

# APPLICATION FOR CERTIFICATE OF AUTHORITY INSTRUCTIONS

Submit the **2** items below to:

**Michigan Department of Transportation  
Regulatory Unit/B425  
425 West Ottawa Street  
P.O. Box 30050  
Lansing, MI 48933**

## 1. APPLICATION

- Complete Vehicle Roster. (Page 2)
- Complete Application. (Page 3)
- Provide Certifications as described on Page 3, Section 3.
- Automatically submit completed form to MDOT by clicking the Submit Application button located at the bottom of page 3

## 2. CERTIFICATE OF INSURANCE

Have your insurance company submit [MDOT Form 3040](#), Certificate of Insurance, to MDOT.

- The 3040 form may be obtained from MDOT by an insurance company only.
- The name on the 3040 form must be identical to the name shown in Section 1 of the application.
- Only signatures from the insurance company or authorized branch representative will be accepted.

### PAY FEES (Fees may be combined into one check/payment)

- \$300 - Application fee.
- \$100 - Registration fee - \$100 for each vehicle listed on the vehicle roster.

METHODS OF PAYMENT	
CREDIT CARD	CHECK
All forms may be <b><u>scanned and emailed</u></b> to the e-mail addresses below or by clicking the Submit Application button.	All original forms <b><u>must be mailed</u></b> to MDOT along with payment.
<b>Call the cashier (517) 241-6001</b>	Mail checks to: <b>Michigan Department of Transportation Regulatory Unit/B425 P.O. Box 30648 Lansing, MI 48909</b>  Made out to <b>“State of Michigan”</b>

Authority processing may take 2 weeks.

FOR QUESTIONS CONTACT
<b>Robbie Smith</b> Telephone: (517) 241-0679 E-mail: <a href="mailto:MDOT-BUSLimo@Michigan.gov">MDOT-BUSLimo@Michigan.gov</a> Fax: (517) 241-0127



## APPLICATION FOR AUTHORITY - MOTOR BUS

1. FULL LEGAL COMPANY NAME (Insurance and legal documents must match Full Legal Company Name)			
FULL LEGAL COMPANY NAME	DBA (Doing Business As – If Applicable)		
2. BUSINESS MAILING ADDRESS			
ADDRESS (Street, City, State, Zip)	COUNTY	PHONE NUMBER FOR PUBLIC TO CALL	
		FAX NUMBER	
ADDRESS #2 (Street, City, State, Zip)		US DOT NUMBER	
<p>Sole proprietorship, with the person doing business as: <b>(SUBMIT TO MDOT – CERTIFICATE OF ASSUMED NAME)</b></p> <p>Limited Liability Company (LLC) Operating under the name of: <b>(SUBMIT TO MDOT – ARTICLES OF ORGANIZATION)</b></p> <p>Partnership, with persons doing business as: <b>(SUBMIT TO MDOT – ARTICLES OF CO-PARTNERSHIP)</b></p> <p>Corporation or corporation operating under the assumed name of: <b>(SUBMIT TO MDOT – ARTICLES OF CORPORATION, if not a Michigan Corporation then a Certificate to Conduct Business in Michigan is required. Contact the Corporations &amp; Securities Bureau at (517) 241-6400 to obtain a Certificate to Conduct Business in Michigan.)</b></p> <p>OTHER:</p>			
NAME (Primary Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
NAME (Additional Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
NAME (Additional Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
NAME (Additional Contact)	TITLE	PHONE NUMBER	E-MAIL ADDRESS (Required)
5. SIGNATURE			
<p>I verify that all information supplied on this form or relating to this application is true and correct. If representing a company, corporation, or organization, I further certify that I am authorized to submit this information. I further certify that the applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.</p>			
PRINTED APPLICANT NAME	TITLE	DATE	

To automatically submit a completed application to MDOT click the Submit Application button.