

APPLICATION PACKET FOR COMMERCIAL BUS OPERATION

The information below is required to obtain proper authority to operate an Omnibus 1 commercial vehicle in the State of New Jersey. The requested documentation is required if you are starting a new company or adding a bus to an already existing company.

Please complete the following steps and email all required documentation to CBIU@mvc.nj.gov or mail to:

NJMVC CBIU
PO Box 680
Trenton, NJ 08666

Overnight Address

NJMVC CBIU
225 E State St. 4 East
Trenton, NJ 08666

New Company

- 1. Complete and return the Company Information sheet
- 2. Submit a copy of insurance card(s) for all vehicles listed
- 3. Submit a copy of vehicle titles(s) or receipts(s) for all vehicles listed
 - **Must be NJ title/receipt, and the title must be in the company owner's name or company name itself **NO out of state titles and/or Certificates of Origin will be accepted****
 - **If none of these apply, you must submit an NJMVC lease agreement. Included for completion in this application packet are the documents needed for a lease. Please refer to Pages 4-7 for lease information.**
- 4. Submit a copy of your Route Authority letter from the State of New Jersey or your Certificate letter of MC# from USDOT or both
 - **For INTERSTATE authority** (crossing state lines) – go to <https://portal.fmcsa.dot.gov/UrsRegistrationWizard/>
 - **For INTRASTATE authority** (traveling within New Jersey only) – complete the application for a CPCN (Certificate of Public Convenience and Necessity) - https://www.nj.gov/mvc/pdf/business/MVC_Passenger_Carrier_Letter.pdf
 - Submit CPCN to: NJMVC, PO Box 162, Trenton, NJ 08666
- 5. Additional required documents:
 - Your insurance company must file "E" and "F" universal forms, as per N.J.A.C. §16.53-9.1(a), with the NJMVC Commercial Bus Unit Office. These are two separate forms that **MUST** be emailed directly from the insurance underwriter. **A fax will not be accepted.**
 - Your insurance company must submit a copy of your Certificate of Liability Insurance (COI) with a list of all active vehicles covered under the policy. This form **MUST** be emailed directly from the insurance underwriter. **A fax will not be accepted.**
 - List the certificate holder as **NJMVC CBIU PO Box 680, Trenton, NJ 08666**

Adding a Bus to an Already Existing Company

- 1. Complete and return the Company Information sheet
- 2. Submit a copy of insurance card(s) for new vehicles(s)
- 3. Submit a copy of vehicle titles(s) or receipts(s) for all vehicles
 - **Must be NJ title/receipt, and the title must be in the company owner's name or company name itself **NO out of state titles and/or Certificates of Origin will be accepted****
 - **If none of these apply, you must submit an NJMVC lease agreement. Included for completion in this application packet are the documents needed for a lease. Please refer to Pages 4-7 for lease information.**
- 4. Your insurance company must submit a copy of your Certificate of Liability Insurance (COI) with a list of all active vehicles covered under the policy. This form **MUST** be emailed directly from the insurance underwriter. **A fax will not be accepted.**
 - List the certificate holder as **NJMVC CBIU PO Box 680, Trenton, NJ 08666**

Company Information

*All fields **MUST** be completed.*

Date _____

Company Name _____

Address _____

City, ZIP _____

Contact _____

Phone _____

Email _____

USDOT # or MVC Route # _____

Insurance Company _____

Policy Number _____

Total number of vehicles in your fleet _____

List Vehicles (if adding vehicle to your existing fleet only, list new vehicles):

Year	Make	Model	Last 6 Digits of VIN	Bus Fleet #	Seating Capacity

Inspection of Bus(s) Location (must provide an adequate vehicle lift or pit and personnel to assist inspector):

Garage Name _____

MVC Inspector's Name, if applicable _____
* MVC will assign inspector for a new company

Street Address and City _____

Shop Contact Name _____

Phone Number _____



STOP HERE if you own and operate the vehicles listed on Page 3 of this packet. Submit all required documentation in accordance with instructions on Page 1.



For NJMVC leases, you must complete all subsequent pages of this application packet in addition to Pages 1-4. See below.

Instructions and Requirements for NJMVC Leases

- 1. Submit a copy of lease agreement including all components listed on the affidavit
- 2. Complete and submit Pages 5-7 of this packet
- 3. Include a filing fee of \$25.00, in check or money order, payable to NJMVC
- 4. Complete and submit ALL other related documents as listed for either a new company or adding a bus to an existing company on Pages 1 and 2 of this packet, respectively

Affidavit Form

The New Jersey Administrative Code 16:51-8.11 for autobus leases requires the lease agreement to contain certain elements. Please answer the following list of questions by checking “Yes” or “No” confirming the required elements are included in the lease agreement and sign form at bottom of page.

YES | NO

1. The name, address, and telephone number of the vehicle owner (lessor).
2. The name, address, and telephone number of the authorized carrier/autobus company (lessee).
3. The NJMVC CPCN Number and the Charter Number, Special Number, or Route File Number of the autobus company (lessee) or the FHWA/USDOT Number of the autobus company ((lessee).
4. The term of the lease, including lease effective date and expiration date.
5. An exclusive use clause, setting forth that the leased vehicle(s) will be for the lessee’s exclusive use; if the lease does not provide for lessee’s exclusive use, it must specify all others having use of the vehicles and the nature of said use.
6. An insurance clause providing that the autobus company (lessee) is responsible for maintaining the proper insurance coverage limits required by law.
7. A consideration clause showing the rental payment for use of the vehicle.
8. A cancellation/amendment clause including provisions regarding the following:
 - a. The duty of parties to notify the Commission Bus Unit within five (5) days of the cancellation and/or amendment of a lease.
 - b. The duty of parties to return omnibus plates to the State of New Jersey.
 - c. The duty of parties to present vehicle to the Commission Bus Unit for removal of inspection sticker and return “Certificate of Inspection” form.
9. The fleet number, make, model, year, vehicle identification number, seating capacity, and Commission’s MVC number (if known) of each vehicle covered by lease.
10. Signatures of owner/lessor and the operator/lessee and date.
11. The lease will remain valid throughout its term unless cancelled in the method described in the body of the lease regardless of other circumstances concerning the vehicle including but not limited to sale of the vehicle by the lessor or casualty loss of the vehicle.

Signature: _____ Date: _____ Title: _____

Affidavit Form, Continued

LESSEE shall be responsible in making certain that;

- All original E and F insurance forms required per N.J.A.C. §16.53-9.1(a) are submitted by the Insurance Carrier to the New Jersey Motor Vehicle Commission.
- All original E and F insurance forms are submitted and all other required filings are updated to the Federal Motor Carrier Safety Administration (FMCSA) through the Process Agent retained by the LESSEE, IF performing interstate carrier operations (49CFR§366 et. seq).

An insurance clause providing that the autobus company (lessee) is responsible for maintain the proper insurance coverage limits (5 million) required by law.

It is expressly understood between the parties hereto that LESSOR shall assume all expense of operation of the vehicle leased hereunder, including but limited herein to: Department of Transportation inspections, maintenance, person insurance, tolls, gas, and reporting of all accidents; and the LESSOR shall be responsible for all other expenses not otherwise listed herein.

- a) LESSOR and LESSEE must report all accidents to the New Jersey Department of Transportation in accordance with existing laws.

An original and two copies of within lease shall be executed with original signature and shall be submitted to the New Jersey Department of Transportation.

It is specifically agreed and understood by and between the parties hereto that the vehicle set forth above shall not be used for purposes other than for commercial hire unless the LESSEE and/or operator obtain the required insurance coverage.

LESSOR agrees to prepare his annual income tax returns in accordance with the guidelines provided by LESSEE.

Non-compliance by Lessor of any of the stipulations described above shall render this Agreement null and void, and shall result in cancellation of this entire Agreement.

This lease shall continue in effect after the initial 12-month period, provided that owner and driver of the vehicle described above have complied with rules and regulations established by this Lease.

This agreement shall be governed by the laws of the State of New Jersey and shall be effective on the date set forth below.

A copy of this agreement shall be kept in the leased vehicle at all times.

An exclusive use clause, setting forth that the leased vehicle(s) will be for the lessee's exclusive use must specify all others having use of the vehicle and the nature of said use.

The lease must indicate any subleasing arrangement, if applicable.

The lease will remain valid throughout its term unless cancelled in the method described in the body of the least regardless of other circumstances concerning the vehicle including but not limited to sale of the vehicle by the lessor or casualty loss of the vehicle.

1. The duty of parties to notify the Commission Bus Unit within five (5) days of the cancellation and/or amendment of a lease.
2. The duty of parties to return omnibus plates to the State of New Jersey.
3. The duty of parties to present vehicle to the Commission Bus Unit for removal of inspection sticker and return "Certificate of Inspection" form.

LESSEE: _____

Date: _____

LESSOR: _____

Date: _____

Lease Data Form

Operator/Lessee Name: _____

Owner/Lessor Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Lease Term – Effective Date: _____

Expiration Date: _____

Federal Authority USDOT or MC Number: _____

NJMVC CPCN Authority Number: _____

Date: _____ Signature: _____ Title: _____ Company: _____

	Fleet #	Vehicle Year	Make	Model	VIN #	Pass Capacity	NJMVC #
1.							
2.							
3.							
4.							
5.							

- Maximum of five (5) vehicles per lease at one time, and only where parties are the same
- Make sure that all vehicles are added to operators' insurance and the "E" AND "F" insurance forms are filed
- This form must be completed and attached to related lease
- File with: NJMVC Office of Regulatory Affairs, "Lease Filing Unit" PO Box 680, Trenton, NJ 08666-0680
- Please include a filing fee of \$25.00, in check or money order payable to NJMVC

OFFICE USE ONLY:

Lease Number: _____ Operator Code: _____