

PRC Warrant Instructions:

Complete all attached pages.

Make sure we have your NM CRS #

If more than 3 employees we must have proof of Workmen's comp.

Complete list of drivers and copies of drivers license and medical cards

Copies of truck inspections, inspector must sign the attached forms

Equipment list including vin#, make, model, and plate #

The completed originals must be mailed back to us. We cannot accept copies of these forms.

Towing? type of storage facility?

**I certify that this application is COMPLETE. I understand that if my application is INCOMPLETE, my application will be returned to me and I will have twenty (20) days to cure the deficiencies. I also understand that all fees paid will be forfeited to the state.**

**I further certify that I am authorized to make this application and affirm that the facts, statements and representations contained in this application and its attachments are true and correct to the best of my knowledge. I know that willful misstatements or omissions of material facts constitute administrative and criminal violations punishable by imprisonment and fines.**

**I hereby swear and affirm that I have read the Motor Carrier Act, NMSA 1978 §§ 65-2A-1, et seq., and the Commission's Motor Carrier Rules, and I have a working knowledge of the contents therein, and will operate any authority permitted by the Commission in compliance with the Motor Carrier Act and the Commission's Rules.**

**I understand that if I am a towing service performing nonconsensual tows, I shall not use the same motor vehicles, equipment and facilities used by another warranted towing service performing nonconsensual tows. (Motor Carrier Act §§ 65-2A-12 B).**

**I further understand that if I am a towing service performing nonconsensual tows or repossession service, I must maintain at least a Type 1 storage facility and must have a person working at the storage facility during normal business hours. (New Mexico Public Regulation Commission Motor Carrier Rule. 18.3.12.23)**

**Signed: \_\_\_\_\_ Title (If Any): \_\_\_\_\_**

**Date: \_\_\_\_\_**

**STATE OF \_\_\_\_\_**

**COUNTY OF \_\_\_\_\_**

**The person listed above personally appeared before the undersigned Notary Public in & for said County, in said State, who, being by me first duly sworn, says that he/she is authorized to make this application and that the facts, statements & representations contained in the application and attachments are true and correct to the best of his/her knowledge, information & belief.**

**Sworn & subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ .**

**(SEAL)**

\_\_\_\_\_

**Notary Public**

**My Commission expires:**

\_\_\_\_\_

## **ATTACHMENT #5**

### **Certification of safe driving program, drug and alcohol testing program and driver qualifications.**

**COMPANY;** \_\_\_\_\_

The above named company is committed to operating safely. Our company policy is to provide and maintain a safe working environment, including the safe operation of our vehicles, to protect our employees and the citizens of the communities where we conduct business. The company is committed to promoting a heightened level of safety awareness and responsible driving behavior in its employees. Our efforts and the commitment of our employees will prevent vehicle accidents and reduce personal injury and property loss. This program requires the full cooperation of each driver to operate their vehicle safely and to adhere to the responsibilities outlined in our Safe Driving Program.

**Our ongoing safe driving program includes:**

Ensuring compliance with federal drug and alcohol mandates.

Ensuring drivers maintain CDL licensure as necessary.

Reviewing driver's log and time sheets.

Watching safety videos.

Holding regular in-house employee safety meetings.

Attending professional safety seminar classes.

Documenting driver violations and taking appropriate actions.

Regularly obtaining updated copies of the federal motor carrier safety regulations.

Prospective employees are screened to ensure appropriate licensure and other qualifications for our operation. Pre-employment driving tests are given to ensure the capability to operate our equipment. Prospective drivers also attend an orientation session to address the requirements of the company regarding safety procedures, drug and alcohol testing requirements and company policies.

I certify the company's drug and alcohol testing program meets the requirements of 49 CFR Parts 40 and 382.

I certify the company's drivers meet the driver qualifications of 18.3.4 NMAC, safety requirements, and the company will maintain driver's qualification files on each driver.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

## **ATTACHMENT # 6**

### **Preventive Maintenance Program**

I certify that all equipment operated by my company is inspected daily in accordance with 49 CFR Part 396 (see attached Driver's Vehicle Inspection Report).

Annual Inspections are performed in accordance with 49 CFR Part 396.

I certify that all periodic general equipment and brake inspections are carried out by personnel that meet the qualification specifications of 49 CFR Part 396.19 and 49 CFR Part 396.25.

I certify all equipments meet the safety standards as mandated by 49 CFR Part 396.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

# INSPECTOR QUALIFICATIONS

Certification — 49 CFR — Part 396.19

Motor carriers are responsible for ensuring that individual(s) performing an annual inspection under 396.19 are qualified as follows:

- Understands the inspection criteria set forth in Part 393 and Appendix G and can identify defective components
- Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection
- Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):
  - I.  Successfully completed a State or Federal training program or has certificate from a State or Canadian Province which qualifies the person to perform commercial vehicle safety inspections. Specify:  
  
\_\_\_\_\_

or

- II.  Have a combination of training or experience totaling at least one year as follows (check all that apply):
  - A.  Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance. Where and Date:  
  
\_\_\_\_\_
  - B.  \_\_\_\_ (years) experience as a mechanic or inspector in a motor carrier maintenance program. Name and Date:  
  
\_\_\_\_\_
  - C.  \_\_\_\_ (years) experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility. Name of Facility and Dates:  
  
\_\_\_\_\_
  - D.  \_\_\_\_ (years) experience as a commercial vehicle inspector for a State, Provincial, or Federal Government. Where and Dates:  
  
\_\_\_\_\_

I certify the above information is true and accurate to the best of my knowledge.

Employee \_\_\_\_\_  
Signature of Mechanic/Inspector Date

Motor Carrier/Company \_\_\_\_\_  
Signature of Employer/Supervisor Date

Evidence of Inspector Qualifications are on file at:  
  
\_\_\_\_\_

# BRAKE INSPECTOR QUALIFICATIONS

Certification — 49 CFR — Part 396.25

“Brake Inspector” means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier’s control, meet the applicable Federal standards.

No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service or repairs of any brakes on its commercial motor vehicles.

## Minimum Qualifications

- Understands and can perform brake service and inspection
- Is knowledgeable of and has mastered the methods, procedures, tools and equipment necessary to perform brake service and inspection
- Is capable of performing brake service or inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):
  - I.  Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, a Federal agency or labor union, or has a certificate from a State or Canadian Province which qualifies the person to perform brake service or inspections.  
Specify:  

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or

- II.  Has brake-related training or experience or a combination thereof totaling at least one year as follows (check all that apply):
  - A.  Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program. Where and Date:  

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  - B.  \_\_\_\_ (years) experience performing brake maintenance or inspection in a motor carrier maintenance program. Name and Date:  

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  - C.  \_\_\_\_ (years) experience performing brake maintenance or inspection at a commercial garage, fleet leasing company, or similar facility. Name of Facility and Dates:  

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I certify the above information is true and accurate to the best of my knowledge.

Employee \_\_\_\_\_  
Signature of Mechanic/Inspector Date

Motor Carrier/Company \_\_\_\_\_  
Signature of Employer/Supervisor Date

Evidence of Inspector Qualifications are on file at:

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