STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

APPLICATION FOR TERMINAL INSPECTION

CHP 365 (Rev. 10-12) OPI 062
Available at www.chp.ca.gov under Publications/Forms

Mail completed application to:

California Highway Patrol
Fiscal Management Section
P.O. Box 942902
Sacramento, CA 94298-0001

The CHP recommends that upon completion of this Application for Terminal Inspection, you make a copy for your records prior to mailing the original to the CHP. Please type or print clearly. ***Please read the instructions beginning on page 2 before completing this application.*** *For assistance, contact your regional CHP Motor Carrier Safety Unit (see page 4). Please do not call the CHP Fiscal Management Section.*

PART 1. MOTOR CARRIER IDENTIFICATION

California carrier identification number (CA number) CA _____ *(Application cannot be processed without this number. If none, see instructions.)*

☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☐ **Limited Liability Company (LLC)**

Legal Name: _____

Doing Business As ***(DBA name of your company)*:** _____

Business Mailing Address: _____

Driver License Number ***(Individuals only)*:** _____ State: _____

Federal Employer Identification Number (EIN) →
(Individuals: If none, leave blank - do not enter Social Security Number)
☐☐ – ☐☐☐☐☐☐☐
Digits Digits

Corporation Number issued by *California* Secretary of State →
(Corporations only)
☐ – ☐☐☐☐☐☐☐
Letter Digits

Operating Authorities and Identification Numbers of this Organization:

USDOT Number	ICC Number	PUC Cal-T Number *(Household goods carriers only)*
USDOT	☐ MC ☐ MX	Cal-T

USDOT: Issued by Federal Motor Carrier Safety Administration **Cal-T: Issued by California Public Utilities Commission**
MC, MX: Issued by former Interstate Commerce Commission or current Surface Transportation Board

PART 2. CALIFORNIA TERMINAL *(For multiple terminals, you may photocopy this page after completing Part 1, then complete only Part 2 on the copies.)*

DBA Name at this location (if legal name not used): _____

Physical Address: _____
Street Address City Zip Code

Mailing Address *(if different)*: _____
Street Address or PO Box City State Zip Code

Initial Inspection: Has this terminal ever been inspected under this CA number, as part of the BIT program previously? ☐ Yes ☐ No

Date when BIT vehicles were first operated from this terminal, under this CA number: _____

Terminal Telephone Number: (____) _____-_____ *(Best number for inspection scheduling purposes)*

CHP USE ONLY
FCN _____
County Code _____
Location Code _____
Subarea _____

Types of Operation from this Terminal:
☐ A. Truck ☐ B. Hazardous Materials ☐ D. Hazardous Waste ☐ E. Flammable Liquid Cargo Tank

Total number of vehicles Operated from this terminal: _____

Total Fleet Miles in California for most Recent Full Calendar Year: _____ . **Calendar Year:** _____
(miles) *(year)*

Terminal Emergency Contacts *(may be different from company emergency contacts identified on CHP 362, Motor Carrier Profile)*

Name: _____ Day Telephone: (____) _____-_____ Night telephone: (____) _____-_____

Name: _____ Day Telephone: (____) _____-_____ Night telephone: (____) _____-_____

If the CHP needs to clarify any of the information your organization has supplied on this application, who in your organization should be contacted by telephone for assistance?

Name *(Type or print)* _____ Day Telephone: (____) _____-_____

Date this application prepared ***(information current as of)*:** _____ / _____ / _____

DO NOT WRITE BELOW THIS LINE — FOR CHP USE ONLY

Amount	Check No.	Check Date	Batch Date	Batch Number	Cashier

The Biennial Inspection of Terminals (BIT) Program: California Vehicle Code (VC) Section 34501.12 establishes a mandatory inspection program relating to truck terminals, and assigns responsibility for conducting this inspection program to the California Highway Patrol (CHP). A "terminal," for purposes of this program, is a location from which trucks, truck-tractors, and their towed vehicles are based or operated. This program is commonly referred to as the "BIT Program," and the terminal inspections conducted by employees of the CHP are called "BIT inspections." The main difference between a BIT inspection and any other terminal inspection conducted by the CHP is that by law, BIT inspections are user-funded; that is, a direct fee is paid by the motor carrier for each inspection. This application is the required form to apply for BIT inspections.

BIT Program Fees: The fee for each terminal is identified in the following table:

Terminal fleet size	Required fee per terminal
1	$270
2	$375
3 to 8	$510
9 to 15	$615
16 to 25	$800
26 to 50	$1,040
51 to 90	$1,165
91 or more	$1,870

In addition to the fee contained in this table, the motor carrier shall submit an additional $350 for each of its terminals not previously inspected under this program.

By law, renewal applications and fees are due seven months prior to the expiration of the current inspection term. An “inspection term” is the 25-month period following assignment of a satisfactory (S) rating to the terminal. Therefore, renewal applications and fees are due 17 months after the date an “S” rating is assigned. The CHP will send one renewal notice only, to the last known address of the carrier. Whether or not a renewal notice is received by the carrier, failure to apply for a renewal inspection on time may result in assessment of a delinquent fee, a citation being issued, and/or suspension of the carrier's Motor Carrier of Property Permit issued by the Department of Motor Vehicles or operating authority issued by the Public Utilities Commission. *Reference: Section 34501.12 VC.*

Note: Initially, the fee must be submitted within 30 days of the date BIT regulated vehicles are first operated from a terminal. Failure to pay the fee within the required time-frame shall result in additional delinquent fees as follows:

- **For a delinquency period of more than 30 days, the penalty is 60 percent of the required fee.**
- **For a delinquency period of one to two years, the penalty is 80 percent of the required fee.**
- **For a delinquency period of more than two years, the penalty is 160 percent of the required fee.**

If a terminal receives an unsatisfactory rating for reasons specified in Section 34501.12(h)(2) VC, a reinspection application (CHP 365K, *Biennial Inspection of Terminals (BIT) Program Reinspection Application*) and fee will be required within 60 days of the unsatisfactory rating, and a reinspection must be conducted. This process is repeated until the terminal passes inspection by receiving a conditional or satisfactory rating. If a terminal receives a unsatisfactory rating for any reason other than those specified in Section 34501.12(h)(2) VC, one reinspection will be conducted within 120 days at no charge. If the terminal then receives a second consecutive unsatisfactory rating, the carrier shall pay an additional fee for each subsequent reinspection until the terminal rating is upgraded.

DIRECTIONS FOR COMPLETING
APPLICATION FOR TERMINAL INSPECTION, CHP 365 (Rev. 10/12)

PART 1. MOTOR CARRIER IDENTIFICATION

California Carrier Identification Number (*CA number*): This is the number assigned to your organization by the CHP. For motor carriers of property as defined in Section 34601(a) VC, this number is also used by the Department of Motor Vehicles as the number of your Motor Carrier of Property Permit. If applying for a CA number using the *CHP 362, Motor Carrier Profile*, at the same time you are completing this application for terminal inspection, leave blank. This application cannot be processed without this number. If you already have a CA number, enter it here to help expedite processing of your application. Otherwise, a number must be assigned by the CHP before processing of this application can be completed.

Individual, Partnership, Corporation, or Limited Liability Company Check Boxes: Check one only. Sole proprietorships should check “Individual” regardless of number of persons involved in ownership of the business.

Legal Name: Your personal legal name, if an individual, or company legal name if a partnership, corporation, or limited liability company. If applying for a CA number using the *CHP 362, Motor Carrier Profile*, simultaneously with this application for terminal inspection, ensure that both documents identify your organization in the same way.

Doing Business As (*DBA name of your company*): The business name used by your organization, if different from the legal name. Do not enter the name of a company to whom your company contracts.

Driver License Number (*Individuals only*): The driver license number of a motor carrier operating as an individual (sole proprietor). Include the state which issued the driver license. The application cannot be processed without this information.

Do not return this sheet with the application.

Federal Employer Identification Number (*EIN*): Enter the EIN of your company. Individuals (sole proprietors) who do not have an EIN may leave this item blank. *Do not enter a Social Security Number*. Absence of this information from public agencies or from companies operating as partnerships, corporations, or limited liability companies will prevent processing of this application.
Corporation Number: Enter the number stamped on the upper right corner of the Articles of Incorporation, or the company's foreign corporation California registration number.
Operating Authorities and Identification Numbers of this Organization: Enter only numbers that belong directly to your firm. Your assigned CA number must be displayed on both sides of your trucks *unless* your trucks display a valid USDOT number, MC number, or Cal-T number assigned to your company. To ensure your firm receives the benefit of this vehicle marking exception, the CHP needs to have your USDOT, MC, and Cal-T numbers on file so those numbers can be cross-referenced to your assigned CA number. Enter these numbers accurately and legibly. In an emergency involving your truck or truck driver, if the driver is unable to communicate, the CHP can use these numbers to quickly find the names of your terminal emergency contact persons, which you can specify in Part 2 of this application. Supplying the CHP with all of the requested numbers that your company possesses also helps to prevent citations and accident reports belonging to other carriers from being mistakenly associated with your company's CHP safety record.
BIT Program Fees: Submit fees (check or money order, no cash) for each terminal. Fees for multiple terminals may be combined on one check or money order, but ***do not combine BIT fees with fees owed for any other purpose***, as this will result in delay in processing your application.

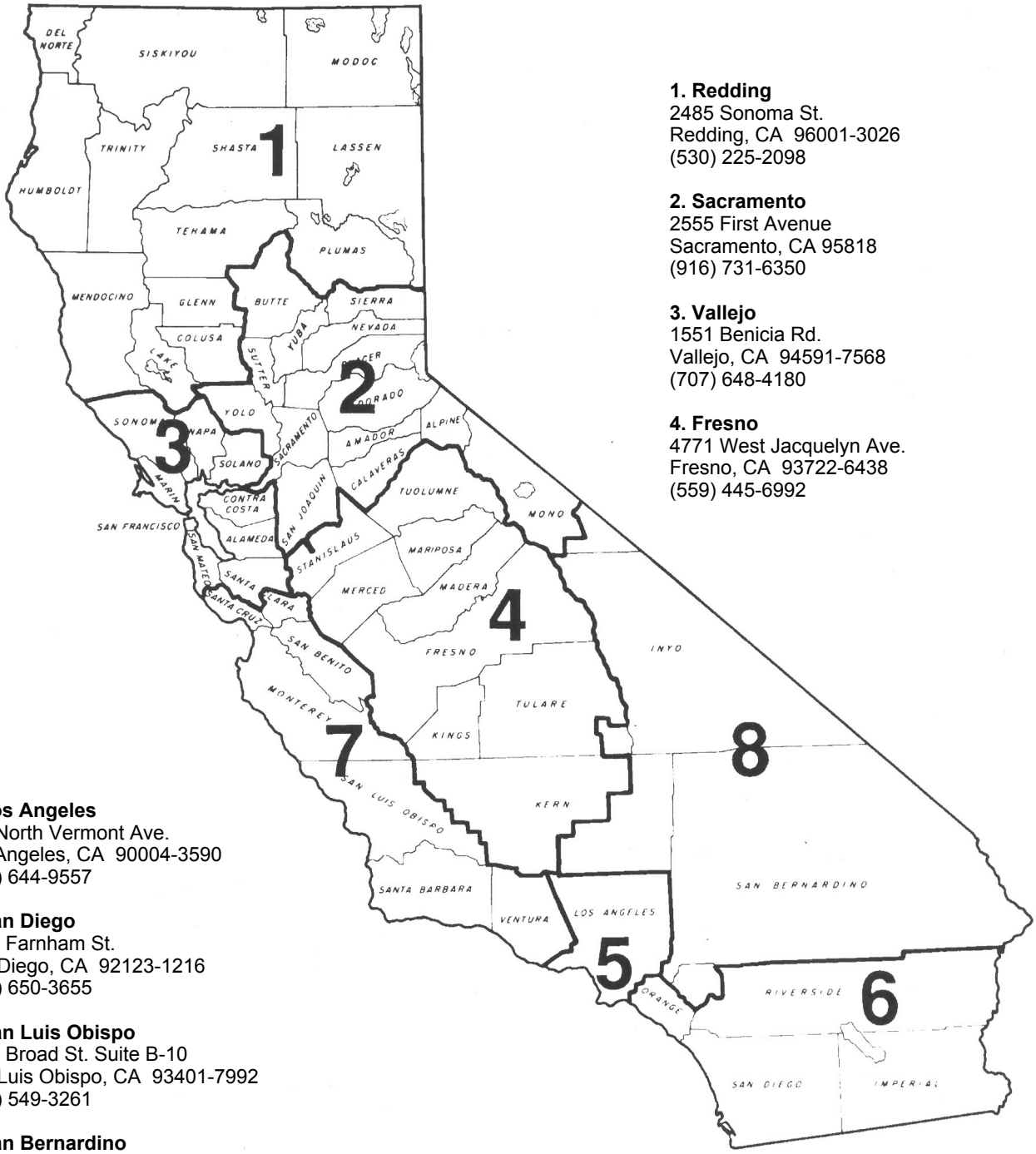
PART 2. CALIFORNIA TERMINAL

All California business locations from which vehicles described above are dispatched or operated. These may include facilities owned by another business, such as a warehouse or where the commercial motor vehicle is normally parked when not in use. “Terminal” may also include the private residence of an owner-operator or other small business utilizing commercial motor vehicles, if that is where the firm conducts business.
Physical Address - The *street or road* address of each location described above.
City - City or community name only. State is not necessary, as only locations within California need be listed.
Zip Code - The postal zip code of the terminal's physical location, whether or not the company receives mail there. The CHP uses this information to determine which CHP office serves that area.
Mailing Address - The Post Office Box or other address where mail for this terminal is received, if different from the physical address.
Initial Inspection - Check yes if this terminal (under this CA number) has ever been inspected under the BIT program. Check no if this terminal (under this CA number) has never been inspected under the BIT program.
Date when vehicles were first operated from this terminal - Enter the date BIT regulated vehicles were first operated from this terminal under this CA number.
Terminal Telephone Number - Enter the telephone number of a representative of your organization who can assist in scheduling required inspections by the CHP.
Types of Operation from this Terminal - *Check all that apply*. The letters next to each item are used by the CHP for coding purposes. The letter “C” is missing because that code relates to hazardous materials shippers only, not carriers. A. Truck: Check this box only if your trucks are not used to transport hazardous materials, hazardous wastes, or hazardous substances in any amount. B. Hazardous Materials: Check this box if your organization ever transports hazardous materials in quantities that require the transporting vehicle to display warning placards or that require your organization to possess a hazardous materials transportation license issued by the CHP. D. Hazardous Waste: Check this box if your organization ever transports hazardous waste for which hazardous waste transporter registration is required by Section 25163 of the California Health and Safety Code. E. Flammable Liquid Cargo Tank: Check this box if any of your vehicles are equipped with a cargo tank with a designed capacity of more than 120 gallons which is used to transport flammable liquids (such as gasoline or solvents) or combustible liquids (such as diesel fuel or kerosene).
Total Number of Vehicles Operated from this Terminal - Enter the number of vehicles operated from this terminal. Count each truck, trailer, or dolly as a separate vehicle. Include each vehicle owned, leased for a term of more than four months pursuant to Section 34501.12(a)(1) VC, or voluntarily assumed as permitted under Section 34501.12(a)(2) VC.
Total Fleet Intrastate and Interstate Miles in California for Most Recent Calendar Year - Enter total miles traveled in California by vehicles operated primarily from this terminal location, and the calendar year to which it applies (the previous full calendar year). This item includes both interstate and intrastate trips, which may be combined and reported as a single figure. The CHP requests this information for purposes of accident and inspection statistical analysis only. It is not used by the CHP to determine any fee or tax.
Terminal Emergency Contacts - (optional, but recommended). You may enter the names of one or two on-call individuals (or an answering service), with a day and night telephone number for each, whom you would like the CHP to contact in the event of an emergency involving a truck or driver *from this terminal*. These persons should be local to the terminal with which they are identified. The CHP recommends that your organization keep this information current as changes in your personnel occur, by contacting your nearest Motor Carrier Safety Unit shown on the reverse of this page. Be sure to specify which contact is to be deleted and who is to be the replacement, and at which terminal. Also be aware that these telephone numbers will be public information, not protected or treated as confidential numbers.

Do not return this sheet with the application.

Department of the California Highway Patrol
Motor Carrier Safety Units

The CHP is organized in eight field Divisions, each of which has a Motor Carrier Safety Unit (MCSU) that serves a specific geographical area of the state. The MCSU nearest you is usually the one that serves your area, but if not, when you call you will be advised which MCSU is the one that serves your area. Your organization's terminals may not all be in the same CHP Division. The following map shows the approximate borders of the CHP's eight Divisions and the addresses and telephone numbers of their respective MCSUs.



1. Redding
2485 Sonoma St.
Redding, CA 96001-3026
(530) 225-2098

2. Sacramento
2555 First Avenue
Sacramento, CA 95818
(916) 731-6350

3. Vallejo
1551 Benicia Rd.
Vallejo, CA 94591-7568
(707) 648-4180

4. Fresno
4771 West Jacquelyn Ave.
Fresno, CA 93722-6438
(559) 445-6992

5. Los Angeles
437 North Vermont Ave.
Los Angeles, CA 90004-3590
(323) 644-9557

6. San Diego
9330 Farnham St.
San Diego, CA 92123-1216
(858) 650-3655

7. San Luis Obispo
4115 Broad St. Suite B-10
San Luis Obispo, CA 93401-7992
(805) 549-3261

8. San Bernardino
847 East Brier Dr.
San Bernardino, CA 92408-2837
(909) 806-2414

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