



TEXAS DEPARTMENT OF PUBLIC SAFETY

MOTOR CARRIER BUREAU



6200 Guadalupe, Building P, Austin, TX 78752-4019

CORRECTED VIOLATIONS/SAFETY RATING CHANGE REQUEST

Please Check Only One:

This is a request to upgrade our current safety rating. I am submitting this information to advise the Texas Department of Public Safety of the corrective actions our company has made and respectfully request an investigator to re-evaluate our company.

This is NOT a request to upgrade our current safety rating. I am submitting this information only to advise the Texas Department of Public Safety of the corrective actions our company has made.

CP Number	USDOT Number	TXDOT Number	Date of Original Review

Legal Name	Mailing Address	Contact Name & Telephone Number

Current Proposed (or Final) Rating (as a result of the most recent review) _____

Violations from Original Review that have been corrected (Attach extra pages if necessary)

1. Violation No. (Part B violations, first box) _____ **Primary Citation** (Part B violations, second box) _____ **Evidence Attached:** Yes / No
Corrective Actions Taken: _____

2. Violation No. (Part B violations, first box) _____ **Primary Citation** (Part B violations, second box) _____ **Evidence Attached:** Yes / No
Corrective Actions Taken: _____

3. Violation No. (Part B violations, first box) _____ **Primary Citation** (Part B violations, second box) _____ **Evidence Attached:** Yes / No
Corrective Actions Taken: _____

4. Violation No. (Part B violations, first box) _____ **Primary Citation** (Part B violations, second box) _____ **Evidence Attached:** Yes / No
Corrective Actions Taken: _____

5. Violation No. (Part B violations, first box) _____ **Primary Citation** (Part B violations, second box) _____ **Evidence Attached:** Yes / No
Corrective Actions Taken: _____

If applicable, address the following additional safety issues:

Factor 6 Accident Rate _____
Performance Data (OOS%) _____

The corrective actions listed above have been taken.

Signature _____
 Printed Name _____
 Duty Title _____
 Date _____

MCB USE ONLY	
Upgrade Request: Approved _____ Denied _____	
If Denied, Reason _____	
Reviewed by _____	Date _____
Approved by _____	Date _____
Comments _____	
Corrective Action (15-Day) Letter: Date Logged _____ Date Filed _____	
Processed by (initials) _____	

This form may be mailed to the address above or faxed to (512) 424-5266.