



New Jersey Motor Vehicle Commission

P.O. Box 680
Trenton, New Jersey 08666

STATE OF NEW JERSEY

Phone: (609) 777-4186

Fax: (609) 633-9369

E-mail: CBIU@mvc.nj.gov

Application for Commercial Bus Operation

The information requested below is required to assist you in obtaining proper authority to operate a commercial bus in the State of New Jersey. This information is required if you are starting a new company or adding a bus to an already existing company.

Please complete the following steps and return all required information to:

NJMVC CBIU
PO Box 680
Trenton, NJ 08666-680

Overnight Address

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

New Company

1. Complete and return Page 2 – Company Information
2. Submit a copy of Insurance Card(s) for all vehicles listed
3. Submit a copy of vehicle title(s) or receipt(s) for all vehicles listed
4. Submit a copy of your Authority Letter from the State of New Jersey or your Certificate letter of MC# from USDOT or both.
5. **Important** – Your Insurance Company must file “E” and “F” forms with the NJMVC Bus Unit Office. The forms are two separate forms that must be e-mailed direct from the insurance underwriter. **A Fax will not be accepted.**

Adding a bus to an already existing company

1. Complete and return Page 2 – Company Information
2. Submit a copy of Insurance Card(s) for new vehicle(s)
3. Submit a copy of vehicle title(s) or receipts(s) for all vehicles

NJMVC AUTHORITY a new company that needs NJ Authority please contact the NJMVC Bus Unit at (609) 777-4186

USDOT AUTHORITY (Federal Motor Carrier) a new company that needs to apply for Federal Motor Carrier USDOT numbers please call 1-800-832-5660 or visit their website at <http://www.fmvs.dot.gov/registration-licensing/registration>

Company Information

Date _____

Company Name _____

Address _____

City, ZIP _____

Contact _____

Phone _____

Fax _____

Email _____

USDOT # _____

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 have a lift or pit)

Garage Name _____

MVC Inspector's name: _____ (MVC will assign inspector for new company)

Street Address and City _____

Shop contact name _____

Phone number _____