
INTRASTATE COMMERCE AUTHORITY INFORMATION

The Department of Motor Vehicles is responsible for regulating the activities of common and contract carriers of property other than fully regulated carriers. Applicable statutes can be found in Chapter 706 of the Nevada Revised Statutes. Specific sections include: NRS 706.169, 706.186, 706.291, 706.437, 706.438, 706.439 and 706.4395. General insurance limits for contract carriers operating a motor vehicle or a combination of vehicles with a gross vehicle weight rating 10,001 to 26,000 pounds are \$300,000 for bodily injury to or the death of one person, \$300,000 for bodily injury to or death of all persons injured or killed in any one accident and \$300,000 for the loss of or damage to the property of others, excluding cargo, in any one accident. A motor vehicle or a combination of vehicles with a gross weight rating of 26,001 to 80,000 pounds are \$750,000 for bodily injury to or the death of one person, \$750,000 for bodily injury to or death of all persons injured or killed in any one accident and \$750,000 for the loss of or damage to the property of others, excluding cargo, in any one accident. Limits are greater for carriers authorized to transport hazardous substances, oil, Class A or Class B explosives, poisonous gas or radioactive materials and can be found listed under Nevada Administrative Code 706.288.

Note: Evidence of bodily injury (BI) and property damage (PD) Insurance for common and contract motor carriers, must be submitted to the Department on an Accord. A Form E must also be submitted by the carriers Insurance Company.

You do not need written authority if any of the following conditions apply:

- Your vehicles have Apportioned Plates.
- Your vehicles are used for passengers (apply to TSA)
- Your vehicles are used to haul Household Goods Only (apply to TSA)
- Your vehicles are used as tow cars (apply to TSA)
- You are a *fully regulated carrier (apply to TSA)

Transportation Services Authority (TSA) is located at 2290 S. Jones Boulevard, Suite 110, Las Vegas, NV 89146, PH 702-486-3303, FAX 702-486-2590; website <http://www.state.nv.us/b&i/tsa>.

*Pursuant to NRS 706.072, "Fully regulated carrier" means a common carrier or contract carrier of passengers or household goods, who is required to obtain from the Nevada Transportation Authority (NRS 706.1511) a certificate of public convenience and necessity, or a contract carrier's permit and whose rates, routes and services are subject to regulation by the Nevada Transportation Authority.

To obtain written authority, please complete the attached application and send the following documents as applicable to the Department:

- Accord / Certificate of Insurance
- Form E Sent in by the carriers insurance company
- Copies of Hazardous Materials Permit if applicable
- Vehicle ID numbers and Nevada License Plate numbers
- Terminal addresses

APPLICATION FOR INTRASTATE COMMERCE
FOR THE TRANSPORTATION OF PROPERTY PURSUANT TO NRS 706

Application Date: _____ / _____ / 20_____

Name: _____
(Name Must Match Vehicle Registration Name(s) and Accord / Form E Name(s))

Address: _____

FEIN: _____
(Federal Employee Identification Number - FEIN)

Phone: (____) _____ Fax: (____) _____

- ACCORD CERTIFICATE OF INSURANCE ATTACHED
- FORM E SUBMITTED BY THE CARRIERS INSURANCE COMPANY
- COPIES OF HAZARDOUS MATERIALS PERMIT IF APPLICABLE
- VEHICLE ID NUMBERS AND NEVADA LICENSE PLATE NUMBERS ATTACHED
- TERMINAL ADDRESSES ATTACHED
- I HEREBY AGREE TO MAINTAIN INSURANCE PURSUANT TO NRS 706.291 AND WILL COMPLY WITH THE RULES PRESCRIBED IN 49 CFR

Under penalties of perjury, the applicant declares that the information given is to the best of applicant's knowledge true, accurate and complete. The applicant agrees to comply with the requirements as specified in the above referenced document and Nevada Revised Statutes. Failure to comply with these provisions shall be grounds for revocation of authority in Nevada.

Signature _____ Title _____

Printed Full Legal name _____

Nevada Driver's License / Identification Card Number _____

Subscribed and sworn before me on this _____ day of _____ **20** _____

Signature of Notary Public or DMV Employee / Agent

Seal
**YOUR LETTER OF AUTHORITY WILL BE MAILED TO YOU WITHIN 2 WEEKS
AFTER WE RECEIVE THE FORM E FROM YOUR INSURANCE COMPANY.
PHOTOCOPIES ARE NOT ACCEPTABLE.**