

OFFICIAL USE ONLY



USDOT No. \_\_\_\_\_

PIN No. \_\_\_\_\_

Sub No. \_\_\_\_\_

Amount Rec'd \_\_\_\_\_

Processed By \_\_\_\_\_

Date Processed \_\_\_\_\_

# MCF 2

## Application for Renewal of Intrastate Household Goods Certificate OAC 165:30-3-3

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 # (_____) _____ Fax # (_____) _____ Email _____	<b>Mailing Address 2</b> c/o _____ P.O. or Street _____ City, State, Zip _____  Telephone # (_____) _____ Fax # (_____) _____ Email _____
<b>Carrier's Physical Address or Location</b> Street _____ City, State, Zip _____	<b>Carrier's Contact Person</b> _____ <b>Telephone #</b> (_____) _____ <b>Domicile County</b> _____ <b>Principal Place of Business State</b> _____

3. Should the address(es) on file be changed to reflect the address(es) above?  Yes  No

4. Quantity of Identification Devices. Stamps \_\_\_\_\_

5. Do you conduct interstate operations (across state lines)?  Yes  No Are you registered in the UCR program?  Yes  No

6. Has there been a change in the carrier's process agent listing on file with the Commission?  Yes  No

If yes, a copy of the new process agent listing must be attached.

7. Do you operate or intend to operate vehicles with a GVWR or GCWR over 26,000 pounds?  Yes or  No

8. Complete Attachment "A"

The Applicant hereby declares that it has knowledge of and understands the rules of the Oklahoma Corporation Commission governing transportation by for-hire and private motor carriers and the Federal Motor Carrier Safety Regulations; 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>**

**INSTRUCTIONS**

Please make your check or money order payable to the Oklahoma Corporation Commission. All fees may be remitted in one check or money order. Original application must be filed with all attachments. Please print or type application.

- Submit with a **\$300.00** renewal application filing fee.
  - Include **\$7.00** for each identification device requested.
  - Include a process agent listing, if your process agent on file has changed.
  - Include Attachment "A".
1. 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 the license. If the name and/or dba has changed, please contact our office to determine if a "name change" application is needed.
  2. 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.
  3. Please be sure to mark if the address on file with this Commission should be changed to reflect the addresses reflected on this application.
  4. Purchase of annual identification devices. Please remit **\$7.00** for each identification device - one device is required for each vehicle. Stamps are carried in the cab of the vehicle affixed to a **copy** of your certificate. Additional identification devices may be ordered throughout the year using application TDF 16 or a written letter.
  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 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 8 or more passengers (including the driver) for compensation; (c) is designed or used to transport 15 or more passengers (including the driver) and is not used to transport passengers for compensation; or (d) is used in transporting hazardous materials in a quantity requiring placarding.
  6. If the principal place of business of the Applicant is other than Oklahoma, you have already provided the name and address of your Oklahoma Process Agent or filed a copy of your BOC-3 Process Agent Listing. A new listing must be provided if your Process Agent on file has changed.
  7. Check yes if you operate or intend to operate vehicles with a Gross Vehicle Weight Rating (as specified by the manufacturer) or any combination there over 26,000 pounds; with a vehicle capacity (including the driver) of 15 passengers or more or transport placarded amounts of hazardous materials.
  8. 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.
  9. Attachment "A" must be completed and submitted.

All requirements of the current certificate must be in good standing prior to a renewal application being processed. Only the type of service authorized under the certificate may be renewed. **If a change in operations (what the carrier is authorized to transport based upon insurance requirements) is desired**, a sub application (TDF 1 with **\$100** filing fee) must be filed separately from this application. This renewal application **should** be filed a minimum of forty-five (45) days prior to the certificate expiration date. **The renewal application cannot be processed after the intrastate certificate expires.** Intrastate motor carrier operations cannot be performed under an expired motor carrier certificate. This application may be set for hearing. If set for hearing, the certificate holder will be notified by US mail of the hearing date.

**ATTACHMENT "A"**

Each item on this attachment must be completed. *Instructions* are located at the end of this Attachment.

**PART 1. APPLICANT INFORMATION**

A. Has the type of Applicant changed during the prior license year?     Yes     No

If Yes - please check new type of Applicant:

- Sole Proprietorship
- Corporation
- Partnership
- Other (Must Specify) \_\_\_\_\_

B. Have the Officers or Partners changed during the prior license year?     Yes     No

If Yes - please complete listing:

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

**PART 2. EQUIPMENT LISTING / TERMINAL & DOCK FACILITIES**

List the following information for all vehicles (power units) and equipment (trailers) operated under the license. Attach additional pages if necessary.

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 address (physical location) where vehicles are parked when not in use):

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**INSTRUCTIONS FOR ATTACHMENT “A”**

**PART 1. APPLICANT INFORMATION**

- A. Type of applicant reflects the applicant’s legal entity. A sole proprietorship is applicable if an individual (one person) is listed. A partnership is applicable if more than one person is listed and is not another form of legal entity. A corporation is applicable if incorporated.
- B. If sole proprietorship is appropriate for Part I. A., this portion should be skipped. If a corporation, partnership or other legal entity, the name, title and address of each officer/partner must be listed.

**PART 2. EQUIPMENT INFORMATION**

Provide all information requested for all vehicles (power units) and equipment / trailers. Additional pages should be added if vehicle list or equipment list exceeds space provided.