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Date Processed _____



USDOT NO. _____

PIN _____

SUB NO. _____

APPLICATION FOR REISSUANCE OF INTRASTATE HOUSEHOLD GOODS CERTIFICATE

(07/2010)

1. **USDOT Number** _____ **FEIN/SSN** _____

Applicant _____

Doing business as (trade name if any) _____

2. Addresses and Contact Information

Mailing Address 1 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. (_____) _____ Fax No. (_____) _____ Email _____	Mailing Address 2 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. _____ Fax No. _____ Email _____
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Carrier's Physical Address or Location Street _____ City, State, Zip _____	Carrier's Contact Person _____ Telephone # (_____) _____ Domicile County _____
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3. Principle Place of Business State (PPB) _____
If Principle Place of Business State is Oklahoma, is Applicant properly registered with the Oklahoma Secretary of State? Yes No
The name and address of a process agent for Oklahoma must be filed and maintained for any applicant that does not maintain a physical address in Oklahoma. Provide Oklahoma Process Agent name and address _____

4. Type of Applicant: (MARK ONE - Complete Attachment "A" Part 1 for all categories *except* Sole Proprietorship)
 SOLE PROPRIETORSHIP **CORPORATION** **PARTNERSHIP** **OTHER**
5. Do you conduct interstate operations (across state lines)? YES or NO Are you registered in the UCR program? YES or NO
6. Do you intend to operate vehicles with a GVWR, GCWR, loaded weight or registered weight over 26,000 pounds? YES or NO
7. Complete Attachment "A" Parts 1 through 4.
8. Quantity of Identification Devices. Stamps _____ (Only required if you have not obtained 2010 Stamps or need additional stamps)
9. Rule Book Serial No. _____ (Must purchase new rule book effective July 1, 2010 or you may download the new rules from our website). You must specify on the application you have the rule book in your possession or will download when available.

The Applicant hereby declares that it has knowledge of and understands the rules of the Oklahoma Corporation Commission governing transportation by motor carriers of household goods; that said rules and regulations will be observed and complied with fully in the exercise of any and all rights acquired through the permission to operate as hereby applied for; that the applicant is in full compliance with all other state laws, rules and regulations; and that under penalty of perjury, all statements and representations appearing in the foregoing application and all addendums are based upon my knowledge of the matters referred to and are true and correct.

Applicant's Signature _____

Applicant's Title _____

Attorney's Signature (if any) _____

Subscribed and sworn to before me this _____ day of _____,

My Commission expires _____ Notary # _____ Notary Public _____

OKLAHOMA CORPORATION COMMISSION
TRANSPORTATION DIVISION
P.O. BOX 52000 OKLAHOMA CITY, OK 73152-2000
JIM THORPE OFFICE BUILDING, 2101 N. LINCOLN BLVD., ROOM 312 (ZIP CODE 73105)
TELEPHONE (405) 521-2251 FAX NO. (405) 521-2916
INTERNET ADDRESS <http://www.occeweb.com>

Please keep a copy of this completed application in your office. In the event we have any questions about your application and contact you, it will be helpful as a reference tool. The application must be signed and notarized.

Applicant's USDOT number must be listed on this application as well as the company's FEIN or individual's SSN. Applicant's name and dba must match as previously issued on your Household Goods Certificate. If the name and/or dba has changed, please contact our office to determine if a "name change" application is needed or if you must reapply. No fee is required for the processing of this application.

Address and Contact Information. The Mailing Address 1 is the location where all correspondence is to be mailed to (permit service, attorney's office, carrier's address or other location may be listed). If the address listed in Mailing Address 1 is not the carrier's address, the carrier's address must be listed in the Mailing Address 2 column. Physical Address is for the carrier's actual physical location. If an out-of-state address, provide physical address of proposed/actual major Oklahoma terminal or Oklahoma home office in domicile county area.

If Applicant is other than a Sole Proprietorship and its principal place of business is Oklahoma, the Applicant must be properly filed with the Oklahoma Secretary of State's office (405) 521-3911 and a copy of the certificate of incorporation or similar paper must be submitted. The name and address of a process agent for Oklahoma must be filed and maintained for any applicant that does not maintain a physical address in Oklahoma or attach a copy of your BOC-3 Process Agent Listing.

If you operate a "commercial motor vehicle" transporting interstate (across state lines) shipments you are subject to the Unified Carrier Registration Program. A "commercial motor vehicle" is defined as a self-propelled used on the highway in interstate commerce principally to transport passengers or cargo, if the vehicle: (a) has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight of 10,001 pounds or more, whichever is greater; (b) is designed or used to transport 10 or more passengers (including the driver) for compensation; (c) is used in transporting hazardous materials in a quantity requiring placarding under regulations prescribed by the Secretary under section 5103.

If you intend to operate vehicles with a Gross Vehicle Weight Rating (GVWR) as specified by the manufacturer, Gross Combination Weight Rating (GCWR), loaded weight or registered weight thereof over 26,000 pounds, you will be subject to federal safety regulations and a safety review..

Only required if applicant has not already obtained 2010 Stamps or if additional stamps are desired. Please remit **\$7.00** for each **identification device** - one device is required for each vehicle. Additional identification devices may be ordered throughout the year using application TDF 16 or a written letter.

Every intrastate household goods carrier must possess a current OCC Chapter 30 rule book. **(The New Rule Book effective July 1, 2010 will be available for purchase around June 15, 2010).** Rule books are available at a cost of **\$10** per rule book (notices of rule changes will be provided), or you may download the document from our website (you must specify on the application you have the rule book in your possession or will download when available).

Insurance (FOR THE REISSUANCE OF YOUR HOUSEHOLD GOODS CERTIFICATE A NEW FORM E AND FORM H ARE REQUIRED TO BE FILED WITH THIS COMMISSION). The public liability insurance requirement is \$750, 000CSL and the Cargo Insurance in the amount of at least Five Thousand (\$5,000) Dollars is required to cover loss of or damage to property carried on any one motor vehicle in connection with its transportation service and in the amount of \$10,000 for the loss of or damage to or aggregate of losses of or damages to property occurring at any one time and place. An insurance filing (typically a **Form E** or Form G) must be filed with this office as proof of liability insurance. Cargo insurance (typically a **Form H** or Form J) must also be filed with this office as proof of Cargo insurance. The name, address must match the information shown on the front of this application. You may need to contact your insurance agent to inform the insurance company to provide the insurance filings to this office (agents do not typically provide the required filing).

REISSUANCE OF INTRASTATE HOUSEHOLD GOODS CERTIFICATE ATTACHMENT "A"

PART 1 LEGAL ENTITY INFORMATION (other than an individual/sole proprietorship)

Corporation Partnership Other (please list) _____

Date of Incorporation _____ State of Incorporation _____

Attach copy of document/cover page filed with the Secretary of State or Partnership agreement.

Name of Officer /Partner	Title of Officer /Partner	Address of Officer /Partner

PART 2 SAFETY SUMMARY REPORT

1. Does applicant intend to operate vehicles with a GVWR or GCWR over 26,000 pounds? YES or NO
2. Are your CDL drivers employees and/or owner/operators? Employees Owner/Operators Do not have CDL drivers

If you answered "NO" to both Questions 1 and 2 of this attachment, skip to PART 4.

3. Provide Applicant's USDOT safety rating :

No safety rating
 Unsatisfactory
 Conditional
 Satisfactory
 Do not know

4. Safety certification (applicant initials in area provided to certify compliance)

The applicant certifies the federal motor carrier safety regulations, as adopted by the State of Oklahoma, will be observed and complied with fully in the exercise of any and all rights acquired through the permission to operate as hereby applied for.	Initials

PART 3 SIZE AND WEIGHT SUMMARY REPORT (applicant initials in area provided to certify compliance)

The applicant certifies the size and weight law as set forth by the State of Oklahoma, will be observed and complied with fully in the exercise of any and all rights acquired through the permission to operate as hereby applied for.	Initials

PART 4 EQUIPMENT LISTING / TERMINAL & DOCK FACILITIES

List the following information for all vehicles (power units) and equipment (trailers) operated under the certificate. Attach additional pages if necessary. A computer printout listing the information required may be submitted in lieu of completing this subsection.

POWER UNITS

Vehicle I.D. Number (VIN)	Year	Make	Type *	GVWR or Capacity	Tag No. & State	Owned or Leased

* Type of power units such as Straight Truck (ST), Truck Tractor (TT), Pickup (PU), Limousine, Taxi, Car, etc.

EQUIPMENT / TRAILERS

Vehicle I.D. Number (VIN)	Year	Make	Type **	GVWR or Capacity	Tag No. & State	Owned or Leased

** Type of Equipment or Trailers such as Gooseneck, Flatbed, Box, Belly Dump, Pole Trailer, etc.

DESCRIPTION OF TERMINAL or DOCK (If you do not maintain a terminal, dock or motor pool facility, please list the physical address (physical location) where vehicles are parked when not in use):
