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USDOT NO. \_\_\_\_\_  
 PIN \_\_\_\_\_  
 SUB NO. \_\_\_\_\_

## MCF 1

### APPLICATION FOR INTRASTATE HOUSEHOLD GOODS CERTIFICATE

OAC 165:30-13-2

Is this application for a new Household Goods Certificate or a Sub Household Goods Certificate?

New Household Goods Certificate     Sub Household Goods Certificate

1. **USDOT Number** \_\_\_\_\_ **FEIN/SSN** \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Doing business as (trade name if any) \_\_\_\_\_

2. **Addresses and Contact Information**

<b>Mailing Address 1</b> c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. (____) _____ Fax No. (____) _____ Email _____	<b>Mailing Address 2</b> c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. (____) _____ Fax No. (____) _____ Email _____
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<b>Carrier's Physical Address or Location</b> Street _____ City, State, Zip _____	Carrier's Contact Person _____ Telephone # (____) _____ Domicile County _____
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3. Type of Applicant     **SOLE PROPRIETORSHIP**     **CORPORATION**     **PARTNERSHIP**     **OTHER**

4. Principal Place of Business State (PPB) \_\_\_\_\_  
 Is Applicant properly registered with the Oklahoma Secretary of State?     YES     NO  
 If PPB State is not Oklahoma, provide:

<b>Proposed/Actual Major Oklahoma Terminal or Home Office</b> Street _____ City, State, Zip _____	<b>Oklahoma Process Agent</b> Name _____ Street _____ City, State, Zip _____
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5. Does the applicant conduct interstate operations (across state lines)?     YES     NO    Is the applicant registered in the UCR program?     YES     NO

6. Does the applicant intend to operate vehicles with a GVWR, GCWR, loaded weight or registered weight over 26,000 pounds?     YES or     NO

7. Quantity of Identification Devices.    Stamps \_\_\_\_\_    8. Rule Book Serial No. \_\_\_\_\_

The Applicant hereby declares that it has knowledge of and understands the rules of the Oklahoma Corporation Commission governing transportation by motor carriers and private carriers; 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; 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) \_\_\_\_\_

**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. Please make your check or money order payable to the Oklahoma Corporation Commission. All fees may be remitted in one check / money order. Please print or type application. The application must be signed.

**APPLICATION MUST BE FILED WITH ALL ATTACHMENTS.**

- Original application must be submitted with a **\$350 filing fee** plus additional fees as shown below. Please print or type application.
  - If filing as a sub application all attachments must be completed and be submitted with a **\$300.00 sub filing fee**. A sub application would be submitted if the Motor Carrier already holds an active Intrastate For-Hire Motor Carrier License.
1. *Applicant* must be a legal entity (individual, corporation, partnership, etc.). A DBA (doing business as) may be indicated, but application cannot be filed in a trade name only. If a partnership, the Applicant must reflect the names of each of the partners. The Applicant's USDOT number must be listed on this application. To obtain a USDOT an Applicant must apply for an intrastate USDOT number at <https://www.fmcsa.dot.gov>. The Applicant's FEIN or individual's SSN must be listed.
  2. *Mailing Address 1* is the location to which all correspondence is to be mailed. 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. *Carrier's Physical Address or Location* is the carrier's actual physical location. If you have an out-of-state address, do not provide *Domicile County*.
  3. For *Type of Applicant*, choose your organization type.
  4. If your organization is other than a Sole Proprietorship and your principal place of business is Oklahoma, you 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 with this application. If your organization is other than a Sole Proprietorship and your principal place of business is other than Oklahoma, you must provide the address of your proposed or actual major Oklahoma terminal or home office along with either name and address of your Oklahoma Process Agent or a copy of your BOC-3 Process Agent Listing.
  5. 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 vehicle 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 vehicle weight of 10,001 pounds or more; (b) is designed to transport 10 or more passengers (including the driver); or (c) is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. Section 5103 and transported in a quantity requiring placarding under regulations prescribed by the U.S. Secretary of Transportation.
  6. 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, even if your vehicles are solely intrastate.
  7. Please list the number of identification devices (stamps) you wish to request. One device is required for each vehicle. Please remit **\$7.00** for each identification device. Additional identification devices may be ordered throughout the year using application TDF 16 or a written letter.
  8. If you have the rule book in your possession, you must list its serial number. Every intrastate motor carrier must possess a current OCC Chapter 30 rule book. Rule books are available at a cost of **\$10** per rule book or you may download the document from our website. If you purchase a rule book, notices of rule changes will be provided to you.
  9. Acceptable signatures on this application are as follows: (1) Sole proprietorship - sole proprietor; (2) Partnership - one of the partners; (3) Corporation - one of the officers or directors; (4) Limited liability company - the manager. An attorney or agent may sign in lieu of the applicant, but a copy of the power of attorney must be attached to the application.

**Liability Insurance** - The public liability insurance requirement is \$750,000 CSL and the Cargo Insurance requirement is \$5,000 per vehicle. An insurance filing (typically a **Form E** or Form G) must be filed with this office as proof of liability insurance also a (**Form H** or Form J) must be filed with this office as proof of Cargo insurance. The name and 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 filing to this office. (Agents do not typically provide the required filing.)

# MCF 1 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 company's 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) to be operated under the license. Attach additional pages if necessary. A computer printout listing the power units/equipment/trailers information required may be submitted.

**POWER UNITS**

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

\* Type of power unit such as Straight Truck (ST), Truck Tractor (TT), Pickup (PU), Limousine, Taxi, Car, etc. If "Other", please describe in the column called "Describe Type."

**EQUIPMENT / TRAILERS**

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

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

**DESCRIPTION OF TERMINAL or DOCK** If your company does not maintain a terminal, dock or motor pool facility, please list the physical address (physical location) where vehicles are parked when not in use.

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