

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

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