

**VEHICLE IDENTIFICATION CARD (VIC) REQUIREMENTS AND
RESPONSIBILITIES FOR MOTOR CARRIERS**

- A. Type or print LEGIBLY through all three (3) copies of the VIC.
- B. Except for number 19, do not leave any spaces blank.
- C. The VIC must be validated by the Motor Vehicle Safety Office (MVSO) BEFORE the motor carrier (M/C) is allowed to use it (to obtain DOT safety checks, etc). To obtain this validation, the completed VIC must be turned in to the MVSO, intact. The validated yellow and pink copies will be returned to the M/C. The MVSO is located on Oahu at **98-339 Ponošana Place, Aiea, Hawaii 96701.**
- D. Any change of information on the VIC after validation will require a new VIC to be completed indicating the change. Unreported changes will be considered a violation.
- E. To report a vehicle being withdrawn from service by the M/C, the back of the yellow and pink VIC copies (vehicle disposal statement) must be completed and turned in to the MVSO.
- F. For assistance, call your island officer: **Hilo (808-933-8865), Kona (808-325-3607), Maui (808-873-3093), Kauai call Oahu (808-692-7661). For VIC on Oahu (808-692-7654).**
- G. The yellow validated copy of the VIC must be carried on the vehicle it represents or the accompanying powered unit if it is being towed. Only original validated copies of the VIC will be accepted. Authority: Hawaii Revised Statutes 286-204.5.
- H. Any questions regarding the Public Utilities Commission (PUC), please call **808-586-2020.**
- I. Any questions regarding the US DOT Number or FMCSA, please call **808-541-2790.**

PURCHASE REGULATIONS BOOK

Hawaii Transportation Association
2850 Paa Street, room 204
Honolulu, Hawaii 96819
Phone: (808) 833-6628

VEHICLE IDENTIFICATION CARD (VIC) COMPLETION

INSTRUCTIONS

- 1) Motor Carrier (M/C) Name: M/C's legal name followed by any Doing Business As (DBA), if applicable. However, any M/C operating while licensed by the Public Utilities Commission (PUC) must represent itself in the same manner as it appears on their PUC certificate. Likewise, a M/C possessing a US DOT # must maintain the same name as registered on the US DOT registration. If any conflicting information exists, consultation with a Motor Carrier Safety Officer is necessary.
- 2-3) Street Address: The M/C's office or place of business, located within the state, where the driver qualification and/or vehicle maintenance files are kept. Physical address is required. Do not use P.O. Box.
- 4) Mailing Address: P.O. Box, City, State, Zip, or other address, you want your mail sent to. If same as street address, use "same as above".
- 5) Year:
 - a) Use registration year for all powered units. (Required)
 - b) Use year found on manufacturer's certification plate for non-powered units.
- 6) Make: The vehicle manufacturer who made the cab and chassis. Most M/C vehicles are built by two or more makers and usually cab-chassis construction is the first stage.
- 7) Vehicle Identification Number (VIN): Obtain this number from the cab-chassis manufacturer's certification plate or label located on the driver's side of the vehicle.
- 8) Unit Number: A vehicle identifying reference number is recommended.
 - a) Refer to the same number listed with the PUC, if the vehicle is being operated under its authority.
 - b) If the vehicle is NOT operated under PUC authority, use a number suitable to the M/C's needs.
 - c) Do not repeat any # or alphabets chosen for each vehicle. (Cannot use "0", "none" or "N/A".)
- 9) Vehicle License Number: The license plate number currently assigned to the vehicle.
- 10) Registration Weight (TARE): The weight provided on the vehicle's registration form is considered the vehicle's unladen weight or TARE weight.
- 11) Manufacturer's Gross Vehicle Weight Rating (GVWR): Refer only to the rating specified by the final stage manufacturer on the certification label or plate located on the driver's side of the vehicle. (Note: Cannot be the same or lower than the TARE weight. If this condition exists, you must come in to consult with a Motor Carrier Safety Officer).

- 12) Seating Capacity (Include Driver): Numbers of seats, including the driver's seat, installed by the manufacturer and physically counted.
- 13-14) Vehicle Type: Circle Property or Passenger to indicate the primary cargo intended to be transported by the vehicle. Then circle ALL applicable descriptions listed under the selection. (Note: Cannot circle description under both property & passenger). Any characteristic not on the list, should be reported on the line next to "Other" (Note: MSTR, MSTL is not a body type). If Property is circled, #1 and #2 must be answered and #3 if vehicle type is trailer.
- 15) Number of Axles: Total number of axles found on the vehicle. (Count all axles including steering axle).
- 16) Hazmat Vehicle: Check either Yes or No to indicate whether or not vehicle is used to transport any (Hazardous Material).
- 17) Date in Service: The date the M/C named on the VIC places the vehicle in service (not the date first sold). Should have the month, day and year.
- 18) Vehicle Location: Check the island on which the vehicle is located and operated.
- 19) Carrier Number: Leave Blank.
- 20) New: To be check marked if a vehicle is being added to the M/C's fleet regardless of the vehicle's age.

Change: To be check marked if information on an existing VIC changes or is in error and a correction is being submitted. BUT, BEFORE reporting any changes concerning the company name or ownership of the company, please consult with a Motor Carrier Safety Officer for instructions.

Replace: To be check marked only when a replacement is needed for a lost, misplaced or deteriorated VIC.

- 21) PUC License Number:
- a) When the vehicle is being operated under the authority of a PUC license, provide the number assigned by the PUC. (Note: If you are a new PUC carrier, you will need to provide a copy of the letter of authorization from PUC showing your PUC number).
 - b) When the M/C has a PUC license but the vehicle will not be operated under PUC, write your PUC number with N/A next to the number. For example: 234-C (N/A).
 - c) Use "None" if the M/C has no PUC license.
- 22) US DOT Number: Provide the number assigned to the M/C by the Federal Motor Carrier Safety Administration (FMCSA) to identify carriers involved in interstate commerce, and/or carrying placarded amounts of hazardous materials. Use "None" if the M/C is not assigned a number.

- 23) Telephone Number: M/C's telephone number.
- 24-26) Registered Owner: Name and address of the registered owner EXACTLY as shown on the registration form. (Do not use Lien Holder).
- 27) Signature: Signature of an officer of the company or of the highest ranking individual located in the State of Hawaii. (Example: A position of responsibility or some degree of executive authority).
- 28) Print Name: Type or print the name of the signing official.
- 29) Print Title: Type or print the title of the signing official.
- 30) Date: The date the signer signed the VIC.

NOTE: ANY OMISSION ON ANY LINE WILL INVALIDATE THE VIC. NO WHITEOUTS WILL BE ACCEPTED. ALSO, NO ALTERATION ON THE CARD AFTER VALIDATION.

SAMPLE

RETURN ALL COPIES TO DEPT. OF TRANSPORTATION
MOTOR VEHICLE SAFETY OFFICE
98-339 POMOHANA PLACE
AIEA, HAWAII 96701

MOTOR CARRIER VEHICLE IDENTIFICATION CARD

(print or type, use ONLY black ink)

(FOR OFFICE USE ONLY) FORM MC-2 107/18

COMPANY LEGAL NAME **1**

DBA (if applicable) _____

(physical address) STREET ADDRESS **2**

CITY/STATE/ZIP CODE **3**

MAILING ADDRESS **4**

YEAR **5** MAKE **6** VEHICLE ID NO. **7**

VEHICLE LICENSE NO. **9** REGISTRATION WEIGHT (TARE) **10** MANUFACTURER GROSS WT RATING **11**

CARRIER NUMBER **19**

NEW _____ CHANGE _____ REPLACE **20**

PUC LICENSE NO **21**

U.S. DOT NO. **22**

TELEPHONE NO. **23**

UNIT NO. **8**

SEATING CAPACITY (INCL UDE DRIVER) **12**

NO. OF AXLES **15** YES _____ NO _____

HAZMAT VEHICLE **16**

DATE IN SERVICE (mm/dd/yyyy) **17**

13 VEHICLE TYPE PROPERTY (Circle all that apply) PASSENGER (Circle all that apply)

1) TRACTOR or TRUCK or TRAILER 1) BUS: VAN or MINI (GVWR>10,000 lbs) or COACH (GVWR>26,000 lbs) 2) AUTO: LIMO or SEDAN

2) BODY BOX FLATBED BOOM DUMP VAN MIXER TANK(>119 GAL)

OTHER: _____

14 3) TRAILER TYPE: FULL or SEMI 4) OTHER _____

VEHICLE LOCATION: OAHU _____ KAUAI _____ HAWAII _____ MAUI _____ LANAI _____ MOLOKAI _____

REGISTERED OWNER **24**

ADDRESS **25**

CITY/STATE **26** ZIP _____

EXACTLY AS SHOWN ON REGISTRATION

DECLARATION OF KNOWLEDGE

IN COMPLIANCE WITH HAWAII REVISED STATUTES, CHAPTER 286, CFR 49, FEDERAL MOTOR CARRIER SAFETY REGULATION, I HEREBY CERTIFY KNOWLEDGE OF APPLICABLE FEDERAL AND STATE MOTOR CARRIER SAFETY RULES, REGULATION, STANDARDS, AND ORDERS, AND DECLARE THAT ALL OPERATIONS WILL BE CONDUCTED IN COMPLIANCE WITH SUCH REGULATIONS.

SIGNATURE **27**

PRINT NAME **28** (OFFICER OF COMPANY)

PRINT TITLE **29** DATE **30**

STATE DEPT. OF TRANSPORTATION - MOTOR VEHICLE SAFETY OFFICE
98-339 POMOHANA PLACE - AIEA, HI 96701 - PHONE: (808) 892-7654

251601 RETURN ALL 3 COPIES FOR VALIDATION DEPT OF TRANSPORTATION
Original=DOT Yellow=keep in vehicle Pink=keep in company file