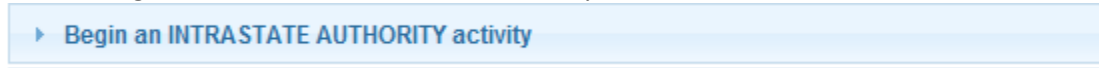


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
  - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.  
*Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.*
  - If you don't have a user id or password, visit [www.modot.org/mcs/MotorCarrierExpress.htm](http://www.modot.org/mcs/MotorCarrierExpress.htm) to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

**Account Name: QUALITY CARRIERS INC**  
**Customer ID: 3606 USDOT Number: 76600**

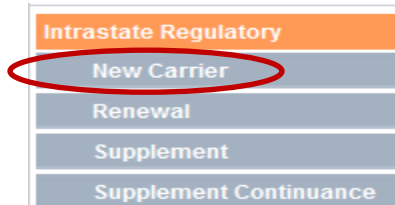
4. Click on Begin an INTRASTATE AUTHORITY activity:



5. Select Intrastate Regulatory:



6. Select New Carrier



7. Select **Household Good**:



# Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



## 9. GENERAL INFORMATION

a. Select if you are a Common Carrier or a Contract Carrier:

*If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>

b. Verify that your **DBA NAME & Principal Address** are Correct:

*(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____ - ____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____ - ____ Email: _____		

c. Enter a **Mailing Address** if different from your Principal Address:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____ - ____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____ - ____ Email: _____		

d. Enter a **Terminal Address**, if applicable:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____ - ____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____ - ____ Email: _____		



# Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information			
DBA Name: ABC TRUCKING			
Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/>	Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b>		<b>Mailing Address</b>	
Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109		Address 1: <input type="text"/>	Address 2: <input type="text"/>
City: <input type="text"/>		City: <input type="text"/>	State: <input type="text"/>
Zip: <input type="text"/>		Zip: <input type="text"/>	
<b>Terminal Address</b>		<b>Contact Information</b>	
Address 1: <input type="text"/>	Address 2: <input type="text"/>	Name: <input type="text"/>	Phone: <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Electronic Renewal: <input type="checkbox"/>	Fax: <input type="text"/> - <input type="text"/>
Zip: <input type="text"/>		Email: <input type="text"/>	

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

*(If you are not Safety Rated leave this section blank.)*

Safety Fitness		
Safety Rated: <input type="checkbox"/>	Date: <input type="text"/>	Rating: <input type="text"/>

## 11. PROCESSING AGENT

- Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Processing Agent
<input checked="" type="radio"/> Other than Missouri
<input type="text"/>
<input type="text"/>

12. **HAZARDOUS MATERIALS** – Select if you will or will not be transporting hazardous materials:

Hazardous Materials
<input type="radio"/> Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.
<input type="radio"/> Applicant will transport hazardous materials requiring:

## 13. IF TRANSPORTING HAZARDOUS MATERIALS

a. Select the level of Public Liability & Property Damage insurance you carry:

<input type="radio"/> 1 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.
<input type="radio"/> 5 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.

**AND**

b. Select **ALL** Classes and Divisions of hazardous materials you carry:

*(If you carry all divisions in a class select the checkbox next to the class)*

# Applying for Intrastate Operating Authority – Online Procedures

Applicant desires to transport the following hazard classes/divisions: (Check all that apply)

- CLASS 1 EXPLOSIVES;
  - Division 1.1 Explosive 1.1;
  - Division 1.2 Explosive 1.2;
  - Division 1.3 Explosive 1.3;
  - Division 1.4 Explosive 1.4;
  - Division 1.5 Explosive 1.5;
  - Division 1.6 Explosive 1.6;
- CLASS 2 GASES;
  - Division 2.1 Flammable Gas;
  - Division 2.2 Non-Flammable Gas;
  - Division 2.3 Poison Gas;
- CLASS 3 FLAMMABLE LIQUID;
- CLASS 4 FLAMMABLE SOLIDS;
  - Division 4.1 Flammable Solid;
  - Division 4.2 Spontaneously Combustible;
  - Division 4.3 Dangeous When Wet;
- CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES;
  - Division 5.1 Oxidizers;
  - Division 5.2 Organic peroxides;
- CLASS 6 POISONS;
  - Division 6.1 Poison Inhalation Hazard - Zone A or B;
  - Division 6.1 Poison Other Than Inhalation Hazard - Zone A or B;
  - Division 6.2 Infectious Substance;
- CLASS 7 RADIOACTIVE MATERIALS;
- CLASS 8 CORROSIVES;
- CLASS 9 MISCELLANEOUS;
- FORM-D (Other regulated materials);

**THE SELECTIONS MADE HERE MUST BE LISTED ON YOUR USDOT NUMBER.**

14. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

*This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.*

**Consent Authorization**

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

15. Click Submit (2 times)

Submit

16. **HOUSEHOLD GOODS INFORMATION** – Select **Irregular Route** and **Entire State**

**Household Goods Information**

Regular Route       Irregular Route       Baggage

Specific Counties       City Radius       Free Form Text       Entire State

17. Click Submit (2 times)

Submit

18. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle
- b. Year
- c. Make
- d. Weight: licensed weight of the vehicle
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Check if this vehicle transports Hazardous Materials

# Applying for Intrastate Operating Authority – Online Procedures

Equipment:

Type of Vehicle	Year	Make	Weight	Value	Ownership	Hazard
						<input type="checkbox"/>

19. Click Submit (2 times)

## 20. BILLING INFORMATION

- INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
HOUSE HOLD GOODS	Billing Date:	
Supplement Status: O - OPEN	Invoice Date:	Cancel Bill: <input type="checkbox"/>
<b>Fee Details</b>		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested:	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers requested:	Fees Due:
House Movers:		Fees Due:
		Total Due:

21. Click Submit (2 times)

22. You will see the following message if the application processed successfully

**SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT**

*NOTE: If you do not see this message contact MoDOT MCS for further information.*

**CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR** – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

*INTRASTATE ONLY CARRIERS – PROCEED TO STEP 23.*

23. Click on the PAYMENT Tab to pay the invoice

24. All active invoices for your company will show.

- The invoice description will be titled as your carrier type.

<b>Carrier Types</b>
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

- Click on the **Blue** Invoice ID in the column to the right of the description.

## Applying for Intrastate Operating Authority – Online Procedures

Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

**Customer ID:** 5926  
**Customer Name:** JACK'S TRUCK RENTAL INC  
**USDOT No:** 234567

To switch to a different customer, go to [Customer Admin page](#) to select one.

[Payment Processing Instructions - Updated](#)

Select the Invoice ID to make payment.

**Active Invoices**

Show  entries Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries

Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

# Applying for Intrastate Operating Authority – Online Procedures

## PASSENGERS OTHER THAN IN CHARTER SERVICE CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:  
([www.mcs.modot.mo.gov/mcs](http://www.mcs.modot.mo.gov/mcs)).

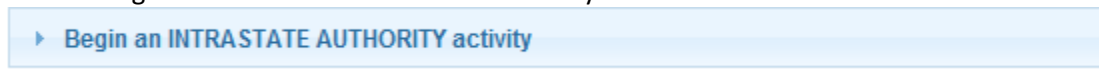


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
  - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.  
*Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.*
  - If you don't have a user id or password, visit [www.modot.org/mcs/MotorCarrierExpress.htm](http://www.modot.org/mcs/MotorCarrierExpress.htm) to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

<b>Account Name:</b> QUALITY CARRIERS INC
<b>Customer ID:</b> 3606 <b>USDOT Number:</b> 76600

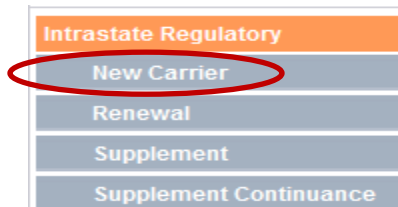
4. Click on Begin an INTRASTATE AUTHORITY activity:



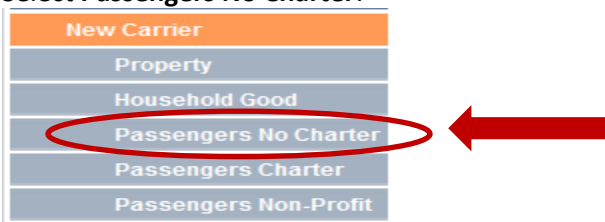
5. Select Intrastate Regulatory:



6. Select New Carrier



7. Select **Passengers No Charter**:



# Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. GENERAL INFORMATION

a. Select if you are a Common Carrier or a Contract Carrier:

*If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>

b. Verify that your **DBA NAME & Principal Address** are Correct:

*(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

c. Enter a **Mailing Address** if different from your Principal Address:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

d. Enter a **Terminal Address**, if applicable:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

# Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

**General Information**

DBA Name: ABC TRUCKING  
 Registration Year: 2014    Temporary Authority:     Common Carrier:     Contract Carrier:

**Principal Address**  
 Address: 611 KIMBERLY DR  
 JEFFERSON CITY, MO 65109

**Mailing Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**Terminal Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**Contact Information**  
 Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_  
 Electronic Renewal:     Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Email: \_\_\_\_\_

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

*(If you are not Safety Rated leave this section blank.)*

**Safety Fitness**

Safety Rated:     Date: \_\_\_\_\_    Rating: \_\_\_\_\_

11. **PROCESSING AGENT**

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

**Processing Agent**

Other than Missouri

\_\_\_\_\_  
 \_\_\_\_\_

12. **HAZARDOUS MATERIALS** – Select Applicant will not be transporting hazardous materials:

**Hazardous Materials**

Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.

Applicant will transport hazardous materials requiring:

13. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

*This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.*

**Consent Authorization**

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant’s safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

14. Click Submit (2 times)

Submit

15. **HOUSEHOLD GOODS INFORMATION** – Select **Irregular Route** and **Entire State**

**Household Goods Information**

Regular Route     Irregular Route     Baggage

Specific Counties     City Radius     Free Form Text     Entire State

16. Click Submit (2 times)

Submit

17. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle

## Applying for Intrastate Operating Authority – Online Procedures

- b. Year
- c. Make
- d. Seats: seating capacity **excluding** the driver
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Leave "Hazard" box unchecked

Equipment:

Type of Vehicle	Year	Make	Seats	Value	Ownership	Hazard
						<input type="checkbox"/>

18. Click Submit (2 times)

### 19. BILLING INFORMATION

- a. **INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- b. **INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
PASSENGER OTHER THAN CHARTER		
Supplement Status: O - OPEN	Billing Date:	Cancel Bill: <input type="checkbox"/>
	Invoice Date:	
<b>Fee Details</b>		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested: 0	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers Requested: <input type="text"/>	Fees Due:
House Movers:		Fees Due:
		Total Due:
<b>Billing Details</b>		
Delivery Options: V - Preview	FAX No: ( ) -	E-mail:
<b>Document Area</b>		

**NOTE: Window stickers can only be requested for vehicles with a seating capacity of 6-12 passengers.**

20. Click Submit (2 times)

21. You will see the following message if the application processed successfully

**SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT**

*NOTE: If you do not see this message contact MoDOT MCS for further information.*

**CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR** – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

*INTRASTATE ONLY CARRIERS – PROCEED TO STEP 22.*

22. Click on the PAYMENT Tab to pay the invoice

23. All active invoices for your company will show.



## Applying for Intrastate Operating Authority – Online Procedures

a. The invoice description will be titled as your carrier type.

Carrier Types
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

b. Click on the **Blue** Invoice ID in the column to the right of the description.

Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

24. Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

**Customer ID:** 5926  
**Customer Name:** JACK'S TRUCK RENTAL INC  
**USDOT No:** 234567

To switch to a different customer, go to [Customer Admin page](#) to select one.

[Payment Processing Instructions - Updated](#)

Select the Invoice ID to make payment.

**Active Invoices**

Show  entries Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries

Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

# Applying for Intrastate Operating Authority – Online Procedures

## PASSENGERS IN CHARTER SERVICE CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:  
([www.mcs.modot.mo.gov/mcs](http://www.mcs.modot.mo.gov/mcs)).



2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
  - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.  
*Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.*
  - If you don't have a user id or password, visit [www.modot.org/mcs/MotorCarrierExpress.htm](http://www.modot.org/mcs/MotorCarrierExpress.htm) to request one.
3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

**Account Name: QUALITY CARRIERS INC**  
**Customer ID: 3606 USDOT Number: 76600**

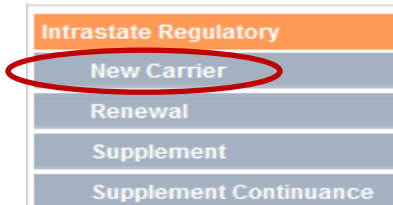
4. Click on Begin an INTRASTATE AUTHORITY activity:

▶ [Begin an INTRASTATE AUTHORITY activity](#)

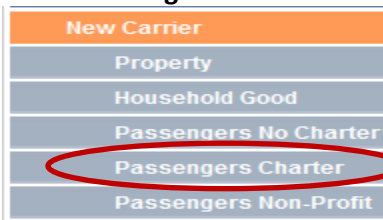
5. Select Intrastate Regulatory:



6. Select New Carrier



7. Select **Passengers Charter**:



# Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. GENERAL INFORMATION

a. Select if you are a Common Carrier or a Contract Carrier:

*If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>

b. Verify that your **DBA NAME & Principal Address** are Correct:

*(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

c. Enter a **Mailing Address** if different from your Principal Address:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

d. Enter a **Terminal Address**, if applicable:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

# Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

**General Information**

DBA Name: ABC TRUCKING  
 Registration Year: 2014    Temporary Authority:     Common Carrier:     Contract Carrier:

**Principal Address**  
 Address: 611 KIMBERLY DR  
 JEFFERSON CITY, MO 65109

**Mailing Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**Terminal Address**  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**Contact Information**  
 Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_  
 Electronic Renewal:  Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Email: \_\_\_\_\_

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

*(If you are not Safety Rated leave this section blank.)*

**Safety Fitness**

Safety Rated:     Date: \_\_\_\_\_    Rating: \_\_\_\_\_

11. **PROCESSING AGENT**

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

**Processing Agent**

Other than Missouri

\_\_\_\_\_  
 \_\_\_\_\_

12. **HAZARDOUS MATERIALS** – Select Applicant will not be transporting hazardous materials:

**Hazardous Materials**

Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.

Applicant will transport hazardous materials requiring:

13. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

*This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.*

**Consent Authorization**

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant’s safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

14. Click Submit (2 times)

Submit

15. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle
- b. Year
- c. Make
- d. Seats: seating capacity **excluding** the driver
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Leave “Hazard” box unchecked

# Applying for Intrastate Operating Authority – Online Procedures

Equipment:

Type of Vehicle	Year	Make	Seats	Value	Ownership	Hazard

16. Click Submit (2 times)

## 17. BILLING INFORMATION

- INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
PASSENGER CHARTER		
Supplement Status: 0 - OPEN	Billing Date:	Cancel Bill: <input type="checkbox"/>
	Invoice Date:	
<b>Fee Details</b>		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested: <input type="text"/>	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers Requested: <input type="text"/>	Fees Due:
House Movers:		Fees Due:
		Total Due:

**NOTE: Window stickers can only be requested for vehicles with a seating capacity of 6-12 passengers.**

18. Click Submit (2 times)

19. You will see the following message if the application processed successfully

**SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT**

*NOTE: If you do not see this message contact MoDOT MCS for further information.*

**CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR** – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

*INTRASTATE ONLY CARRIERS – PROCEED TO STEP 20.*

20. Click on the PAYMENT Tab to pay the invoice

21. All active invoices for your company will show.

- The invoice description will be titled as your carrier type.

<u>Carrier Types</u>
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

- Click on the **Blue** Invoice ID in the column to the right of the description.

## Applying for Intrastate Operating Authority – Online Procedures

Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

22. Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

**Customer ID:** 5926  
**Customer Name:** JACK'S TRUCK RENTAL INC  
**USDOT No:** 234567  
To switch to a different customer, go to [Customer Admin page](#) to select one.

[Payment Processing Instructions - Updated](#)

Select the Invoice ID to make payment.

**Active Invoices**

Show  entries Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries

Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**

# Applying for Intrastate Operating Authority – Online Procedures

## PASSENGERS OTHER THAN CHARTER NOT-FOR-PROFIT CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:  
([www.mcs.modot.mo.gov/mcs](http://www.mcs.modot.mo.gov/mcs)).

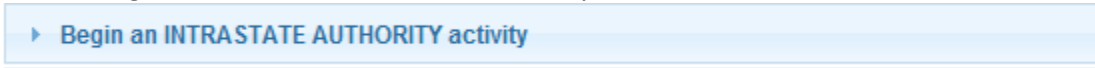


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
  - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.  
*Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.*
  - If you don't have a user id or password, visit [www.modot.org/mcs/MotorCarrierExpress.htm](http://www.modot.org/mcs/MotorCarrierExpress.htm) to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

<b>Account Name:</b> QUALITY CARRIERS INC
<b>Customer ID:</b> 3606 <b>USDOT Number:</b> 76600

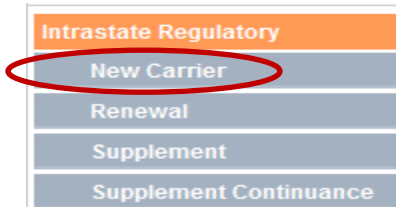
4. Click on Begin an INTRASTATE AUTHORITY activity:



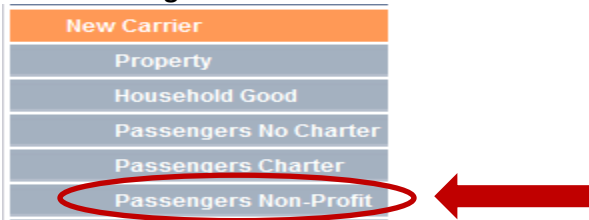
5. Select Intrastate Regulatory:



6. Select New Carrier

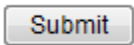


7. Select **Passengers Non-Profit**:



# Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. GENERAL INFORMATION

a. Select if you are a Common Carrier or a Contract Carrier:

*If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>

b. Verify that your DBA NAME & Principal Address are Correct:

*(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)*

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

c. Enter a Mailing Address if different from your Principal Address:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

d. Enter a Terminal Address, if applicable:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b> Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	<b>Mailing Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
<b>Terminal Address</b> Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	<b>Contact Information</b> Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		



# Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information			
DBA Name: ABC TRUCKING			
Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/>	Contract Carrier: <input type="checkbox"/>
<b>Principal Address</b>		<b>Mailing Address</b>	
Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109		Address 1: <input type="text"/>	Address 2: <input type="text"/>
City: <input type="text"/>		City: <input type="text"/>	State: <input type="text"/>
Zip: <input type="text"/>		Zip: <input type="text"/>	
<b>Terminal Address</b>		<b>Contact Information</b>	
Address 1: <input type="text"/>	Address 2: <input type="text"/>	Name: <input type="text"/>	Phone: <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Electronic Renewal: <input type="checkbox"/>	Fax: <input type="text"/> - <input type="text"/>
Zip: <input type="text"/>		Email: <input type="text"/>	

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

*(If you are not Safety Rated leave this section blank.)*

Safety Fitness		
Safety Rated: <input type="checkbox"/>	Date: <input type="text"/>	Rating: <input type="text"/>

11. **PROCESSING AGENT**

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Processing Agent
<input checked="" type="radio"/> Other than Missouri <input type="text"/> <input type="text"/>

12. **HAZARDOUS MATERIALS** – Select Applicant will not be transporting hazardous materials:

Hazardous Materials
<input checked="" type="radio"/> Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.
<input type="radio"/> Applicant will transport hazardous materials requiring:

13. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

*This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.*

Consent Authorization
<input checked="" type="checkbox"/> By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant’s safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

14. **HOUSEHOLD GOODS INFORMATION** – Select **Irregular Route** and **Entire State**

Household Goods Information			
<input type="radio"/> Regular Route	<input checked="" type="radio"/> Irregular Route	<input type="checkbox"/> Baggage	
<input type="radio"/> Specific Counties	<input type="radio"/> City Radius	<input type="radio"/> Free Form Text	<input checked="" type="radio"/> Entire State

15. Select the type of “not-for-profit” group you transport

*NOTE: If you do not transport one of the groups below you do not qualify for this type of authority*

<input type="checkbox"/> Elderly	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Preschool Disadvantaged	<input type="checkbox"/> Passengers-other than "Urbanized Areas"
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16. Click Submit (2 times)

17. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle

## Applying for Intrastate Operating Authority – Online Procedures

- b. Year
- c. Make
- d. Seats: seating capacity *excluding* the driver
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Leave "Hazard" box unchecked

Equipment:

Type of Vehicle	Year	Make	Seats	Value	Ownership	Hazard
						<input type="checkbox"/>

18. Click Submit (2 times)

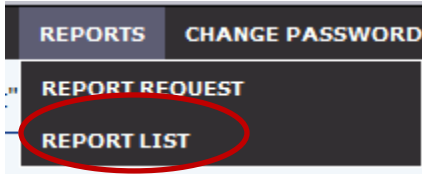
Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).**




# Applying for Intrastate Operating Authority – Online Procedures

## HOW TO VIEW THE REPORTS LIST

1. From the main menu hover your mouse over the Reports Tab and click on Reports List



2. You will see a list of all reports that have been generated by your User ID

Report	Report Name	Create Date	Delete
	CUSTOMER SUMMARY INVOICE	September 23, 2014	X
	CUSTOMER SUMMARY INVOICE	August 13, 2014	X
	CUSTOMER SUMMARY INVOICE	August 13, 2014	X

3. To view a report click on the icon to the left of the report name



4. **You must have Adobe Reader installed on your computer to view a report.**

To install adobe reader visit [www.adobe.com](http://www.adobe.com).