

MOTOR CARRIER  
2016 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:**

Street \_\_\_\_\_

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

**Mailing Address** (If Different From Above)

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Business Telephone Number** (      ) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**CRS Tax Identification Number:** \_\_\_\_\_

**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 \_\_\_\_\_

**MOTOR CARRIERS OPERATING PURSUANT TO A CERTIFICATE, PERMIT OR WARRANT**

The names and addresses of any shareholders who own ten percent or more of the voting stock, if the motor carrier is a corporation. If other than a corporation, a description of the form of ownership, the names and addresses of all principal owners, and the percentage ownership of each [18.3.7.9 (I)(2) NMAC]

Corporation  Limited Liability Company  Sole Proprietorship  Partnership

NAME	ADDRESS	CITY	STATE	ZIP	PERCENTAGE
NAME	ADDRESS	CITY	STATE	ZIP	PERCENTAGE
NAME	ADDRESS	CITY	STATE	ZIP	PERCENTAGE
NAME	ADDRESS	CITY	STATE	ZIP	PERCENTAGE

**MOTOR CARRIERS THAT ARE SOLE PROPRIETORS OR PARTNERSHIP**

The name and social security number of each individual or partner for purposes of determining compliance with the NM Parental Responsibility Act.

NAME \_\_\_\_\_ Social Security Number \_\_\_\_\_

NAME \_\_\_\_\_ Social Security Number \_\_\_\_\_



**NOTE:** The accuracy of the contents of the annual report must be verified under affirmed by the OWNER of the motor carrier, if the motor carrier is a Sole Proprietorship; by a PARTNER, if the motor carrier is a Partnership; by an AUTHORIZED MEMBER, if the motor carrier is a Limited Liability Company; or by the PRESIDENT and SECRETARY, if the motor carrier is a Corporation. [18.3.7.8 (B) NMAC]

## **AFFIRMATION OF MOTOR CARRIER**

**I hereby 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 certify that each piece of equipment used has passed an annual inspection within the preceding twelve (12) months. [18.3.7.9 (K) NMAC]**

**I certify that I have received a current MVD printout of the driving record of each driver I use, employ or contract with. [18.3.7.9 (M) NMAC]**

**I certify I have a current certificate of workers' compensation insurance (required for 3 or more employees). [18.3.7.9 (N) NMAC]**

**Signed: \_\_\_\_\_ Title: \_\_\_\_\_**

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