

OFFICIAL USE ONLY

Amount Rec'd. _____
Processed By _____
Date Processed _____



USDOT NO. _____
PIN _____
SUB NO. _____

MCF 1₍₀₅₋₁₀₎
APPLICATION FOR INTRASTATE HOUSEHOLD GOODS CERTIFICATE

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 _____
--	--

Carrier's Physical Address or Location Street _____ City, State, Zip _____	Carrier's Contact Person _____ Telephone # (_____) _____ Domicile County _____
---	---

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
If PPB State is not 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 _____

9. 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 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; 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. Please make your check or money order payable to the Oklahoma Corporation Commission. All fees may be remitted in one check / money order. The application must be signed and notarized.

Original **notarized** application must be filed with all attachments. Application must be submitted with **\$100 filing fee**. Please print or type application. Application cannot be filed in a trade name only. A "dba" (doing business as) may be indicated, but applicant must be a legal entity (individual, corporation, partnership, etc.). 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, or if not yet issued, a copy of the completed MCS-150 mailed to USDOT must be attached. An Applicant operating solely intrastate must apply for an intrastate USDOT number, issued by this Commission utilizing a TDF 19 application. The company's FEIN or individuals SSN must be listed.

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. If the **principal place of business** is other than Oklahoma, you must provide the name and address of your Oklahoma Process Agent 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 or towed 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 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 material found by the Secretary of Transportation to be hazardous under section 5103 of this title and transported 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.

Ordering of annual identification devices. 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. 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). If your rule book serial number is **38300** or higher, you already possess the most current rule book.

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, 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).

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 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):
