



IOWA APPLICATION FOR INTRASTATE MOTOR CARRIER PERMIT/CERTIFICATE

Application Date _____ Phone # _____ Fax # _____
 Name _____ DBA _____
 (Individual, Corporation or Partnership) (Doing Business As)
 Physical Address _____
 City _____ State _____ Zip Code _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 US DOT # _____ FEIN (otherwise SS #) _____
 MC # _____

Property/Passenger Transported For-Hire: (mark all applicable boxes)

Motor Carrier Permit

Household Goods Liquid (Dairy) Liquid (Non-Dairy)
 Other Property (Includes tow truck operation)

Motor Carrier Certificate (Passenger)

Regular Route (Includes all points in Iowa) Charter (Includes all points in Iowa)
 Check box if the vehicle is designed to transport sixteen or more persons, including the driver.

Supporting Documents

LPD Insurance to be filed by home office of your insurance company on Form E
 Financial Statement Tariff
Motor carrier of liquid (non-dairy) and regular route passenger *Motor carrier of household goods only*
 Safety Self-Certification Motor Carrier Identification Report
Motor carriers without US DOT numbers

| Applying For | Fee | Amount Due | For Office Use |
|---|------------------|------------|--|
| <input type="checkbox"/> New Permit Application | \$150.00 | _____ | Check # _____ Amount Pd. _____ Date Pd. _____ Clerk _____ |
| <input type="checkbox"/> New Certificate Application | 150.00 | _____ | |
| <input type="checkbox"/> Reinstatement | 150.00 | _____ | |
| <input type="checkbox"/> Name/Address Change | 25.00 | _____ | |
| <input type="checkbox"/> Permit Update | 25.00 | _____ | |
| <input type="checkbox"/> Tariff Update | 10.00 | _____ | |
| <input type="checkbox"/> Transfer Motor Carrier Certificate | 150.00 | _____ | |
| <input type="checkbox"/> Duplicate Permit or Certificate | 25.00 | _____ | |
| <input type="checkbox"/> Safety Education Seminar* | 200.00 | _____ | |
| *The Safety Education Seminar is only required of motor carriers of liquid (non-dairy) and passengers. Passenger carriers are exempt if the vehicles they operate do not meet the definition of a commercial vehicle. | | | |
| Make checks payable to the Iowa DOT | TOTAL DUE | _____ | |

Safety Self Certification -- This is to certify that all equipment operated under this permit or certificate complies with safety rules and regulations of the State of Iowa and Federal Motor Carrier Safety Regulations.

Signed By _____ Date _____

The undersigned under oath swears under penalty of perjury the information furnished in the application is true and correct and all cargo insurance requirements are met.

Signed By _____ Date _____