



# Passenger Vehicle Requirements

Information about motor carrier safety regulated by the Public Utilities Commission of Ohio and the Ohio State Highway Patrol

# PUCO's role in transportation

- Commercial transportation companies in Ohio are public utilities under the jurisdiction of the PUCO.
- PUCO regulates providers of many kinds of commercial transportation services, including interstate and intrastate motor carriers, railroads, moving companies, and towing.
- The PUCO registers motor carriers and ensures they adhere to state and federal safety standards.
- Roadside inspections (CFR Title 49 and PUCO safety rules), safety audits, compliance reviews, and hazmat incidents.
- Educational speaking engagements.



# Two types of regulation

- **Economic** - operating authority and insurance
- **Safety**- vehicle and driver qualifications

# What are the economic requirements and who must comply with them?


- The Public Utilities Commission of Ohio requires *all for-hire passenger carriers, regardless of the size of the vehicle or passenger capacity*, to maintain certain levels of liability insurance and obtain a Certificate of Public Convenience and Necessity (CPCN/PUCO number). CPCN commonly referred to as intrastate operating authority.
- This does not include ambulances or taxis.




For example, a 5-passenger mini-van transporting passengers for-hire would require CPCN and insurance.

# Tips for For-Hire Status

A not-for-profit organization can be a for hire passenger carrier if the organization receives compensation.



For-hire does not require the transportation to be available to the public.



If a trip includes both private passengers and passengers providing compensation, it is a for-hire trip.

# Who must comply with safety regulations in Ohio?



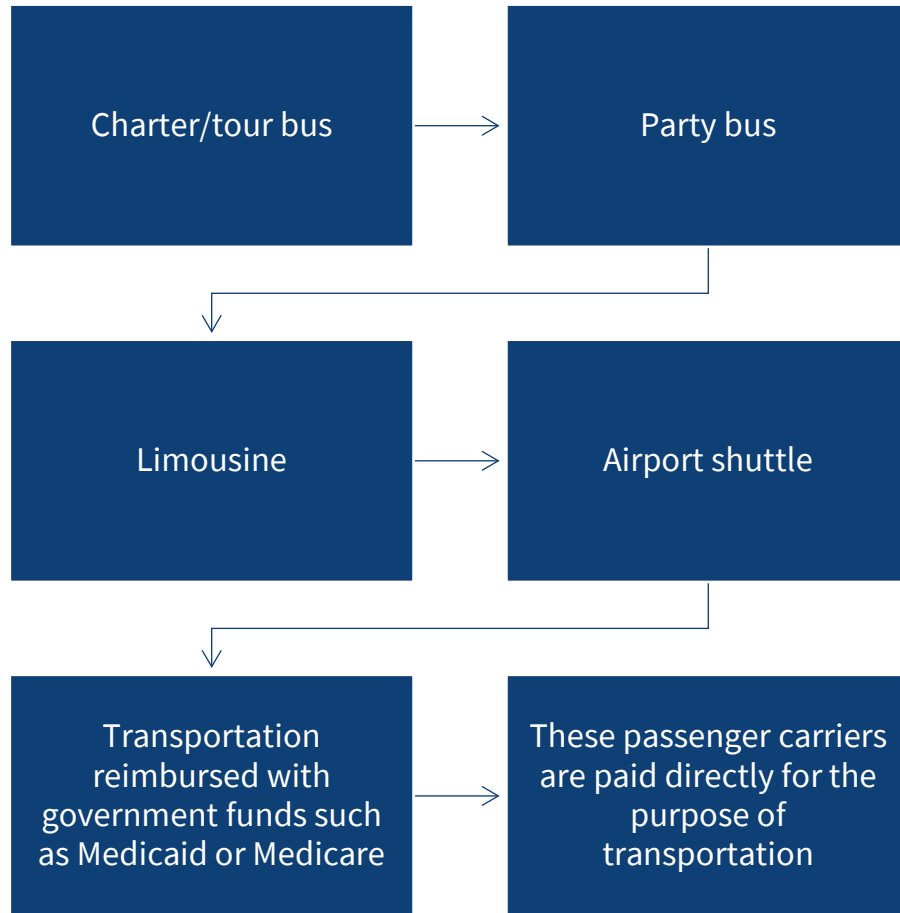
Directly compensated for-hire carriers operating vehicles that transport more than 8 passengers including the driver regardless of GVWR.

Indirectly compensated for-hire carriers transporting 9 to 15 passengers, including the driver (limited requirements)

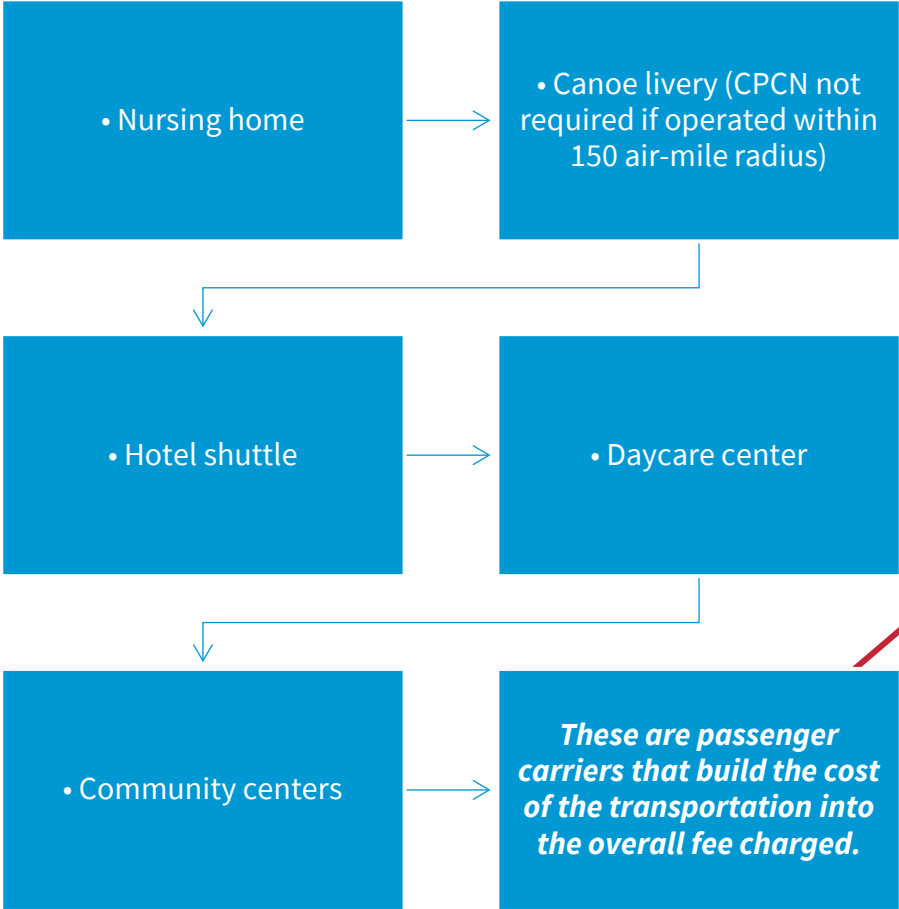
Directly or indirectly compensated for-hire carriers operating vehicles with a gross vehicle weight rating of 10,001 pounds or more regardless of passenger capacity

Private passenger carriers operating vehicles that require the driver to possess a CDL

# What passenger carriers are considered directly compensated? (all regulations apply)



# Which passenger carriers are considered indirectly compensated?



# Requirements for indirectly compensated passenger carriers. (limited requirements)

- Obtain a PUCO CPCN
- Display their company name and PUCO number on their vehicles
- Drivers cannot text while driving
- Drivers cannot use a hand-held mobile device while driving

Nursing home

Canoe livery (CPCN not required if operated within 150 air-mile radius)

Hotel shuttle

Daycare center

Community centers

# What are some examples of private passenger carriers?

- Businesses transporting their employees
- Churches
- Scouting organizations



# Special circumstances and exemptions for vehicles operated by government agencies



Government agencies



Educational related transportation to and from school (school pupil transportation)

# How do I file for a CPCN? (intrastate authority)

- Apply for an intrastate USDOT number from the Federal Motor Carrier Safety Administration.
- Submit an intrastate registration application with the PUCO for a Certificate of Public Convenience and Necessity (CPCN) by using our PUCO online registration system .
- During the registration process, you will receive notice after your application is approved to have your insurance company file your proof of insurance with the PUCO. Once these steps are complete and you have paid your registration fee, you will receive a CPCN which you will need to renew annually.
- The renewal period for intrastate applications is from May 1-June 30.
- Finally, you will need to keep the company and insurance information you have on file with the PUCO current throughout the duration of your business.
- Cost of CPCN depends on type of vehicle and number of vehicles, fees shown are per vehicle.



- <https://www.fmcsa.dot.gov/registration>
- <https://puco.ohio.gov/transportation/trucking/resources/mcr-user-guide-CPCN-intrastate-registration-application>

Vehicles in Service on:	Prorated Quarterly Fee			
	Jul 1 (full Year)	Oct 1 (3/4 year)	Jan 1 (1/2 year)	Apr 1 (1/4 year)
1. Each Tractor or Truck pulling a trailer.	\$30.00	\$22.50	\$15.00	\$7.50
2. Each Tow Truck (including rollback with a tow bar)	\$30.00	\$22.50	\$15.00	\$7.50
3. Each Passenger Vehicle (Any sized vehicle used to transport passengers.)	\$30.00	\$22.50	\$15.00	\$7.50
4. Each Straight Truck, Van or Car transporting cargo only.	\$20.00	\$15.00	\$10.00	\$5.00

# Insurance requirements for passenger carriers



Any passenger vehicle with seating capacity of 15 or less including the driver must have at least \$1,500,000 on file.

Any passenger vehicle with seating capacity of 16 or more including the driver must have at least \$5,000,000 on file.

## I am required to comply with safety regulations, what now?



- **Driver qualification files** - ensuring your driver is properly qualified to drive a CMV.
- **Hours of service** - recording your driver's "on-duty" time.
- **Vehicle maintenance** - ensuring your CMV is inspected and record of any maintenance.

# Driver Qualification File Requirements

- Additional items to be completed every 12 months - record of violations, annual review, annual driving record (MVR) . If operating CDL required vehicles, drug and alcohol testing applies.



## Driver file requirements



Proper “DOT” application for every driver.



Driving record for each driver (MVR) within 30 days of hire. Via Ohio BMV online or in person at BMV location.



Road test for every driver



Copy of Medical examiners certificate (MEC)

# Specific “DOT” application requirements

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in 49 CFR 391.21.

**DRIVER EMPLOYMENT APPLICATION**  
(COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL)  
 An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

**APPLICANT INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME
PHONE	EMAIL	
DATE OF BIRTH	SOCIAL SECURITY #	
DATE OF APPLICATION	POSITION APPLIED FOR	DATE AVAILABLE FOR WORK

Do you have legal right to work in the United States?  YES  NO

**PREVIOUS THREE YEARS RESIDENCY**  
Attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
PREVIOUS					
PREVIOUS					
PREVIOUS					

**LICENSE INFORMATION**  
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years, attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

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**ACCIDENT RECORD FOR THE PAST 3 YEARS**  
Attach additional sheet if more space is needed. Check this box if none

DATES (last month received first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**  
Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO  
 If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO  
 If yes, explain

**EMPLOYMENT HISTORY**  
 The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip, and complete all other information.

**CURRENT (MOST RECENT) EMPLOYER**

NAME	PHONE
ADDRESS	
POSITION HELD	FROM MONTH TO MONTH SALARY
REASON FOR LEAVING	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)	

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While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO  
 Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

NAME	PHONE
ADDRESS	
POSITION HELD	FROM MONTH TO MONTH SALARY
REASON FOR LEAVING	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO  
 Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**THIRD (MOST RECENT) EMPLOYER**

NAME	PHONE
ADDRESS	
POSITION HELD	FROM MONTH TO MONTH SALARY
REASON FOR LEAVING	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO  
 Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N	DETAILS
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	
College				<input type="checkbox"/> Y <input type="checkbox"/> N	
Other				<input type="checkbox"/> Y <input type="checkbox"/> N	

**OTHER QUALIFICATIONS**  
 Please list any other qualifications that you have and which you believe should be considered.

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**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Name (printed) \_\_\_\_\_

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Name of motor carrier, applicants name, address, DOB, SS number, 3 previous years of residences, date submitted, drivers license info, extent and nature of CMV experience, 3 previous years of auto accidents, list of vehicle violations, statement of any license suspensions, 3 previous years of employment (10 years total if previous CMV experience), and signed by applicant.

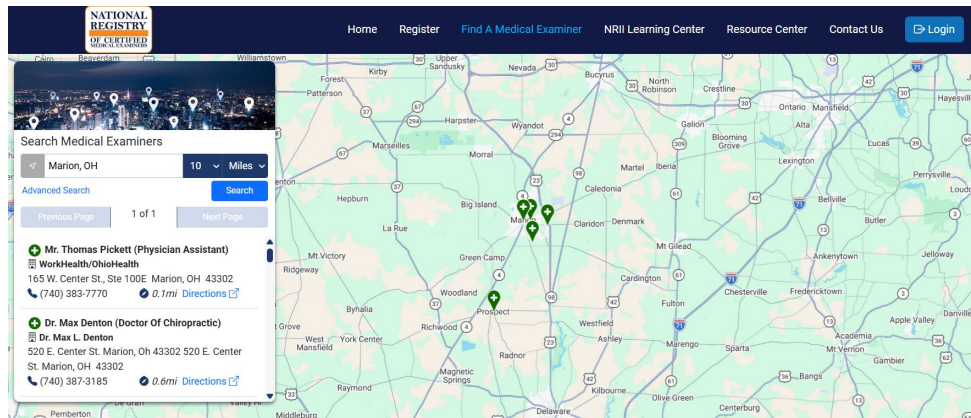
# Medical Examiners Certificate

An approved provider will examine your driver and provide your driver with an MEC, certifying the driver as “medically qualified”

These certificates vary in time frames depending on any medical conditions the driver may have

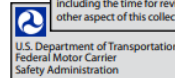
Maximum length of an MEC is 2 years

Lists of examiners in your area can be found on the FMCSA National Registry



**Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Medical Programs Division, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
  - Wearing corrective lenses
  - Accompanied by a \_\_\_\_\_ waiver/exemption
  - Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
  - Wearing hearing aid
  - Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**

**Medical Examiner's Signature**

**Medical Examiner's Telephone Number**

**Date Certificate Signed**

**Medical Examiner's Name** (please print or type)

MD  Physician Assistant  Advanced Practice Nurse

DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

**Medical Examiner's State License, Certificate, or Registration Number**

**Issuing State**

**National Registry Number**

**Driver's Signature**

**Driver's License Number**

**Issuing State/Province**

**Driver's Address**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **CLP/CDL Applicant/Holder**

Yes  No

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

# Road Test

- Given by carrier or person designated who is competent to evaluate that driver is capable of operating the CMV and associated equipment
- Pre-trip
- Operation (in traffic-turning, braking, slowing, backing)
- Sufficient duration to evaluate skills of driver
- Once completed carrier shall retain copy in driver's qualification file

This form is an example only. Certificates may look different, but should contain similar information.

## CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. ([49 CFR 391.31\(e\)\(f\)\(g\)](#))

Driver's Name \_\_\_\_\_  
Type of Power Unit \_\_\_\_\_  
Type of Trailer(s) \_\_\_\_\_  
If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

EXAMINER FIRST & LAST NAME

SIGNATURE OF EXAMINER

DATE

BUSINESS NAME AND ADDRESS OF ORGANIZATION

# Hours of Service- Time cards

- Must include driver's name and date
- Start and end time to include total hours for each day worked.
- Required to be kept on file for at least 6 months

## DRIVER'S TIME RECORD

Driver's Name (print) \_\_\_\_\_ Employee No. \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVER'S DAILY LOG" IF THE FOLLOWING APPLIES:

- Operates within 150 air-mile radius of normal work reporting location
- Returns to the work reporting location and is released from work within 14 consecutive hours
- Is operating a (1) Property-carrying CMV and has at least 10 consecutive hours off duty separating each 14 hours on duty **OR** (2) Passenger-carrying CMV and has at least 8 consecutive hours off duty separating each 14 hours on duty"

## INTERMITTENT DRIVERS

Shall complete this form for 7 days preceding any day driving is performed. This includes the preceding month.

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

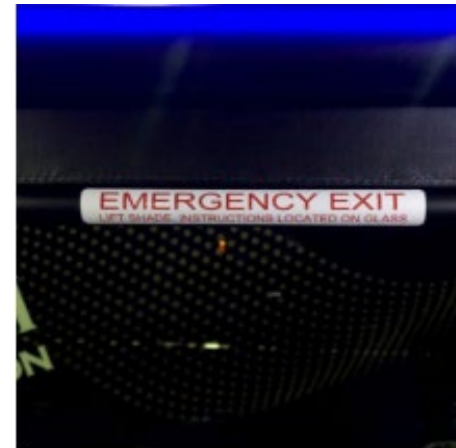


# Vehicle Maintenance cont.

- Passenger carriers are also required to keep record of emergency exit inspection, which must be completed every 90 days to ensure proper working order.
- Exit must be clearly marked and unobstructed.



Exit obstructed by wooden plantation shutters.



# Pre-trip inspections of CMV



- Service brakes.
- Parking (hand) brake.
- Steering mechanism.
- Lighting devices and reflectors.
- Tires.
- Horn.
- Windshield wiper or wipers.
- Rear-vision mirror or mirrors.
- Wheels and rims.
- Emergency equipment

# Driver's Vehicle Inspection Report

Check ANY Defective Item and Give Details under "Remarks."

## Driver's Vehicle Inspection Report

Checks should be completed daily and required to be completed at the end of each day, DVIR to be completed if defect found on CMV.

DATE: \_\_\_\_\_

TRUCK/TRACTOR NO. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Compressor    | <input type="checkbox"/> Horn              | <input type="checkbox"/> Springs           |
| <input type="checkbox"/> Air Lines         | <input type="checkbox"/> Lights            | <input type="checkbox"/> Starter           |
| <input type="checkbox"/> Battery           | Head – Stop                                | <input type="checkbox"/> Steering          |
| <input type="checkbox"/> Brake Accessories | Tail – Dash                                | <input type="checkbox"/> Tachograph        |
| <input type="checkbox"/> Brakes            | Turn Indicators                            | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Carburetor        | <input type="checkbox"/> Mirrors           | <input type="checkbox"/> Transmission      |
| <input type="checkbox"/> Clutch            | <input type="checkbox"/> Muffler           | <input type="checkbox"/> Wheels            |
| <input type="checkbox"/> Defroster         | <input type="checkbox"/> Oil Pressure      | <input type="checkbox"/> Windows           |
| <input type="checkbox"/> Drive Line        | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine            | <input type="checkbox"/> Radiator          | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Fifth Wheel       | <input type="checkbox"/> Rear End          |  |
| <input type="checkbox"/> Front Axle        | <input type="checkbox"/> Reflectors        |  |
| <input type="checkbox"/> Fuel Tanks        | <input type="checkbox"/> Safety Equipment  |  |
| <input type="checkbox"/> Heater            | Fire Extinguisher                          |  |
|  | Flags – Flares – Fuses                     |  |
|  | Spare Bulbs & Fuses                        |  |
|  | Spare Seal Beam                            |  |

TRAILER(S) NO (S). \_\_\_\_\_

- |  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Brake Connections   | <input type="checkbox"/> Hitch        | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires     |
| <input type="checkbox"/> Coupling Chains     | <input type="checkbox"/> Lights – All | <input type="checkbox"/> Wheels    |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof         | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Springs      |                                    |

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of the above vehicle is satisfactory

Driver's Signature \_\_\_\_\_

Above Defects Corrected

Above Defects Need NOT Be Corrected For Safe Operation Of Vehicle

Mechanic's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

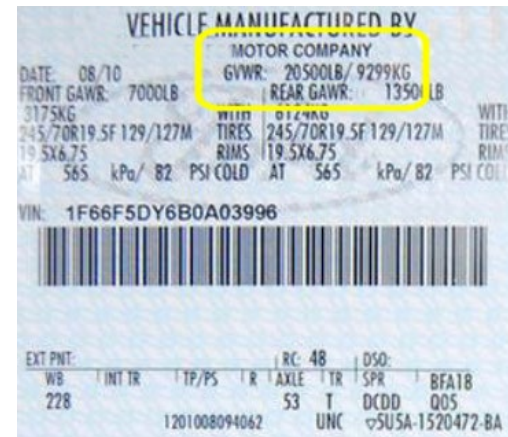
# Ohio Bus Inspection Program



Vehicle was originally designed by the manufacturer to transport more than fifteen passengers, including the driver

Either the gross vehicle weight rating or the gross vehicle weight exceeds 10,001 pounds

Passenger carriers that operate the following vehicles are required to schedule an appointment and have their vehicle(s) inspected yearly in order to obtain a vehicle registration.



## Ohio Bus Inspection Program



### REQUIRED DOCUMENTS

1. Original prepaid inspection receipt from the Ohio BMV (Bureau of Motor Vehicles)
2. State issued I.D. or Passport (If driving the vehicle, a valid drivers' license is required)
3. Ohio title with the current owner name on the front
4. All of the Original Receipts for any parts that were replaced on the vehicle
5. Used Part Receipts must provide the *Donor Vehicle's VIN*
6. Receipts from a casual sale by an individual or business that is not a licensed parts dealer must



<https://services.dps.ohio.gov/VehicleInspection>

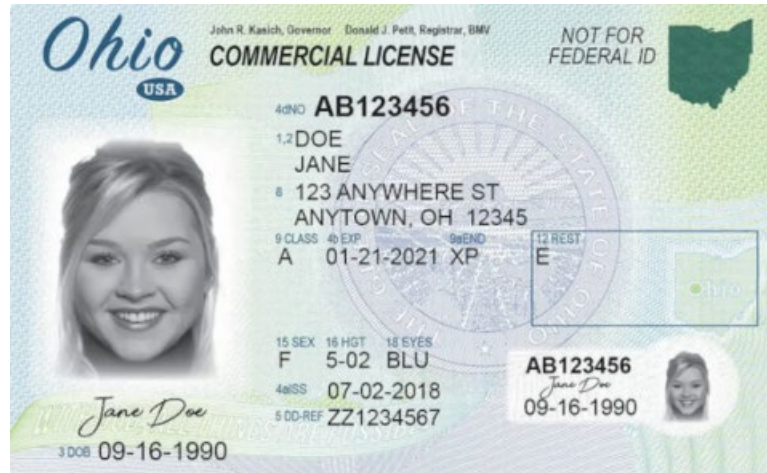
# Ohio Bus Inspection Program



- Carriers are required to keep vehicles in safe operating condition. The following items will be inspected during an OSHP mandatory bus inspection. If vehicle does not meet regulations, it may be placed out of service until repaired.

Lighting Requirements  
Requirements for electrical systems  
Requirements for braking systems  
Requirements for steering systems  
Requirements for suspension systems  
Requirements for tires  
Requirements for wheels  
Requirements for frames  
Requirements for cab and body components  
Requirements for exhaust systems  
Requirements for fuel systems  
Requirements for rear-impact guard(s)  
Requirements for window glass, window construction and glazing  
Requirements for windshield wipers and washing systems  
Requirements for heaters  
Requirements for defrosting devices  
Requirements for rear-vision mirrors  
Requirements for horns  
Requirements for speedometers  
Requirements for floors  
Requirements for driveshaft protection  
Requirements for standee line or bar  
Requirements for seats  
Requirements for driver's seat  
Requirements for television receivers  
Requirements for emergency equipment  
Marking of buses  
Insurance Requirements

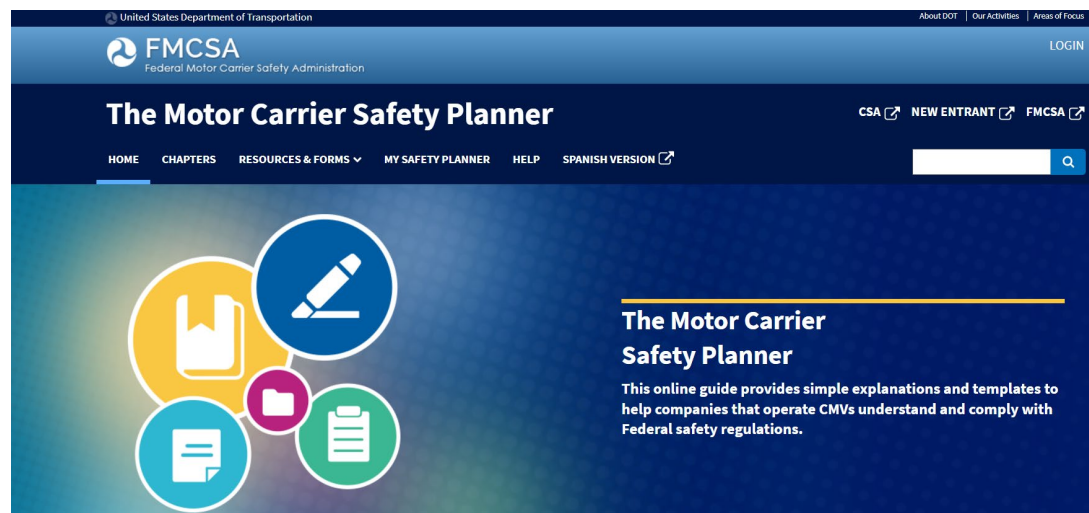
# Who needs a CDL?



- Any vehicle (GVWR or actual) 26,001 pounds or more (class B) or combination with trailer over 10,001 GVWR. (class A CDL)
- Any vehicle designed to transport 16 or more passengers (at least a class C CDL if under 26,001/class B CDL if over) also must have a passenger endorsement ).

# FMCSA Safety Planner

- Online guide that provides simple explanations and templates to help companies that operate CMVs understand and comply with safety regulations.



<https://csa.fmcsa.dot.gov/safetyplanner/>



# Questions?

## Contact the PUCO

**PUCO Transportation Department**  
(800) 686-8277  
MCRegistration@puco.ohio.gov

**PUCO Call Center**  
(800) 686-PUCO (7826)  
7-1-1 (TDD/TTY)

[www.PUCO.ohio.gov](http://www.PUCO.ohio.gov)

## Contact Other Transportation Agencies

**Federal Motor Carrier  
Safety Administration**  
(800) 832-5660  
[www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)

**Ohio State Highway Patrol**  
(614) 466-2660  
[www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov)

## Public Utilities Commission of Ohio

### Motor Carrier Registration

