

# APPLICATION FOR AUTHORITY - MOTOR BUS

<b>1. FULL LEGAL COMPANY NAME</b> (Insurance and legal documents must match Full Legal Company Name)			
FULL LEGAL COMPANY NAME		DBA (Doing Business As – If Applicable)	
<b>2. BUSINESS MAILING ADDRESS</b>			
ADDRESS (Street, City, State, Zip)		COUNTY	PHONE NUMBER FOR PUBLIC TO CALL
			FAX
ADDRESS #2 (Street, City, State, Zip)		US DOT #	
<b>3. FORM OF BUSINESS</b> (Check appropriate box and submit paper work with application)			
Sole proprietorship, with the person doing business as: <b>(SUBMIT TO MDOT – CERTIFICATE OF ASSUMED NAME)</b>			
Limited Liability Company (LLC) Operating under the name of: <b>(SUBMIT TO MDOT – ARTICLES OF ORGANIZATION)</b>			
Partnership, with persons doing business as: <b>(SUBMIT TO MDOT – ARTICLES OF CO-PARTNERSHIP)</b>			
Corporation or corporation operating under the assumed name of: <b>(SUBMIT TO MDOT – ARTICLES OF CORPORATION, if not a Michigan Corporation then a Certificate to Conduct Business in Michigan is required. Contact the Corporations &amp; Securities Bureau at (517) 241-6400 to obtain a Certificate to Conduct Business in Michigan.)</b>			
OTHER:			
<b>4. AUTHORIZED CONTACTS</b> (People approved to discuss the account with MDOT – Please print)			
NAME (Primary Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
NAME (Additional Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
NAME (Additional Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
NAME (Additional Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
<b>5. SIGNATURE</b>			
I verify that all information supplied on this form or relating to this application is true and correct. If representing a company, corporation, or organization, I further certify that I am authorized to submit this information. I further certify that the applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.			
PRINTED APPLICANT NAME		TITLE	DATE

## VEHICLE ROSTER

(9 passengers or more, including the driver)

List the vehicles to be operated under your Authority.

COMPANY NAME							
FLEET NUMBER	VIN	YEAR	MAKE	MODEL	SEATING CAPACITY (WITH DRIVER) 14" 1 SEAT	VEHICLE COLOR	LICENSE PLATE

**If a vehicle is a school bus then a copy of the Michigan State Police inspection is required.**

# APPLICATION FOR CERTIFICATE OF AUTHORITY INSTRUCTIONS

Submit the **2** items below to:

**Michigan Department of Transportation  
Regulatory Unit/B425  
425 West Ottawa Street  
P.O. Box 30050  
Lansing, MI 48933**

**If paying by Credit Card – all forms may be scanned and emailed to the email address listed below.**

## 1. APPLICATION

- Page 1.
- Vehicle Roster.
- Certifications as described on Page 1, Section 3.

## 2. CERTIFICATE OF INSURANCE

Have your insurance company submit MDOT form No. 3040, Certificate of Insurance, to MDOT.

- The 3040 Form may be obtained from MDOT by an insurance company only.
- The name on the 3040 form must be identical to the name shown in Section 1 of the application.
- Only signatures from the insurance company or authorized branch representative will be accepted.

### PAY FEES (Fees may be combined into one check / payment)

- \$300 - Application fee.
- \$100 - Registration fee - \$100 for each vehicle listed on the vehicle roster.

METHODS OF PAYMENT	
CREDIT CARD	CHECK
If paying by credit card - all forms may be <b><u>scanned and emailed</u></b> to the email addresses below.	All original forms <b><u>must be mailed</u></b> to MDOT along with payment.
<b>Call the cashier 517-335-5803</b>	Mail checks to: <b>Michigan Department of Transportation Regulatory Unit/B425 P.O. Box 30648 Lansing, MI 48909</b>  Made out to <b>“State of Michigan”</b>

Authority processing may take 2 to 3 weeks.

FOR QUESTIONS CONTACT
<b>Robbie Smith</b> Telephone: (517) 241-0679 E-mail: <a href="mailto:SmithR@michigan.gov">SmithR@michigan.gov</a> Fax: (517) 241-0127