

[Applying for Intrastate Operating Authority – Online Procedures](#)

All motor carriers who operate for hire, in **intrastate commerce*** are required to obtain intrastate operating authority through MoDOT Motor Carrier Services, unless their vehicle or specific operations are exempted. Operating Authority can be requested by filling out an MO-1 form located on the MO Operating Authority tab of our website, www.mcs.modot.mo.gov/mcs, or online through MoDOT Carrier Express.

[Click Here](#) to see the following types of vehicles and/or operations that are exempt from registration requirements.

***INTRASTATE COMMERCE:** commerce moving wholly between points within this state, whether such commerce moves wholly by motor vehicle or partly by motor vehicle and partly by any other means of transportation (section [390.020](#), RSMo).

INSURANCE: In order to receive and maintain authority, proof of insurance to the limits of liability is required. **Contact your insurance company to file the required insurance form(s) with MoDOT Motor Carrier Services.**

TYPES OF AUTHORITY: Click on the authority type to see procedures for filing online.

Property	Transports any property (<i>except</i> household goods).
Household Goods	Transports personal effects & property to be used in a dwelling, store, office, or institution; or articles that require specialized handling and equipment used in moving household goods.
Passengers Other than in Charter Service	Transports passengers for-hire at a per passenger fee.
Passengers in Charter Service	Transports passenger groups from beginning to end at a fixed charge for the vehicle.
Passengers Other than Charter Not-For-Profit	Transports exclusively the elderly, handicapped, preschool disadvantaged, or in specialized “urbanized areas”. Section 390.063, RSMo.

[Click Here](#) for Report List Instructions.

CONTACT US

Address: 830 MoDOT Drive, PO Box 270
Jefferson City, MO 65102-270

Phone: 866.831.6277, option 3

Fax: 573.522.6708

Applying for Intrastate Operating Authority – Online Procedures

PROPERTY CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:
(www.mcs.modot.mo.gov/mcs).

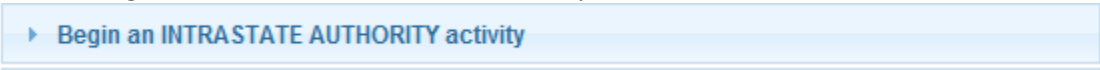


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
 - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.
Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.
 - If you don't have a user id or password, visit www.modot.org/mcs/MotorCarrierExpress.htm to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

Account Name: QUALITY CARRIERS INC
Customer ID: 3606 USDOT Number: 76600

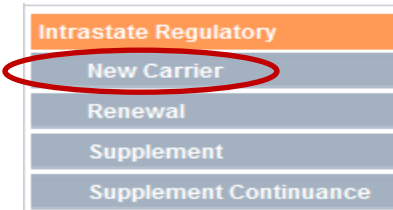
4. Click on Begin an INTRASTATE AUTHORITY activity:



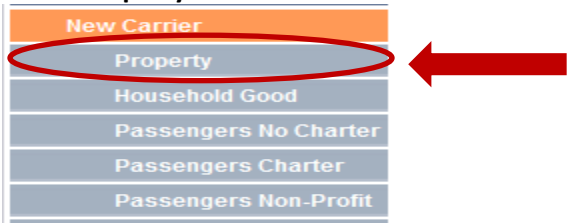
5. Select Intrastate Regulatory:



6. Select New Carrier

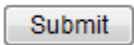


7. Select **Property**:



Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. **GENERAL INFORMATION**

a. Verify that your **DBA NAME & Principal Address** are Correct:

(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)

General Information
 DBA Name: ABC TRUCKING
 Registration Year: 2015
Principal Address
 Address: 611 KIMBERLY DR
 JEFFERSON CITY, MO 65109
Mailing Address
 Address 1: PO BOX 271
 City: DENTON
 State: TX - TEXAS
 Zip: 76202
Terminal Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____
Contact Information
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: _____
 Electronic Renewal: Fax: () - _____
 Email: _____

b. Enter a **Mailing Address** if different from your Principal Address:

General Information
 DBA Name: ABC TRUCKING
 Registration Year: 2015
Principal Address
 Address: 611 KIMBERLY DR
 JEFFERSON CITY, MO 65109
Mailing Address
 Address 1: PO BOX 271
 City: DENTON
 State: TX - TEXAS
 Zip: 76202
Terminal Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____
Contact Information
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: _____
 Electronic Renewal: Fax: () - _____
 Email: _____

c. Enter a **Terminal Address**, if applicable:

General Information
 DBA Name: ABC TRUCKING
 Registration Year: 2015
Principal Address
 Address: 611 KIMBERLY DR
 JEFFERSON CITY, MO 65109
Mailing Address
 Address 1: PO BOX 271
 City: DENTON
 State: TX - TEXAS
 Zip: 76202
Terminal Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____
Contact Information
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: _____
 Electronic Renewal: Fax: () - _____
 Email: _____

d. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information
 DBA Name: ABC TRUCKING
 Registration Year: 2015
Principal Address
 Address: 611 KIMBERLY DR
 JEFFERSON CITY, MO 65109
Mailing Address
 Address 1: PO BOX 271
 City: DENTON
 State: TX - TEXAS
 Zip: 76202
Terminal Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____
Contact Information
 Name: PROPERTY APP Phone: (999) 999 - 9999 Ext: _____
 Electronic Renewal: Fax: () - _____
 Email: _____

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

(If you are not Safety Rated leave this section blank.)

Safety Fitness
 Safety Rated: Date: _____ Rating: _____

Applying for Intrastate Operating Authority – Online Procedures

11. PROCESSING AGENT

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person's name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Processing Agent

Other than Missouri

12. HAZARDOUS MATERIALS – Select if you will or will not be transporting hazardous materials:

Hazardous Materials

Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.

Applicant will transport hazardous materials requiring:

13. IF TRANSPORTING HAZARDOUS MATERIALS

- a. Select the level of Public Liability & Property Damage insurance you carry:

1 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.

5 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.

AND

- b. Select **ALL** Classes and Divisions of hazardous materials you carry:
(If you carry all divisions in a class select the checkbox next to the class)

Applicant desires to transport the following hazard classes/divisions: (Check all that apply)

CLASS 1 EXPLOSIVES;

- Division 1.1 Explosive 1.1;
- Division 1.2 Explosive 1.2;
- Division 1.3 Explosive 1.3;
- Division 1.4 Explosive 1.4;
- Division 1.5 Explosive 1.5;
- Division 1.6 Explosive 1.6;

CLASS 2 GASES;

- Division 2.1 Flammable Gas;
- Division 2.2 Non-Flammable Gas;
- Division 2.3 Poison Gas;

CLASS 3 FLAMMABLE LIQUID;

CLASS 4 FLAMMABLE SOLIDS;

- Division 4.1 Flammable Solid;
- Division 4.2 Spontaneously Combustible;
- Division 4.3 Dangeous When Wet;

CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES;

- Division 5.1 Oxidizers;
- Division 5.2 Organic peroxides;

CLASS 6 POISONS;

- Division 6.1 Poison Inhalation Hazard - Zone A or B;
- Division 6.1 Poison Other Than Inhalation Hazard - Zone A or B;
- Division 6.2 Infectious Substance;

CLASS 7 RADIOACTIVE MATERIALS;

CLASS 8 CORROSIVES;

CLASS 9 MISCELLANEOUS;

FORM-D (Other regulated materials);

THE SELECTIONS MADE HERE MUST BE LISTED ON YOUR USDOT NUMBER.

14. CONSENT AUTHORIZATION – Read and put a checkmark in the Consent Authorization box.

This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.

Consent Authorization

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

Applying for Intrastate Operating Authority – Online Procedures

15. Click Submit (2 times)



16. BILLING INFORMATION

- a. **INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- b. **INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
PROPERTY CARRIER	Billing Date:	
Supplement Status: 0 - OPEN	Invoice Date:	Cancel Bill: <input type="checkbox"/>
Fee Details		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested:	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers Requested:	Fees Due:
House Movers:		Fees Due:
		Total Due:

17. Click Submit (2 times)



18. You will see the following message if the application processed successfully

SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT

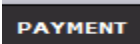
NOTE: If you do not see this message contact MoDOT MCS for further information.

CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

INTRASTATE ONLY CARRIERS – PROCEED TO STEP 19.

19. Click on the PAYMENT Tab to pay the invoice



20. All active invoices for your company will show.

- a. The invoice description will be titled as your carrier type.

Carrier Types
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

- b. Click on the **Blue** Invoice ID in the column to the right of the description.

Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

21. Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

Applying for Intrastate Operating Authority – Online Procedures

Customer ID: 5926
Customer Name: JACK'S TRUCK RENTAL INC
USDOT No: 234567

To switch to a different customer, go to [Customer Admin page](#) to select one.

Payment Processing Instructions - Updated

Show Active Invoices Show All Invoices

Select the Invoice ID to make payment.

Active Invoices

Show 10 entries Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries First Previous Next Last

Your application is complete. MoDOT MCS will contact you once your authority has been issued. If you have not received your decals within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

Applying for Intrastate Operating Authority – Online Procedures

HOUSEHOLD GOODS CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:
(www.mcs.modot.mo.gov/mcs).

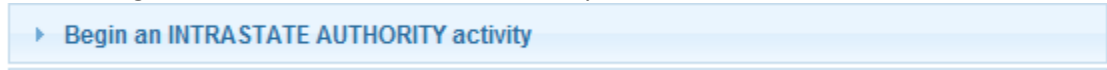


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
 - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.
Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.
 - If you don't have a user id or password, visit www.modot.org/mcs/MotorCarrierExpress.htm to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

Account Name: QUALITY CARRIERS INC
Customer ID: 3606 USDOT Number: 76600

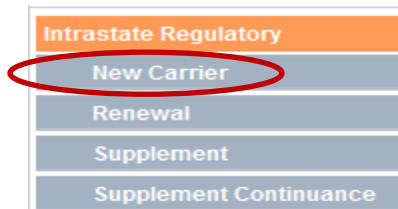
4. Click on Begin an INTRASTATE AUTHORITY activity:



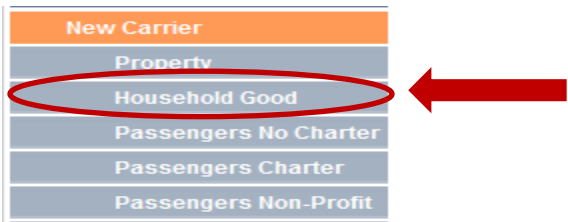
5. Select Intrastate Regulatory:



6. Select New Carrier



7. Select **Household Good**:



Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. **GENERAL INFORMATION**

a. Select if you are a Common Carrier or a Contract Carrier:

If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>

b. Verify that your **DBA NAME & Principal Address** are Correct:

(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
Principal Address Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	Mailing Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
Terminal Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	Contact Information Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

c. Enter a **Mailing Address** if different from your Principal Address:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
Principal Address Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	Mailing Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
Terminal Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	Contact Information Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

d. Enter a **Terminal Address**, if applicable:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
Principal Address Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	Mailing Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
Terminal Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	Contact Information Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information			
DBA Name: ABC TRUCKING			
Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/>	Contract Carrier: <input type="checkbox"/>
Principal Address		Mailing Address	
Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109		Address 1: <input type="text"/>	Address 2: <input type="text"/>
City: <input type="text"/>		City: <input type="text"/>	State: <input type="text"/>
Zip: <input type="text"/>		Zip: <input type="text"/>	
Terminal Address		Contact Information	
Address 1: <input type="text"/>	Address 2: <input type="text"/>	Name: <input type="text"/>	Phone: <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Electronic Renewal: <input type="checkbox"/>	Fax: <input type="text"/> - <input type="text"/>
Zip: <input type="text"/>		Email: <input type="text"/>	

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

(If you are not Safety Rated leave this section blank.)

Safety Fitness		
Safety Rated: <input type="checkbox"/>	Date: <input type="text"/>	Rating: <input type="text"/>

11. **PROCESSING AGENT**

- Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Processing Agent	
<input checked="" type="radio"/>	Other than Missouri
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

12. **HAZARDOUS MATERIALS** – Select if you will or will not be transporting hazardous materials:

Hazardous Materials	
<input type="radio"/>	Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.
<input type="radio"/>	Applicant will transport hazardous materials requiring:

13. **IF TRANSPORTING HAZARDOUS MATERIALS**

- Select the level of Public Liability & Property Damage insurance you carry:

<input type="radio"/>	1 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.
<input type="radio"/>	5 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.

AND

- Select **ALL** Classes and Divisions of hazardous materials you carry:
(If you carry all divisions in a class select the checkbox next to the class)

Applying for Intrastate Operating Authority – Online Procedures

Applicant desires to transport the following hazard classes/divisions: (Check all that apply)

- CLASS 1 EXPLOSIVES;
 - Division 1.1 Explosive 1.1;
 - Division 1.2 Explosive 1.2;
 - Division 1.3 Explosive 1.3;
 - Division 1.4 Explosive 1.4;
 - Division 1.5 Explosive 1.5;
 - Division 1.6 Explosive 1.6;
- CLASS 2 GASES;
 - Division 2.1 Flammable Gas;
 - Division 2.2 Non-Flammable Gas;
 - Division 2.3 Poison Gas;
- CLASS 3 FLAMMABLE LIQUID;
- CLASS 4 FLAMMABLE SOLIDS;
 - Division 4.1 Flammable Solid;
 - Division 4.2 Spontaneously Combustible;
 - Division 4.3 Dangeous When Wet;
- CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES;
 - Division 5.1 Oxidizers;
 - Division 5.2 Organic peroxides;
- CLASS 6 POISONS;
 - Division 6.1 Poison Inhalation Hazard - Zone A or B;
 - Division 6.1 Poison Other Than Inhalation Hazard - Zone A or B;
 - Division 6.2 Infectious Substance;
- CLASS 7 RADIOACTIVE MATERIALS;
- CLASS 8 CORROSIVES;
- CLASS 9 MISCELLANEOUS;
- FORM-D (Other regulated materials);

THE SELECTIONS MADE HERE MUST BE LISTED ON YOUR USDOT NUMBER.

14. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.

Consent Authorization

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

15. Click Submit (2 times)

Submit

16. **HOUSEHOLD GOODS INFORMATION** – Select **Irregular Route** and **Entire State**

Household Goods Information

Regular Route Irregular Route Baggage

Specific Counties City Radius Free Form Text Entire State

17. Click Submit (2 times)

Submit

18. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle
- b. Year
- c. Make
- d. Weight: licensed weight of the vehicle
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Check if this vehicle transports Hazardous Materials

Applying for Intrastate Operating Authority – Online Procedures

Equipment:

Type of Vehicle	Year	Make	Weight	Value	Ownership	Hazard
						<input type="checkbox"/>

19. Click Submit (2 times)

20. BILLING INFORMATION

- INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
HOUSE HOLD GOODS	Billing Date:	
Supplement Status: O - OPEN	Invoice Date:	Cancel Bill: <input type="checkbox"/>
Fee Details		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested:	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers requested:	Fees Due:
House Movers:		Fees Due:
		Total Due:

21. Click Submit (2 times)

22. You will see the following message if the application processed successfully

SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT

NOTE: If you do not see this message contact MoDOT MCS for further information.

CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

INTRASTATE ONLY CARRIERS – PROCEED TO STEP 23.

23. Click on the PAYMENT Tab to pay the invoice

24. All active invoices for your company will show.

- The invoice description will be titled as your carrier type.

Carrier Types
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

- Click on the **Blue** Invoice ID in the column to the right of the description.

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Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

Customer ID: 5926
Customer Name: JACK'S TRUCK RENTAL INC
USDOT No: 234567

To switch to a different customer, go to [Customer Admin page](#) to select one.

[Payment Processing Instructions - Updated](#)

Select the Invoice ID to make payment.

Active Invoices

Show entries Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries

Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

Applying for Intrastate Operating Authority – Online Procedures

PASSENGERS OTHER THAN IN CHARTER SERVICE CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:
(www.mcs.modot.mo.gov/mcs).

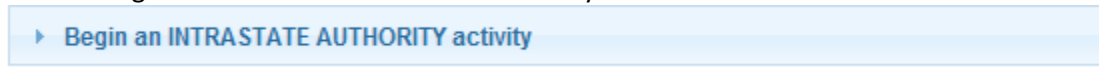


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
 - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.
Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.
 - If you don't have a user id or password, visit www.modot.org/mcs/MotorCarrierExpress.htm to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

Account Name: QUALITY CARRIERS INC
Customer ID: 3606 USDOT Number: 76600

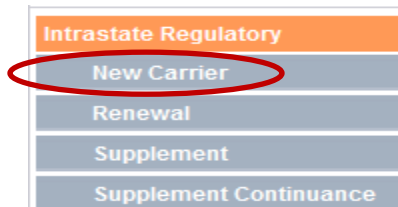
4. Click on Begin an INTRASTATE AUTHORITY activity:



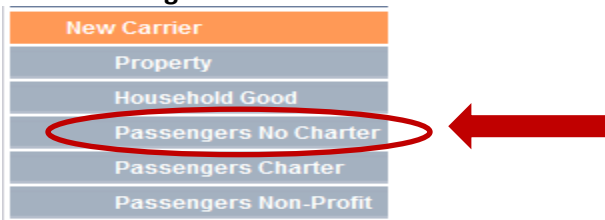
5. Select Intrastate Regulatory:



6. Select New Carrier



7. Select **Passengers No Charter**:



Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. GENERAL INFORMATION

a. Select if you are a Common Carrier or a Contract Carrier:

If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

b. Verify that your **DBA NAME & Principal Address** are Correct:

(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
Address: 611 KIMBERLY DR
JEFFERSON CITY, MO 65109

Mailing Address
Address 1: Address 2:
City: State:
Zip:

Terminal Address
Address 1: Address 2:
City: State:
Zip:

Contact Information
Name: Phone: () - Ext:
Electronic Renewal: Fax: () -
Email:

c. Enter a **Mailing Address** if different from your Principal Address:

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
Address: 611 KIMBERLY DR
JEFFERSON CITY, MO 65109

Mailing Address
Address 1: Address 2:
City: State:
Zip:

Terminal Address
Address 1: Address 2:
City: State:
Zip:

Contact Information
Name: Phone: () - Ext:
Electronic Renewal: Fax: () -
Email:

d. Enter a **Terminal Address**, if applicable:

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
Address: 611 KIMBERLY DR
JEFFERSON CITY, MO 65109

Mailing Address
Address 1: Address 2:
City: State:
Zip:

Terminal Address
Address 1: Address 2:
City: State:
Zip:

Contact Information
Name: Phone: () - Ext:
Electronic Renewal: Fax: () -
Email:

Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information

DBA Name: ABC TRUCKING
 Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
 Address: 611 KIMBERLY DR
 JEFFERSON CITY, MO 65109

Mailing Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____

Terminal Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____

Contact Information
 Name: _____ Phone: (____) ____ - ____ Ext: ____
 Electronic Renewal: Fax: (____) ____ - ____
 Email: _____

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

(If you are not Safety Rated leave this section blank.)

Safety Fitness

Safety Rated: Date: _____ Rating: _____

11. **PROCESSING AGENT**

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Processing Agent

Other than Missouri

12. **HAZARDOUS MATERIALS** – Select Applicant will not be transporting hazardous materials:

Hazardous Materials

Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.

Applicant will transport hazardous materials requiring:

13. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.

Consent Authorization

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant’s safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

14. Click Submit (2 times)

Submit

15. **HOUSEHOLD GOODS INFORMATION** – Select **Irregular Route** and **Entire State**

Household Goods Information

Regular Route Irregular Route Baggage

Specific Counties City Radius Free Form Text Entire State

16. Click Submit (2 times)

Submit

17. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle

Applying for Intrastate Operating Authority – Online Procedures

- b. Year
- c. Make
- d. Seats: seating capacity **excluding** the driver
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Leave “Hazard” box unchecked

Equipment:

Type of Vehicle	Year	Make	Seats	Value	Ownership	Hazard
						<input type="checkbox"/>

18. Click Submit (2 times)

Submit

19. BILLING INFORMATION

- a. **INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- b. **INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
PASSENGER OTHER THAN CHARTER		
Supplement Status: O - OPEN	Billing Date:	Cancel Bill: <input type="checkbox"/>
	Invoice Date:	
Fee Details		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested: 0	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers Requested: <input type="text"/>	Fees Due:
House Movers:		Fees Due:
		Total Due:
Billing Details		
Delivery Options: V - Preview	FAX No: () -	E-mail:
Document Area		

NOTE: Window stickers can only be requested for vehicles with a seating capacity of 6-12 passengers.

20. Click Submit (2 times)

Submit

21. You will see the following message if the application processed successfully

SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT

NOTE: If you do not see this message contact MoDOT MCS for further information.

CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

INTRASTATE ONLY CARRIERS – PROCEED TO STEP 22.

22. Click on the PAYMENT Tab to pay the invoice

PAYMENT

23. All active invoices for your company will show.

Applying for Intrastate Operating Authority – Online Procedures

a. The invoice description will be titled as your carrier type.

Carrier Types
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

b. Click on the **Blue** Invoice ID in the column to the right of the description.

Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

24. Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

Customer ID: 5926
Customer Name: JACK'S TRUCK RENTAL INC
USDOT No: 234567

To switch to a different customer, go to [Customer Admin page](#) to select one.

[Payment Processing Instructions - Updated](#)

Select the Invoice ID to make payment.

Active Invoices

Show entries Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries

Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

Applying for Intrastate Operating Authority – Online Procedures

PASSENGERS IN CHARTER SERVICE CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:
(www.mcs.modot.mo.gov/mcs).



2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
 - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.
Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.
 - If you don't have a user id or password, visit www.modot.org/mcs/MotorCarrierExpress.htm to request one.
3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

Account Name: QUALITY CARRIERS INC
Customer ID: 3606 USDOT Number: 76600

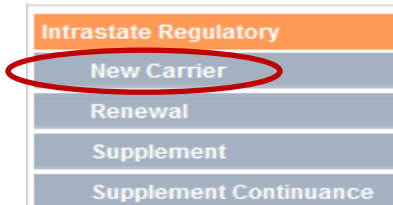
4. Click on Begin an INTRASTATE AUTHORITY activity:

▶ [Begin an INTRASTATE AUTHORITY activity](#)

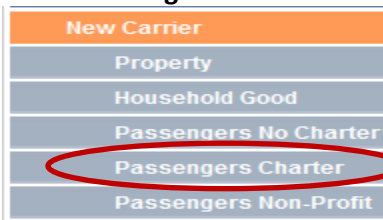
5. Select Intrastate Regulatory:



6. Select New Carrier



7. Select **Passengers Charter**:



Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. GENERAL INFORMATION

a. Select if you are a Common Carrier or a Contract Carrier:

If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

b. Verify that your **DBA NAME & Principal Address** are Correct:

(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
Address: 611 KIMBERLY DR
JEFFERSON CITY, MO 65109

Mailing Address
Address 1: _____ Address 2: _____
City: _____ State: _____
Zip: _____

Terminal Address
Address 1: _____ Address 2: _____
City: _____ State: _____
Zip: _____

Contact Information
Name: _____ Phone: (____) ____-____ Ext: ____
Electronic Renewal: Fax: (____) ____-____
Email: _____

c. Enter a **Mailing Address** if different from your Principal Address:

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
Address: 611 KIMBERLY DR
JEFFERSON CITY, MO 65109

Mailing Address
Address 1: _____ Address 2: _____
City: _____ State: _____
Zip: _____

Terminal Address
Address 1: _____ Address 2: _____
City: _____ State: _____
Zip: _____

Contact Information
Name: _____ Phone: (____) ____-____ Ext: ____
Electronic Renewal: Fax: (____) ____-____
Email: _____

d. Enter a **Terminal Address**, if applicable:

General Information

DBA Name: ABC TRUCKING
Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
Address: 611 KIMBERLY DR
JEFFERSON CITY, MO 65109

Mailing Address
Address 1: _____ Address 2: _____
City: _____ State: _____
Zip: _____

Terminal Address
Address 1: _____ Address 2: _____
City: _____ State: _____
Zip: _____

Contact Information
Name: _____ Phone: (____) ____-____ Ext: ____
Electronic Renewal: Fax: (____) ____-____
Email: _____

Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information

DBA Name: ABC TRUCKING
 Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
 Address: 611 KIMBERLY DR
 JEFFERSON CITY, MO 65109

Mailing Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____

Terminal Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____

Contact Information
 Name: _____ Phone: (____) ____ - ____ Ext: ____
 Electronic Renewal: Fax: (____) ____ - ____
 Email: _____

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

(If you are not Safety Rated leave this section blank.)

Safety Fitness

Safety Rated: Date: _____ Rating: _____

11. **PROCESSING AGENT**

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Processing Agent

Other than Missouri

12. **HAZARDOUS MATERIALS** – Select Applicant will not be transporting hazardous materials:

Hazardous Materials

Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.

Applicant will transport hazardous materials requiring:

13. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.

Consent Authorization

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant’s safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

14. Click Submit (2 times)

Submit

15. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle
- b. Year
- c. Make
- d. Seats: seating capacity **excluding** the driver
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Leave “Hazard” box unchecked

Applying for Intrastate Operating Authority – Online Procedures

Equipment:

Type of Vehicle	Year	Make	Seats	Value	Ownership	Hazard

16. Click Submit (2 times)

17. BILLING INFORMATION

- INTRASTATE ONLY CARRIERS** – Enter the number of intrastate decals you need. Every vehicle you operate needs an intrastate decal. They are \$10 each.
- INTERSTATE CARRIERS** – LEAVE THIS FIELD BLANK. You are required to pay Unified Carrier Registration, and do not need Intrastate decals for your vehicles, even if one or more of those vehicles operates only in intrastate commerce.

Billing Information		
PASSENGER CHARTER		
Supplement Status: 0 - OPEN	Billing Date:	Cancel Bill: <input type="checkbox"/>
	Invoice Date:	
Fee Details		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested: <input type="text"/>	SSRS MO Fees:
Intrastate Door Stickers: 10	Door Stickers Requested: <input type="text"/>	Fees Due:
Intrastate Window Stickers: 2	Window Stickers Requested: <input type="text"/>	Fees Due:
House Movers:		Fees Due:
		Total Due:

NOTE: Window stickers can only be requested for vehicles with a seating capacity of 6-12 passengers.

18. Click Submit (2 times)

19. You will see the following message if the application processed successfully

SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT

NOTE: If you do not see this message contact MoDOT MCS for further information.

CARRIERS WHO PARTICPATE IN INTERSTATE COMMERCE AND PAY UCR – Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

INTRASTATE ONLY CARRIERS – PROCEED TO STEP 20.

20. Click on the PAYMENT Tab to pay the invoice

21. All active invoices for your company will show.

- The invoice description will be titled as your carrier type.

<u>Carrier Types</u>
PCR – Property
HHG – Household Goods
POC – Passengers No Charter
PC – Passengers Charter

- Click on the **Blue** Invoice ID in the column to the right of the description.

Applying for Intrastate Operating Authority – Online Procedures

Description	ID	Status	Balance	Date/Time
PCR/2015/0	1939083	INVOICED	\$20.00	2014/09/23 10:19

22. Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

Customer ID: 5926
Customer Name: JACK'S TRUCK RENTAL INC
USDOT No: 234567
To switch to a different customer, go to [Customer Admin page](#) to select one.

[Payment Processing Instructions - Updated](#)

Select the Invoice ID to make payment.

Active Invoices

Show entries Search:

Description	ID	Status	Balance	Date/Time
No Invoices found.				

Showing 0 to 0 of 0 entries

Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).

Applying for Intrastate Operating Authority – Online Procedures

PASSENGERS OTHER THAN CHARTER NOT-FOR-PROFIT CARRIER

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:
(www.mcs.modot.mo.gov/mcs).

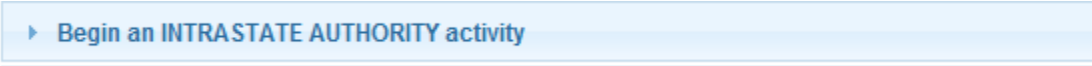


2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
 - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.
Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.
 - If you don't have a user id or password, visit www.modot.org/mcs/MotorCarrierExpress.htm to request one.

3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

Account Name: QUALITY CARRIERS INC
Customer ID: 3606 USDOT Number: 76600

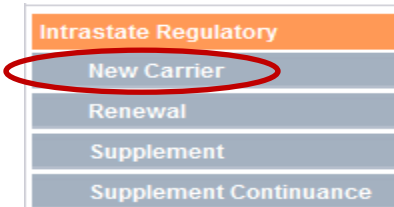
4. Click on Begin an INTRASTATE AUTHORITY activity:



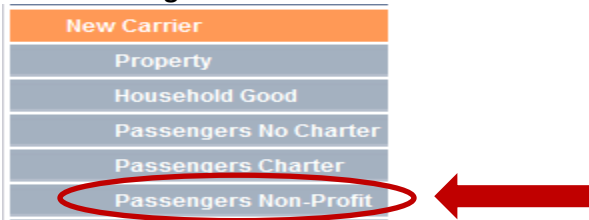
5. Select Intrastate Regulatory:



6. Select New Carrier



7. Select **Passengers Non-Profit**:



Applying for Intrastate Operating Authority – Online Procedures

8. Click Submit



9. GENERAL INFORMATION

a. Select if you are a Common Carrier or a Contract Carrier:

If you are a Contract Carrier you must provide MoDOT MCS with a copy of your contract.

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>

b. Verify that your DBA NAME & Principal Address are Correct:

(If information needs to be changed you should fill out an MO-1 Form and send to MoDOT MCS for processing)

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
Principal Address Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	Mailing Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
Terminal Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	Contact Information Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

c. Enter a Mailing Address if different from your Principal Address:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
Principal Address Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	Mailing Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
Terminal Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	Contact Information Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

d. Enter a Terminal Address, if applicable:

General Information			
DBA Name: ABC TRUCKING	Registration Year: 2014	Temporary Authority: <input type="checkbox"/>	Common Carrier: <input type="checkbox"/> Contract Carrier: <input type="checkbox"/>
Principal Address Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109	Mailing Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____		
Terminal Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	Contact Information Name: _____ Phone: (____) ____-____ Ext: ____ Electronic Renewal: <input type="checkbox"/> Fax: (____) ____-____ Email: _____		

Applying for Intrastate Operating Authority – Online Procedures

e. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information

DBA Name: ABC TRUCKING
 Registration Year: 2014 Temporary Authority: Common Carrier: Contract Carrier:

Principal Address
 Address: 611 KIMBERLY DR
 JEFFERSON CITY, MO 65109

Mailing Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____

Terminal Address
 Address 1: _____ Address 2: _____
 City: _____ State: _____
 Zip: _____

Contact Information
 Name: _____ Phone: (____) ____ - ____ Ext: ____
 Electronic Renewal: Fax: (____) ____ - ____
 Email: _____

10. **SAFETY FITNESS** – Check the Safety Rated box if you have a safety rating and enter the most recent **Date** and **Rating** received:

(If you are not Safety Rated leave this section blank.)

Safety Fitness

Safety Rated: Date: _____ Rating: _____

11. **PROCESSING AGENT**

- a. Missouri Based Entities: Enter your principal place of business address (cannot be a PO Box).
- b. Non-Missouri Based Entities: If your principal place of business is not in Missouri, you must provide a person’s name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Processing Agent

Other than Missouri

12. **HAZARDOUS MATERIALS** – Select Applicant will not be transporting hazardous materials:

Hazardous Materials

Applicant will not be transporting hazardous materials as defined in Title 49 Code of Federal Regulations.

Applicant will transport hazardous materials requiring:

13. **CONSENT AUTHORIZATION** – Read and put a checkmark in the Consent Authorization box.

This indicates your acceptance of the terms and is considered the legal electronic equivalent of your signature.

Consent Authorization

By checking this consent box, applicant agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

14. **HOUSEHOLD GOODS INFORMATION** – Select **Irregular Route** and **Entire State**

Household Goods Information

Regular Route Irregular Route Baggage

Specific Counties City Radius Free Form Text Entire State

15. Select the type of “not-for-profit” group you transport

NOTE: If you do not transport one of the groups below you do not qualify for this type of authority

Elderly Handicapped Preschool Disadvantaged Passengers-other than "Urbanized Areas"

16. Click Submit (2 times)

Submit

17. **EQUIPMENT** – Enter the following information for each vehicle you operate:

- a. Type of Vehicle

Applying for Intrastate Operating Authority – Online Procedures

- b. Year
- c. Make
- d. Seats: seating capacity *excluding* the driver
- e. Value
- f. Ownership: Owned, Leased, To be Acquired
- g. Leave “Hazard” box unchecked

Equipment:

Type of Vehicle	Year	Make	Seats	Value	Ownership	Hazard
						<input type="checkbox"/>

18. Click Submit (2 times)

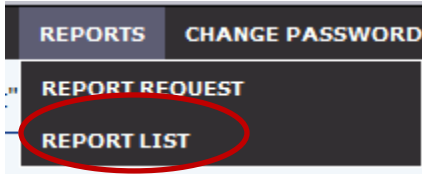
Your application is complete. MoDOT MCS will contact you to request additional required information. If you have not been contacted within 7 business days contact MoDOT MCS for further information.

CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S).







Applying for Intrastate Operating Authority – Online Procedures

HOW TO VIEW THE REPORTS LIST

1. From the main menu hover your mouse over the Reports Tab and click on Reports List



2. You will see a list of all reports that have been generated by your User ID

Report	Report Name	Create Date	Delete
	CUSTOMER SUMMARY INVOICE	September 23, 2014	
	CUSTOMER SUMMARY INVOICE	August 13, 2014	
	CUSTOMER SUMMARY INVOICE	August 13, 2014	

3. To view a report click on the icon to the left of the report name



4. **You must have Adobe Reader installed on your computer to view a report.**

To install adobe reader visit www.adobe.com.