



# WISCONSIN MOTOR CARRIER AUTHORITY APPLICATION

Wisconsin Department of Transportation  
MV2843 6/2014 Ch. 194 Wis. Stats.

Wisconsin Dept. of Transportation  
Motor Carrier Insurance Unit  
PO Box 7955  
Madison, WI 53707-7955  
(608) 266-9900

## Instructions and insurance requirements are on the reverse side.

**Please do not submit this application until a Form E – Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance is on file with the State of Wisconsin.**

US DOT# – Mandatory	Existing Fuel Tax <input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Employer Identification Number (FEIN) – <b>Mandatory</b>	IFTA Account Number

Business Type  
 Individual – Birth Date: \_\_\_\_\_  Partnership  Corporation/LLC – Incorporation Date: \_\_\_\_\_

**Note:** Wisconsin corporations/LLCs must be on file with the Department of Financial Institutions. Exempt out-of-state carriers may send a copy of their Articles of Incorporation. Contact: <https://www.wdfi.org/apps/CorpSearch/Search.aspx> — (608) 261-7577.

Yes  No **Did you ever have IRP plates under another name?** If yes, provide name and account number.  
 IRP Account Number \_\_\_\_\_ IRP Account Name \_\_\_\_\_

Legal Applicant Name (**Insurance certificate and vehicle registration must be filed in this name**)

Name and Address of each partner if partnership, officer and director if a corporation, each member if an LLC (or attach a copy of the Articles of Inc.)

Principal Place of Business / Physical Address

Mailing Address

List all types of commodities that you usually transport

### Type of For Hire Authority Requested

- Wisconsin Intrastate Property Fee (LC – hauling within Wisconsin) = \$500 one-time fee
- Wisconsin Intrastate Passenger Fee (PC – hauling passengers, see back/2<sup>nd</sup> page) = \$50 one-time fee
- AMENDED APPLICATION** (Name change = no fee.) See instructions on reverse side.  
 Note: Make sure to contact other agencies with this name change, i.e., IRP, IFTA, FMCSA/USDOT/MC, IRS

**Do not submit this application until the names are updated and in the exact legal name with FMCSA – SAFER and, if a corporation/LLC, with the Department of Financial Institutions.**  
**Note:** Out-of-state corporations operating intrastate in Wisconsin are required to file with the Department of Financial Institutions as a foreign corporation. Contact them at (608) 261-7577.

Former Name	USDOT#	LC#	MC#
-------------	--------	-----	-----

I certify, with penalty of perjury that the information furnished on this application and the attached schedules, if applicable, is true and correct, and that I have knowledge of the applicable Federal and State safety regulations and that the applicant has financial ability to provide cargo insurance or has adequate financial resources to pay damage claims.

(Area Code) Telephone Number \_\_\_\_\_ (Area Code) FAX Number \_\_\_\_\_ (Name – Print) \_\_\_\_\_  
 \_\_\_\_\_  
 (Email Address) *Your authority will be sent to your email address* \_\_\_\_\_ **X** \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date - m/d/yy) \_\_\_\_\_

WisDOT USE ONLY			
Wisconsin Account Number	Date Issued	Fee(s)	Authority Number(s) Issued

# WISCONSIN MOTOR CARRIER AUTHORITY APPLICATION INSTRUCTIONS *(continued)*

Wisconsin Department of Transportation MV2843

## USDOT NUMBER

Authorities cannot be issued without a USDOT number in the complete and legal name. Call 1-800-832-5660 or apply online via [www.saftsys.org](http://www.saftsys.org). You may obtain a paper copy of the Federal application form MCS150 and mail it to the US Department of Transportation.

Your USDOT number must appear on the FMCSA "SAFER" system as Active.

A motor carrier is required to display their USDOT on vehicles meeting the definition of a CMV (10,001 lbs. GVW and over) as found in Part 390.5.

## INSURANCE

Arrange for liability insurance as required by s.194.41, Wisconsin Statutes. Have your insurance agent contact the **Commercial Underwriter** and request that the insurance company file proof of insurance coverage **electronically**.

Although we accept mailed or faxed copies of the FORM E, filings done electronically will expedite the application process.

Insurance companies can contact this office for information regarding electronic filing.

Interstate regulated carriers are required to file a BMC91X Federal Liability Certificate. The commercial underwriter will file this with the FMCSA electronically. WisDOT will use the information from the federal website to verify insurance coverage.

## WISCONSIN INTRASTATE PASSENGER FEE (PC AUTHORITY)

A Wisconsin Intrastate passenger authority is required for any for hire passenger operation within Wisconsin **unless they meet the following exceptions:**

1. Taxicab service
2. 7 passengers or fewer (including the driver) and are one of the following:
  - Commuter car pool
  - Van pool
3. School bus under s. 120.13 (27), Wisconsin stats.

## NAME CHANGES

If you **add or delete a partner, incorporate**, or have any type of legal name change, you must check the box indicating that this is an amended application.

If you have had a **corporate name change and are not from Wisconsin**, you must file with the Department of Financial Institutions (DFI) as a foreign corporation or provide a copy of the amended articles of incorporation. **If you are a Wisconsin corporation**, you must contact DFI at **(608) 261-7577** to file the corporate name change **documents**.

**Note:** Two or more corporations that **merge** and form a new corporation under a new name is not considered a corporate name change.

## TRANSFER OF AUTHORITY

Authority issued by the State of Wisconsin is not considered to be part of the sale of a business unless it is specifically identified as an asset of the company at the time of the sale.

If you are leaving a partnership, and the other partners wish to continue operating with that authority, you must sign the statement below.

I relinquish the right to authority number(s)

LC#	USDOT#	MC#
-----	--------	-----

**X**

(Name – Print)

(Signature of Person Leaving Partnership)

(Date – m/d/yy)

**REMITTANCE:** Make your check or money order payable to: **Registration Fee Trust**

If you have any questions, please contact us at (608) 266-9900 or email [irp-ifta@dot.wi.gov](mailto:irp-ifta@dot.wi.gov).