

Case No. \_\_\_\_\_

PRC No. \_\_\_\_\_

For Commission use only

**NEW MEXICO PUBLIC REGULATION COMMISSION  
TRANSPORTATION DIVISION  
WARRANT APPLICATION**

P.O. Box 1269  
Santa Fe, New Mexico 87504-1269  
Toll Free No. 1-800-947-4722  
(505) 827-4519  
Fax No. (505) 827-4023

**TYPE OF TRANSPORTATION REQUESTED:  
CHECK THE BOX(ES) THAT APPLY.**

- GENERAL COMMODITIES
- REPOSESSION SERVICE
- TOWING SERVICE
- CHARTER BUS SERVICE
- CADAVERS
- HAZARDOUS MATERIALS
- FIREFIGHTERS

***A \$25.00 FEE MUST BE SUBMITTED ALONG WITH THIS APPLICATION IN THE FORM OF A CHECK OR MONEY ORDER MADE PAYABLE TO THE NEW MEXICO PUBLIC REGULATION COMMISSION OR NMPRC.  
BEGINNING NOVEMBER 1<sup>ST</sup>, 2014, ANY CHECKS RECEIVED BY THE PRC MAY BE CONVERTED TO AN ACH DEBIT***

**WARNING: pursuant to NMSA 1978, §65-2A-33, willfully making a false statement of material fact in this application is a felony, punishable by imprisonment of not more than five years.**

Company Name \_\_\_\_\_

D/B/A Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Telephone No.: Business: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_

Fax No. (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**New Mexico Tax ID No.** \_\_\_\_\_

(Also known as a CRS Number)

**Do you have any other operating authorities or any controlling interest in any other operating authorities with the New Mexico Public Regulation Commission?**

(Pursuant to NMSA 1978 Section 65-2-A-15C, the commission shall not grant any new operating authority to a motor carrier that: (1) duplicates operating authority of the same kind and for the same territory already held by that motor carrier).  **Yes**  **No**

**If yes, please list all company names and PRC #s**

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

**I. FORM OF BUSINESS:**

(Check only one and comply with instructions)

**SOLE PROPRIETORSHIP-** provide APPLICANT'S Social Security Number \_\_\_\_\_

**ATTACHMENT #1**

**CORPORATION**

You must file a copy of the Articles of Incorporation (Not the By-Laws) and a Current Certificate of Good Standing from the Corporation Bureau of the New Mexico Secretary of State's office.

**LIMITED LIABILITY COMPANY**

You must file a copy of the Articles of Organization and a Current Certificate of Good Standing from the Corporation Bureau of the New Mexico Secretary of State's office.

**PARTNERSHIP**

You must file a copy of the Partnership Agreement with your application. Also, provide the Social Security Number of EACH PARTNER \_\_\_\_\_

## **II. NEW MEXICO AGENT FOR SERVICE OF PROCESS**

**Each Applicant must provide the following information identifying an individual available to receive legal service and other correspondence on behalf on the Applicant. (Must be a New Mexico resident other than the applicant)**

Name \_\_\_\_\_ Title (If any) \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

## **III. INSURANCE**

### **A. Public Liability**

Have your insurance company submit your Form E Certificate (IN TRIPLICATE) to our office with proper coverage limits as stated in 18.3.3.10 NMAC. **Please call prior to sending in your application to ensure Form E has been received.**

**Note: Form E must identically match the name on your application including DBA.**

### **B. Additional Specialty Insurance**

If you are a towing service, please provide proof of \$50,000 of both on-the-hook and garage keepers' liability insurance as required by 18.3.3.11 NMAC.

### **C. Workers' Compensation**

Number of employees (including you) employed in the operation of the business: \_\_\_\_\_

***Note: This includes: the owner or owners of the business, if the owner or owners work in the business; part-time workers; and officers or executives of a corporation or limited liability company, if the officers or executives work in the business.***

### **Attachment#2**

**If your answer is "3" or more, you must submit proof of Workers' Compensation Insurance.**

**IV. DESCRIPTION OF ALL MOTOR VEHICLES OPERATING UNDER THIS WARRANT**

**Attachment #3**

**Attach Additional pages if necessary.**

**VEHICLE #1** -State \_\_\_\_\_ License No. \_\_\_\_\_

Make & Model of Vehicle \_\_\_\_\_

Model Year \_\_\_\_\_ VIN \_\_\_\_\_

**VEHICLE #2** -State \_\_\_\_\_ License No. \_\_\_\_\_

Make & Model of Vehicle \_\_\_\_\_

Model Year \_\_\_\_\_ VIN \_\_\_\_\_

**VEHICLE #3** -State \_\_\_\_\_ License No. \_\_\_\_\_

Make & Model of Vehicle \_\_\_\_\_

Model Year \_\_\_\_\_ VIN \_\_\_\_\_

**VEHICLE #4** -State \_\_\_\_\_ License No. \_\_\_\_\_

Make & Model of Vehicle \_\_\_\_\_

Model Year \_\_\_\_\_ VIN \_\_\_\_\_

**VEHICLE #5** -State \_\_\_\_\_ License No. \_\_\_\_\_

Make & Model of Vehicle \_\_\_\_\_

Model Year \_\_\_\_\_ VIN \_\_\_\_\_

**TRAILER #1** -State \_\_\_\_\_ License No. \_\_\_\_\_

Trade Name \_\_\_\_\_

Actual Carrying Capacity \_\_\_\_\_ VIN \_\_\_\_\_

**TRAILER #2** -State \_\_\_\_\_ License No. \_\_\_\_\_

Trade Name \_\_\_\_\_

Actual Carrying Capacity \_\_\_\_\_ VIN \_\_\_\_\_

## V. SAFETY

### Attachment #4

Attach copies of current annual inspections of all vehicles operating under this warrant. Annual inspections must be performed by a certified mechanic and compliant with 49 CFR 396. Also attach copies of completed Inspector and Brake Inspector Qualification certification forms. Blank forms can be obtained at [www.nmprc.state.nm.us](http://www.nmprc.state.nm.us)

### Attachment#5

Attach copies of your Safe Driving program for your drivers.

Provide a description of how your Safe Driving program is administered. Include a written statement certifying you have implemented or participate in a drug and alcohol testing program that meets the requirements of 49 CFR Parts 40 and 382. Also provide a written statement certifying that all drivers meet the qualifications of 18.3.4 NMAC and you will maintain required driver qualification files.

### Attachment#6

Attach copies your written preventive maintenance program as required by 18.3.2.21 NMAC. Provide a written description of how your preventive maintenance program is administered.

## VI. LIST OF DRIVERS AND DRIVERS LICENSE INFORMATION

### Attachment #7

Attach Additional pages if necessary.

**DRIVER #1** – Name \_\_\_\_\_ State of Issuance \_\_\_\_\_

License No. \_\_\_\_\_ Class of License \_\_\_\_\_

**DRIVER #2** – Name \_\_\_\_\_ State of Issuance \_\_\_\_\_

License No. \_\_\_\_\_ Class of License \_\_\_\_\_

**DRIVER #3** – Name \_\_\_\_\_ State of Issuance \_\_\_\_\_

License No. \_\_\_\_\_ Class of License \_\_\_\_\_

**DRIVER #4** – Name \_\_\_\_\_ State of Issuance \_\_\_\_\_

License No. \_\_\_\_\_ Class of License \_\_\_\_\_

**DRIVER #5** – Name \_\_\_\_\_ State of Issuance \_\_\_\_\_

License No. \_\_\_\_\_ Class of License \_\_\_\_\_

**DRIVER #6** – Name \_\_\_\_\_ State of Issuance \_\_\_\_\_

License No. \_\_\_\_\_ Class of License \_\_\_\_\_

## **ATTACHMENT #8**

**Provide all drivers' MVD records, copies of all drivers' licenses and copies of all drivers' medical cards.**

### **VII. DOT SAFETY RATING**

**Do you have a current DOT safety rating?**

- Yes       No

**(If Yes, Attach as Attachment #9)**

### **VIII. TARIFF INFORMATION** (Non-consensual Wrecker and Repossession Service Only)

- I agree to abide by the rates and standards in the STATEWIDE WRECKER TARIFF and any amendments the Commission may make to that Tariff. I certify that I have a copy of the Wrecker Tariff.
- I will use my own tariff, and I have attached it as **Attachment #10**. I understand it will have to be reviewed and approved by the Commission prior to operating.

### **IX. Storage Facilities**

Will you be providing "non-consensual" towing?

- Yes
- No

**Note: If you are providing any non-consensual towing you must have a storage facility. Please refer to 18.3.12.23 NMAC. Please provide the address of your storage facility or facilities:**

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What type of storage facility do you have?

- Type 1- A fenced and locked area
- Type 2- A fenced lighted and locked area
- Type 3- An enclosed, roofed and locked structure

## OATH OF APPLICANT

**The signature must be that of the Applicant, not legal representative.**

I certify that I will abide by all New Mexico Public Regulation Commission Rules & Regulations. I understand that the New Mexico Public Regulation Commission has also adopted & enforces Federal Motor Carrier Safety Regulations and Federal Hazardous Materials Regulations found in Title 49, Code of Federal Regulations, Chapter 3, with the variances adopted by the Motor Transportation Division of the New Mexico Department of Public Safety.

I certify that all motor vehicles and the drivers operating the vehicles used in providing the services sought to be authorized meet the safety requirements of the Federal Motor Carrier Safety Regulations and the Federal Hazardous Materials Regulations.

**If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (parts 350-399), you must certify as follows:**

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of Commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that at a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the Federal Motor Carrier Safety Regulations;
2. Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
3. Has in place a driver safety training/orientation program;
4. Has prepared and maintains an accident register (49 CFR 390.15);
5. Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification (49 CFR 391);
6. Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);
7. Is familiar with and has in place a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 390.5)

**If you will operate vehicles of 10,000 pounds GVWR or less, you must certify as follows:**

1. Has in place a system and an individual responsible for ensuring overall compliance with the Federal Motor Carrier Safety Regulations;
2. Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
3. Has in place a driver safety training/orientation program;
4. Has prepared and maintains an accident register (49 CFR 390.15);
5. Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification (49 CFR 391);
6. Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);

**I certify that this application is COMPLETE. I understand that if my application is INCOMPLETE, my application will be returned to me and I will have twenty (20) days to cure the deficiencies. I also understand that all fees paid will be forfeited to the state.**

**I further certify that I am authorized to make this application and affirm that the facts, statements and representations contained in this application and its attachments are true and correct to the best of my knowledge. I know that willful misstatements or omissions of material facts constitute administrative and criminal violations punishable by imprisonment and fines.**

**I hereby swear and affirm that I have read the Motor Carrier Act, NMSA 1978 §§ 65-2A-1, et seq., and the Commission's Motor Carrier Rules, and have a working knowledge of the contents therein, and will operate any authority permitted by the Commission in compliance with the Motor Carrier Act and the Commission's Rules.**

**I understand that if I am a towing service performing nonconsensual tows, I shall not use the same motor vehicles, equipment and facilities used by another warranted towing service performing nonconsensual tows. (Motor Carrier Act §§ 65-2A-12 B).**

**I further understand that if I am a towing service performing nonconsensual tows or repossession service, I must maintain at least a Type 1 storage facility and must have a person working at the storage facility during normal business hours. (New Mexico Public Regulation Commission Motor Transportation Rule. 18.3.12.23)**

**Signed: \_\_\_\_\_ Title (If Any): \_\_\_\_\_**

**Date: \_\_\_\_\_**

**STATE OF \_\_\_\_\_**

**COUNTY OF \_\_\_\_\_**

**The person listed above personally appeared before the undersigned Notary Public in & for said County, in said State, who, being by me first duly sworn, says that he/she is authorized to make this application and that the facts, statements & representations contained in the application and attachments are true and correct to the best of his/her knowledge, information & belief.**

**Sworn & subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .**

**(SEAL)**

\_\_\_\_\_  
**Notary Public**

**My Commission expires:**

\_\_\_\_\_

**Certification of safe driving program, drug and alcohol testing program and driver qualifications**

**COMPANY;** \_\_\_\_\_

The above named company is committed to operating safely. Our company policy is to provide and maintain a safe working environment, including the safe operation of our vehicles, to protect our employees and the citizens of the communities where we conduct business. The company is committed to promoting a heightened level of safety awareness and responsible driving behavior in its employees. Our efforts and the commitment of our employees will prevent vehicle accidents and reduce personal injury and property loss. This program requires the full cooperation of each driver to operate their vehicle safely and to adhere to the responsibilities outlined in our Safe Driving Program.

Our ongoing safe driving program includes:

- Ensuring compliance with federal drug and alcohol mandates.
- Ensuring drivers maintain CDL licensure as necessary.
- Reviewing of driver's logs and time sheets.
- Watching safety videos.
- Holding regular in-house employee safety meetings.
- Attending professional safety seminar classes.
- Documenting driver violations and taking appropriate actions.
- Regularly obtaining updated copies of the federal motor carrier's safety 49 CFR.

Prospective employees are screened to ensure appropriate licensure and other qualifications for our operation. Pre-employment driving tests are given to ensure the capability to operate our equipment. Prospective drivers also attend an orientation session to address the requirements of the company regarding safety procedures, drug and alcohol testing requirements and company policies.

I certify the company's drug and alcohol testing program meets the requirements of 49 CFR Part 40 and 382.

I certify the company's drivers meet the driver qualifications of 18.3.4 NMAC, safety requirements, and the company will maintain driver qualification files on each driver.

**SIGNED** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**ATTACHMENT # 6**

**PREVENTIVE MAINTENANCE PROGRAM**

**I certify that all equipment operated by my company is inspected daily in accordance with 49 CFR 396 (see attached Driver's Vehicle Inspection Report).**

**Annual Inspections are performed in accordance with 49 CFR 396.**

**We certify that all periodic and brake inspections are carried out by personnel that meet the qualification specification of 49 CFR part 396.19 and 49 CFR part 396.25.**

**I certify all equipment meets the safety standards as mandated by 49 CFR 396.**

**SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_**