



Tennessee Department of Revenue  
 Vehicle Services Division  
 Motor Carrier Section  
 44 Vantage Way, Suite 160  
 Nashville, TN 37243-8050

APPLICATION FOR INTRASTATE AUTHORITY IS BEING MADE PURSUANT TO TENNESSEE CODE ANNOTATED 65-15-107, 65-15-109, AND 65-15-110.

**STARS CODE - 80003**

One Time Registration Fee	\$50.00
Name Change Fee	\$25.00
Total Number of Vehicles	
\$8.00 Per Vehicle	\$
Total Amount Due	\$

Federal Employee Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ US DOT Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Company Structure** (Check One)

\_\_\_\_\_ **Individual** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Limited Liability Company** \_\_\_\_\_ **Corporation**

List name of partners or officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Section I – Name of Process Agent for the State of Tennessee.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Section II – Hazardous Materials – Check the one that applies.**

\_\_\_\_\_ Carrier hauls hazardous materials that requires \$1 million limit of liability.

\_\_\_\_\_ Carrier hauls hazardous materials that requires \$5 million limit of liability.

**Section III – Insurance Requirements**

**(FORMS MUST BE SUBMITTED BY THE INSURANCE COMPANY TO T.D.O.R).**

Minimum Liability Coverage in the amount of \$300,000 if gross vehicle weight rating is 10,000 pounds or less, \$750,000 if gross vehicle weight rating is in excess of 10,000.

Form E – Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance along with a MCS 90 – Endorsement for Motor Carrier Policies of Insurance for Public Liability.

Form H – Uniform Motor Carrier Cargo Certificate of Insurance (Minimum of \$5,000) – **Household Goods Carriers Only.**

Passenger Carriers – Form E - Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance and MCS-90 - Endorsement for Motor Carrier Policies of Insurance for Public Liability.

- 15 or less passengers (\$1,500,000)
- 16 or more passengers (\$5,000,000)

Name of Insurance Company: \_\_\_\_\_

Name of Insurance Representative: \_\_\_\_\_

Telephone Number of Insurance Company: \_\_\_\_\_

Fax Number of Insurance Company: \_\_\_\_\_

E-mail Address of Insurance Company: \_\_\_\_\_

**Section IV – Penalty of Perjury Statement**

Under penalty of perjury the undersigned declares that the information on this application is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section V – Application and Payment**

**Application must accompany payment.**

Mail this application with payment to:

Tennessee Department of Revenue  
Vehicle Services Division  
44 Vantage Way, Ste. 160  
Nashville, TN 37243-8050

Should you have any questions please call our office at 615-399-4267 or fax 615-253-1184.