STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

Registration Operations Division
P. O. Box 932370 MS H875
Sacramento, CA 94232-3700
(916) 657-8153

MOTOR CARRIER PERMIT
APPLICATION FOR CERTIFICATE OF SELF INSURANCE

California Vehicle Code §34630 et seq.

This application is for a Motor Carrier Permit Certificate of Self-Insurance. Approval and completion of the application and assignment process shall meet the proof of financial responsibility requirements in California Vehicle Code Section 34630 at the levels indicated in Section 34631.5(a)(1) and (2).

PART 1: Check one box and provide the motor carrier name and CA number.

☐ **INDIVIDUAL** ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ **LIMITED LIABILITY COMPANY**

MOTOR CARRIER NAME (*AS IT APPEARS ON THE APPLICATION FOR MOTOR CARRIER PERMIT*)	CA NUMBER

PART 2: Address - Telephone Number

BUSINESS ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)	CITY	STATE	ZIP CODE

BUSINESS TELEPHONE NUMBER
( )

PART 3: Enter the number of vehicles in the motor carrier fleet. Vehicles must be registered in the motor carrier name.

_____ California registered

_____ Registered out of state

PART 4: Amount of Deposit - *Check one box*

A deposit in the amount specified below is acceptable as proof of financial responsibility for the combined statutory limits designated in CVC Section 34631.5(a)paragraphs (1) and (2). An additional $5,000 for potential administrative cost is required.

☐ $755,000 Required deposit amount from a motor carrier transporting property excluding hazardous materials; includes $5,000 for potential administrative costs. CVC 34631.5(a)(1)*

☐ $305,000 Required deposit amount from a motor carrier transporting property, excluding hazardous materials, **exclusively** in vehicles with a GVWR of 10,000 pounds or less; includes $5,000 for potential administrative costs. CVC 34631.5(a)(2)*

PART 5: Unsatisfied Judgment Certification. Motor carriers with an unsatisfied judgment are disqualified from obtaining a Motor Carrier Permit Certificate of Self Insurance.

☐ *I certify that I have no unsatisfied judgment against my motor carrier name or fictitious business name as a result of property damage, bodily injury, or death caused by a motor vehicle accident.*

***NOTE:** The decision to self-insure and assign a deposit to the department is voluntary and not required by law. Neither the California Department of Motor Vehicles nor the State of California assumes liability for the deposit in excess of the amount insured under state or federal law (up to $100,000).

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE	PRINTED NAME	TITLE
X		

DATE	TELEPHONE NUMBER
	( )

Print Clear Form