

NEW MEXICO PUBLIC REGULATION COMMISSION
MOTOR CARRIER
2020 ANNUAL REPORT
(PURSUANT TO RULE 18.3.7.8 NMAC)

NMPRC Number: _____

Type Of Authority: Certificate Permit Warrant

Motor Carrier's Name: _____

Motor Carrier's D/B/A Name: _____

Principal Place of Business Address:

Street _____

City _____ State _____ Zip Code _____

Plus Mailing Address or PO Box # if different from Business Address:

City _____ State _____ Zip Code _____

Business Telephone Number: () _____

E-Mail Address: _____

New Mexico Agent for Service of Process (Each motor carrier must provide the following information identifying an individual available to receive legal service and other correspondence on behalf of the motor carrier.) (Must be a New Mexico resident over the age of 18)

Name _____ Title _____

Physical Address (No PO Boxes) _____

City _____ State **NM** Zip Code _____ Telephone No. _____

E Mail Address _____

Affirm by checking box:

- I certify that all equipment it uses has passed an annual inspection within the preceding twelve (12) months. [18.3.79 (K) NMAC]
- I certify that I maintain a file containing a current MVD printout of the driving record and all other information required by these rules for each of its current drivers. [18.3.7.9 (M) NMAC]
- I certify I have a current certificate of workers' compensation insurance (required for three (3) or more employees) or evidence that the motor carrier is not required to maintain workers' compensation insurance.

AFFIRMATION OF MOTOR CARRIER PRESCRIBED BY SUBSECTION B OF [18.3.7.8 NMAC]

SIGNATURE _____

DATE _____