



**Motor Carrier Attachment**

**NYSDOT Application for Authority to Transport Passengers Form**

**RA 51-2 Blank Example**

**Schoharie, NY October 6, 2018**

**HWY19MH001**

(7 pages)

**NEW YORK STATE DEPARTMENT OF TRANSPORTATION  
APPLICATION TO TRANSPORT PASSENGERS IN CHARTER SERVICE**

Use this form to apply for authority to transport chartered and special parties (individuals or organizations who travel together as a group to a specific destination or for a particular itinerary as determined by a carrier in round-trip transportation) **ENTIRELY** in New York State.

If you want to transport passengers as a common carrier (a carrier that serves the general public and charges individual fares, i.e., a bus line, ambulette or transit disabled, airport or correctional facility service) or as a contract carrier (a carrier which has a contract with a person or organization for the exclusive use of a vehicle at a fixed price) **ENTIRELY** in New York State, you must file a different application (OMSS #002) which can be obtained at <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger> or by contacting NYSDOT at 518-457-6512 or at [operating.authority@dot.ny.gov](mailto:operating.authority@dot.ny.gov). General information concerning the process and requirements for obtaining passenger authority from the Department can be found at <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger>.

If you want to transport passengers between two states, you must have authority from the Federal Motor Carrier Safety Administration (FMCSA). Information on federal authority can be obtained at <http://www.fmcsa.dot.gov> or by contacting 1-800-832-5660.

**INSTRUCTIONS:**

1. An original application must be submitted to NYSDOT, Office of Modal Safety and Security, 50 Wolf Road, POD 53, Albany, New York 12232-0879.
2. The filing of an application does not allow an applicant to operate. Operations that are started before authority is issued may result in denial of the application and/or the imposition of a \$5,000 civil penalty.
3. Each question on the application form must be answered completely. Failure to do so may result in the rejection or delay of the application.
4. **Please print legibly. If we cannot read your handwriting, your application will be returned to you.**
5. If you need additional space to answer a question, please use a separate sheet of paper and identify the question that you are answering by including the name of the company and the Title and Section Number of the question you are answering on the separate sheet of paper.
6. An applicant may:
  - a. Represent themselves,
  - b. Be represented by an officer of the company,
  - c. Be represented by a non-paid representative, or
  - d. Be represented by either a paid representative who can be a NYS licensed attorney or a transportation practitioner who is licensed by the USDOT.

**If you have any questions relating to your application, you can call 518-457-6512 or send an e-mail to [operating.authority@dot.ny.gov](mailto:operating.authority@dot.ny.gov).**

**NEW YORK STATE DEPARTMENT OF TRANSPORTATION  
APPLICATION TO TRANSPORT PASSENGERS IN CHARTER SERVICE**

**PLEASE PRINT LEGIBLY**

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(Full Legal Name of Company)

**I. BUSINESS TYPE:**

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as "Appendix A."

**Form of Business**

**Required Document to be Submitted:**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                          | None                                     |
| <input type="checkbox"/> Individual with a d/b/a             | Certificate filed with the County Clerk  |
| <input type="checkbox"/> Partnership                         | Certificate filed with the County Clerk  |
| <input type="checkbox"/> Partnership with a d/b/a            | Certificate filed with the County Clerk  |
| <input type="checkbox"/> NYS Limited Liability Company (LLC) | Receipt from the NYS Department of State |
| <input type="checkbox"/> NYS LLC with a d/b/a                | Receipt from the NYS Department of State |
| <input type="checkbox"/> NYS Corporation                     | Receipt from the NYS Department of State |
| <input type="checkbox"/> NYS Corporation with a d/b/a        | Receipt from the NYS Department of State |
| <input type="checkbox"/> NYS Limited Partnership (LP)        | Receipt from the NYS Department of State |
| <input type="checkbox"/> NYS LP with a d/b/a                 | Receipt from the NYS Department of State |
| <input type="checkbox"/> Foreign Corporation                 | Receipt from the NYS Department of State |
| <input type="checkbox"/> Foreign Corporation with a d/b/a    | Receipt from the NYS Department of State |

If the company is doing business under an assumed name, please list the assumed name below:

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**II. COMPANY'S INFORMATION:**

- 1. Physical address where business records may be examined:**

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(Street -- A Post Office Box is not acceptable)

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(Municipality, State, Zip Code)

2. Mailing address (if different from the physical address):

\_\_\_\_\_  
(Street or Post Office Box Number)

\_\_\_\_\_  
(Municipality, State, Zip Code)

3. Telephone Number: \_\_\_\_\_

4. Fax Number: \_\_\_\_\_

5. Cell Number: \_\_\_\_\_

6. E-mail address: \_\_\_\_\_

7. Website: \_\_\_\_\_

8. Federal employer identification # (FEIN) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_.  
If you do not have a FEIN, list individual's social security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

9. Does the applicant or any of its owners or officers presently hold or has held a certificate or permit from NYSDOT?  YES or  NO

If YES, please list case number(s): \_\_\_\_\_

10. Please provide the following information for the person who will be in charge of the day to day operations of the company and who can be contacted by NYSDOT staff:

a. Name: \_\_\_\_\_

b. Title/Position: \_\_\_\_\_

c. Telephone Number: \_\_\_\_\_

d. Cell Number: \_\_\_\_\_

e. E-mail address: \_\_\_\_\_

III. FEDERAL AUTHORITY AND REGISTRATION:

1. Does the applicant or any of its owners or officers have or has ever held a USDOT Number?  YES or  NO

If YES, please list the number(s): \_\_\_\_\_

2. Does the applicant or any of its owners or officers hold authority or has ever held authority from the federal government?  YES or  NO

If YES, please list MC number(s): \_\_\_\_\_

**IV. OWNERS AND OFFICERS:**

Please list names, percent of ownership and titles of all owners and officers:

Name	% of Ownership	Title

**V. VEHICLE(S) TO BE USED BY THE COMPANY:**

Year	Make	Model	GVWR*	MRSC **

\* The GVWR (Gross Vehicle Weight Rating) is determined by the manufacturer and is the maximum weight that you can operate a vehicle. It may be different from the weight of a vehicle as listed on the registration or title. The GVWR is listed on a tag which is generally located on the jam of the driver’s door.

\*\* The Manufacturer’s Rated Seating Capacity is listed on a tag which is generally located on the jam of the driver’s door. It is the maximum seating capacity of the vehicle and may be different from the number of seats actually in a vehicle.

**VI. SAFETY:**

- Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past has had a Federal Motor Carrier Safety Administration (FMSCA) safety fitness rating of *unsatisfactory* or are under a current or were under a federal out of service order?  YES or  NO

If YES, please explain the circumstances surrounding the rating and/or the order:

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2. By submitting this application, the applicant certifies that it is familiar and will comply with Article 19 (licensing of drivers) and Article 19-A (requirements for bus drivers) of the Vehicle and Traffic Law and Article 6 (matters relating to all motor carriers) and Article 7 (carriers of passengers by motor vehicles) of the Transportation Law.  
These can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>. When the website loads, you will click on the **Laws** button. A page displaying the laws will appear and you can click on either the **TRA** button for the Transportation Law or the **VAT** button for the Vehicle and Traffic Law.
3. By submitting this application, the applicant certifies that it is familiar and will comply with the following regulations which can be found at <https://www.dot.ny.gov/divisions/operating/osss/bus/rules-regulations>:

  - a. 17 NYCRR §701.1 -- Rendition of continuous, safe & adequate service.
  - b. 17 NYCRR Part 720 -- Vehicle safety regulations.
  - c. 17 NYCRR Part 721 -- Vehicle/driver operational requirements.
  - d. 17 NYCRR Part 722 -- Report of accidents.
  - e. 17 NYCRR Part 723 -- Hours of Labor.
  - f. 17 NYCRR Part 742 -- Retention of records.
  - g. 17 NYCRR Part 750 -- Insurance.
  - h. 17 NYCRR Part 781 -- Use of non-owned equipment by passenger carriers.
4. By submitting this application, the applicant certifies that it will have a system in place and an individual who will be responsible for ensuring overall compliance with all applicable laws and regulations, especially those relating to:

  - a. The reporting of accidents.
  - b. Driver qualifications.
  - c. Hours of service.
  - d. Drug and alcohol testing requirements.
  - e. The inspection, repair and maintenance of vehicles.
5. By submitting this application, the applicant certifies that it will have a driver safety training/orientation program in place.
6. By submitting this application, the applicant certifies that it will only operate vehicles that have passed a NYSDOT vehicle safety inspection.

**VII. VERIFICATION AND SIGNATURE OF THE OWNER:**

**FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ .

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

**If you are representing yourself, you may disregard the following section.**

**If you are being represented by someone else, please complete the information below:**

**NON-PAID REPRESENTATIVE**

**PAID REPRESENTATIVE\*** ■

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

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

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Title (if officer of company): \_\_\_\_\_

\*■ A paid representative must either be a NYS licensed attorney or a transportation practitioner licensed by USDOT.