



OREGON DEPARTMENT OF TRANSPORTATION
 COMMERCE AND COMPLIANCE DIVISION
 3930 FAIRVIEW INDUSTRIAL DR SE
 SALEM OR 97302-1166
 PH (503) 378-6699
 FAX (503) 378-6880

SEE INSTRUCTIONS ON REVERSE
 PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FOR MOTOR CARRIER ACCOUNT

TYPE OF APPLICATION

NEW CARRIER
 NAME CHANGE
 ADDRESS/PHONE/EMAIL CHANGE
 ACCOUNT AMENDMENT
 OWNERSHIP CHANGE
 _____ LIST PREVIOUS ACCOUNT NUMBERS

MOTOR CARRIER LEGAL NAME AND ADDRESS OF RECORD

CCD ACCOUNT NUMBER	NAME OF CARRIER		
TELEPHONE NUMBER	FAX NUMBER	DOING BUSINESS AS (DBA)	
CARRIER MAILING ADDRESS		CITY	STATE ZIP CODE
CARRIER STREET ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	STATE ZIP CODE
RECORDS LOCATION ADDRESS		CITY	STATE ZIP CODE
EMAIL ADDRESS FOR TRUCKING ONLINE		TRUCKING ONLINE CONTACT PERSON	TRUCKING ONLINE CONTACT PHONE

YOU WILL BE SENT A PIN FOR TRUCKING ON LINE ACCESS AT THE EMAIL ABOVE. I UNDERSTAND MY PIN CAN BE USED TO CONDUCT TRANSACTIONS WITH AND TO OBTAIN CREDENTIALS FROM ODOT OVER THE INTERNET. I WILL TAKE STEPS TO PROTECT MY PIN FROM BEING ACCESSED BY UNAUTHORIZED USERS. I FURTHER UNDERSTAND THAT IF I GIVE MY PIN TO ANYONE ELSE, OR IF I AUTHORIZE A POWER OF ATTORNEY TO OBTAIN MY PIN ON MY BEHALF, I AM PERSONALLY LIABLE FOR ANY TRANSACTIONS MADE OR CREDENTIALS OBTAINED BY ANYONE ELSE WHO MAY HAVE RECEIVED MY PIN FOR THE THIRD PARTY TO WHOM I ORIGINALLY DISCLOSED IT. ONLY ONE EMAIL ADDRESS PER ACCOUNT. ONLY ONE PIN IS ALLOWED PER ACCOUNT.

CONSORTIUM NAME	ACCOUNTS WITH OREGON-BASED VEHICLES: PROVIDE NAME OF DRUG AND ALCOHOL TESTING CONSORTIUM IN WHICH YOUR COMPANY IS ENROLLED OR WRITE "IN-HOUSE" IF YOU MAINTAIN YOUR OWN PROGRAM. TESTING PROGRAMS MUST BE IN COMPLIANCE WITH USDOT REQUIREMENTS (49 CFR PART 382).
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POWER OF ATTORNEY - ATTACH COPY

TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	NAME OF AGENT
POA ADDRESS		CITY	STATE ZIP CODE

TYPE OF OWNERSHIP AND FEDERAL TAXPAYER ID# (FEIN)

INDIVIDUAL
 PARTNERSHIP
 CORPORATION: DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____
 IF FOREIGN BASED, ATTACH CORPORATE CERTIFICATE SHOWING DATE OF INCORPORATION AND CORPORATE STATUS.

LIMITED LIABILITY COMPANY - ATTACH A COPY OF THE ARTICLES OF ORGANIZATION
 OTHER - PROVIDE TYPE OF OWNERSHIP: _____

FEDERAL TAXPAYER ID#	BANKING INSTITUTION	STATE
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TYPE OF OPERATION OR AUTHORITY - CHECK ALL THAT APPLY

<input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) OREGON BASED <input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) BASED OUTSIDE OREGON <input type="checkbox"/> CLASS B FOR-HIRE LOCAL CARTAGE OF HOUSEHOLD GOODS WITHIN DESIGNATED AREAS, PURSUANT TO ORS 825.240. A \$50 APPLICATION FEE IS REQUIRED. <input type="checkbox"/> 7W (SEE DESCRIPTION ON REVERSE) _____ <small>(Description)</small> <input type="checkbox"/> CLASS 1A PERMIT FOR-HIRE INTRASTATE COMMODITIES (EXCEPT HOUSEHOLD GOODS) (COMPLETE ODOT FORM 735-9745)	INTERSTATE CARRIER (FOR HIRE) <input type="checkbox"/> USDOT NUMBER _____ <input type="checkbox"/> MC AUTHORITY NUMBER _____ <input type="checkbox"/> MC EXEMPT OPERATIONS _____ OREGON PROCESS AGENT _____ ADDRESS _____
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PROVIDE FULL LEGAL NAME, TITLE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF INDIVIDUAL, ALL PARTNERS, CORPORATE OFFICERS, MANAGERS/MEMBERS OF LLC, GENERAL PARTNER OF A LIMITED PARTNERSHIP, PARTNERS IN A LIMITED LIABILITY PARTNERSHIP. IF MORE THAN 3 PARTNERS, ATTACH SIGNATURE ADDENDUM FORM, 735-9075a.

LAST	FIRST	MIDDLE	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

DISCLOSURE: THE DEPARTMENT IS AUTHORIZED TO VERIFY ANY OF THE INFORMATION GIVEN AND OBTAIN CREDIT REPORTS ON YOU AND/OR YOUR COMPANY. YOU AUTHORIZE THE DEPARTMENT TO OBTAIN INFORMATION FROM OTHERS TO INVESTIGATE YOU AND/OR YOUR COMPANY'S CREDIT.

CERTIFICATION: THIS CERTIFICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ORS 803.375 MAKES IT A CRIME TO KNOWINGLY PROVIDE FALSE INFORMATION RELATED TO A VEHICLE REGISTRATION. ORS 803.385 MAKES IT A CRIME TO AFFIRM OR CERTIFY ANY INFORMATION RELATED TO A VEHICLE REGISTRATION THAT THE PERSON KNOWS TO BE FALSE. EACH OFFENSE IS A CLASS A MISDEMEANOR AND EACH IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF UP TO \$6,250, OR BOTH. I FURTHER CERTIFY KNOWLEDGE OF APPLICABLE FEDERAL AND STATE SAFETY RULES, REGULATIONS, STANDARDS AND ORDERS AND DECLARE ALL OPERATIONS WILL BE CONDUCTED IN COMPLIANCE WITH SUCH REQUIREMENTS.

SIGNATURE REQUIREMENTS: MUST BE SIGNED BY OWNER; ALL PARTNERS; CORPORATION OFFICER; MANAGER/MEMBER OF LIMITED LIABILITY COMPANY (LLC), PARTNER IN A LIMITED LIABILITY PARTNERSHIP OR AGENT. FAXED AND ELECTRONIC SIGNATURES ACCEPTABLE.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

DO NOT WRITE BELOW THIS LINE. ODOT USE ONLY

ENTERED BY/OFFICE:	DATE
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INSTRUCTIONS

This form is to be completed and filed when:

1. **Applying for an established account to operate as a motor carrier in Oregon**
2. **Changing the informational record on file with ODOT.**

TYPE OF APPLICATION

Indicate whether new account or change in existing account.

- A new carrier is a carrier that has had no previous established account in Oregon.
- A name change is when there is an existing account and only the name has changed. The FEIN remains the same.
- An ownership change is a change in entities and/or ownership structure of a company for which there is an existing account. The FEIN has changed.

NEW AUTHORITY/TYPE OF OPERATION

1. Your name must match exactly the name filed with your state if a corporation or assumed business name.
2. Enter your complete mailing address and telephone number. Your street address must also be entered if it is different than your mailing address, or if you receive your mail through a post office box. This will ensure UPS delivery. If your address of record with ODOT is an agent's address, the power of attorney must specifically authorize the use of the agent's address.
3. Indicate your type of ownership. Oregon corporations, Oregon limited liability companies, limited liability partnerships, and businesses with Oregon mailing addresses using assumed business names must be registered with the Oregon Secretary of State, Corporation Division.
4. A Class B Permit authorizes a carrier to transport household goods for hire within designated local cartage areas that are exempt from economic regulation (see list of cities in OAR 740-060-0100). Pursuant to ORS 825.240, the following conditions must apply: (a) the gross revenue derived from local cartage of household goods in the designated area by carriers cannot exceed \$100,000 a year; (b) the population of the affected city or cartage area is less than 10,000; (c) the incorporated city or cartage area is not an essential part of a metropolitan, industrial or homogeneous economic area; (d) the incorporated city or cartage area is not contiguous to another city or within the area encompassed by the commercial zone of another city; (e) service to the public would be adversely affected; (f) the carrier's ability to render service would not be adversely affected; and (g) it is not otherwise adverse to the public interest to exclude such area from regulation.
5. Description of "7W" operations - Permit Authority under ORS 825.020 for operations over 26,000:

U.S. mail on a trip basis
Buses within cities and within three air miles of the city
Vehicles used in preventing or fighting forest fires
Tow trucks
Common or contract carriers transporting employees, relatives, indigents, etc.
Florist delivery vehicles
Private carriers transporting fish
Vehicles owned by truck leasing companies used for purposes of relocation
6. If you wish to haul commodities (except household goods) intrastate, please complete an Application for Class 1A Permit (ODOT Form 735-9745) and include a \$300 application fee.
7. List the full name, title, date of birth, and social security number of the individual owner, each partner, each corporate officer, partners in a limited liability partnership (LLP), or each manager/member of the limited liability company (LLC). If a corporation, attach a list of shareholders, officers or directors not already listed. Attach addendum if needed.

8. The application must be signed by the individual owner, all partners, a corporate officer, a partner in a LLP, a manager/member of the LLC, or Agent. Note to agent: Include your title when signing and attach a power of attorney form.
9. Per OAR 740-040-0070 you will be required to post a Surety Bond regardless of whether you operate on an ODOT plate, temporary pass, or enrolled in the Oregon Weight-Mile Tax Program.
10. When operating intrastate only, you will be required to file proof of liability insurance with ODOT. When operating interstate, review federal regulations regarding the Minimum Levels of Financial Responsibility for Motor Carriers.

For bond, insurance and record keeping requirements, refer to the information available on our website.

<https://www.oregon.gov/ODOT/MCT/Pages/index.aspx>

CHANGE OF INFORMATIONAL RECORD

1. So that you may be accurately identified, enter your account number, name, and current mailing address.
2. Complete the section or sections of the application form for which a record change is requested. In the Type of Application area, identify the change (i.e., name, ownership, address, permit, or telephone).
3. A corporate name change may require an updated corporate certificate reflecting the change.
4. An Oregon assumed business name change requires an update with the Oregon Secretary of State, Corporation Division.
5. If your operation has a change in ownership, a new application for motor carrier account must be completed and submitted to ODOT. Upon approval of the application, a new account number will be assigned.

NOTE:

The completion of this form does not constitute authority to operate in the state of Oregon. In addition, a Temporary Pass, OR DOT plate must be obtained, or enrolled in the Oregon Weight-Mile Tax Program.

After your account application has been approved and you have registered a motor vehicle with the Department (see Vehicle Registration/Amendment, ODOT Form 735-9076), weight-mile tax report forms will be mailed to you.

ADDITIONAL INFORMATION MAY BE OBTAINED BY CALLING (503) 378-6699.

FILE THIS ORIGINAL APPLICATION WITH THE SALEM OR PORTLAND BRIDGE REGISTRATION OFFICE OR MAIL:

OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
3930 FAIRVIEW INDUSTRIAL DRIVE SE
SALEM OREGON 97302-1166
OR
FAX TO (503) 378-6880

For downloadable forms, go to:

<https://www.oregon.gov/ODOT/MCT/Pages/FormsandTables.aspx>

To find out more about Oregon Trucking Online and the transactions you can process there, go to:

<https://www.oregontruckingonline.com/cf/MCAD/pubmetaentry/index.cfm>.

Watch for an email from the ODOT computer Security Unit notifying you of your PIN assignment for Trucking Online access. The PIN notification will be sent to the email address listed on your application. An activation notice will also be sent by U.S. mail to the official address of record for your account.

You can now pay Trucking Online transactions using "Direct Payment". Direct Payment is a secure electronic payment delivery system for Business and Individual bank accounts. The Direct Payment feature gives carriers another payment alternative to transacting business with a credit card or charging transactions to an CCD account.