



TENNESSEE DEPARTMENT OF REVENUE  
 TAXPAYER AND VEHICLE SERVICES DIVISION  
 MOTOR CARRIER SECTION  
 301 PLUS PARK  
 NASHVILLE, TN 37217

**APPLICATION FOR INTRASTATE AUTHORITY**

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

FEIN/SSN: \_\_\_\_\_ US DOT Number: \_\_\_\_\_

Please indicate the type of authority for which this application is being made pursuant to Tennessee Code Annotated 65-15-107, 65-15-109, and 65-15-110.

General Freight \_\_\_\_\_ Household Goods \_\_\_\_\_ Contract Hauler \_\_\_\_\_  
 Mobile Homes \_\_\_\_\_ For-Hire Towing, Wreckers and Car-Carriers \_\_\_\_\_  
 Private Towing, Wreckers and Car-Carriers \_\_\_\_\_ Bus-15 passengers or less \_\_\_\_\_  
 Bus-16 Passengers or More \_\_\_\_\_

**Hazardous Materials:**

\_\_\_\_ Carrier hauls hazardous materials that requires \$1 million limit of liability.  
 \_\_\_\_ Carrier hauls hazardous materials that requires \$5 million limit of liability.

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

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

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

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

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

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

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

**CONTINUE ON BACK OF DOCUMENT**

**Company Structure (Check One)**

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

List name of partners or officers:

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

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

**Section I – Insurance Requirements**

**FORMS MUST BE SUBMITTED BY THE INSURANCE COMPANY.**

Minimum Liability Coverage in the amount of \$300,000 if gross vehicle weight rating is 26,000 pounds or less, \$750,000 if gross vehicle weight rating is in excess of 26,000.

- ⇒ Form E along with a MCS 90 Insurance Endorsement
- ⇒ Form H – Cargo (Minimum of \$5,000) Note: Private Towing, Wrecker Services and Car-Carriers do not need this form.
- ⇒ Passenger Carriers – Form E and MCS-90
  - 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 II – A copy of the Designation for Service of Process form must be a Tennessee Resident.**

**Section III – 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 IV – Remittance**

- ⇒ Application must accompany fee
- ⇒ Return your application with payment to the address shown below: “NO CASH”
  - Tennessee Department of Revenue
  - 500 Deaderick Street
  - Andrew Jackson State Office Building
  - Nashville, TN 37242

Should you have any questions please call this office at 615-399-4266 or fax 615-361-8249.

Processing Account Code 280.00