

OFFICIAL USE ONLY



USDOT No. _____

PIN No. _____

Sub No. _____

Amount Rec'd _____

Processed By _____

Date Processed _____

TDF 2

Application for Renewal of Intrastate Motor Carrier License OAC 165:30-3-3; OAC 165:30-15-5

1. Is this application for renewal of a For-Hire License or Private Carrier License? For-Hire Carrier Private Carrier

2. USDOT Number _____ FEIN/SSN _____

Applicant _____

Doing business as (trade name if any) _____

3. Addresses and Contact Information

Mailing Address 1 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone # (_____) _____ Fax # (_____) _____ Email _____	Mailing Address 2 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone # (_____) _____ Fax # (_____) _____ Email _____
Carrier's Physical Address or Location Street _____ City, State, Zip _____	Carrier's Contact Person _____ Telephone # (_____) _____ Domicile County _____ Principal Place of Business State _____

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

5. Quantity of Identification Devices. Stamps _____

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

7. 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.

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

9. 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 **\$50.00** 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 must mark type of operations they are licensed by this Commission to perform.
 2. 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.
 3. 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.
 4. Please be sure to mark if the address on file with this Commission should be changed to reflect the addresses reflected on this application.
 5. 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 license. Additional identification devices may be ordered throughout the year using application TDF 16 or a written letter.
 6. 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.
 7. 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.
 8. 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.
 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.
 10. Attachment "A" must be completed and submitted.

All requirements of the license must be in good standing prior to a renewal application being processed. Only the type of service authorized under the license 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, however, if filed simultaneously with this application, **\$50** of the renewal fee is waived. This renewal application **should** be filed a minimum of forty-five (**45**) days prior to the license expiration date. **The renewal application cannot be processed after the intrastate license expires.** Intrastate motor carrier operations cannot be performed under an expired motor carrier license. This application may be set for hearing. If set for hearing, the license 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):

PART 3. TYPES OF TRANSPORTATION PERFORMED

OPERATIONAL INFORMATION

Mark the type of commodities most generally transported (check all that apply).

- | | | |
|--|---|--|
| <input type="checkbox"/> Courier Service | <input type="checkbox"/> Deleterious substances | <input type="checkbox"/> Hazardous Materials (complete Part VII) |
| <input type="checkbox"/> Livestock, ordinary | <input type="checkbox"/> Driveaway/towaway | <input type="checkbox"/> Mobile home, portable buildings |
| <input type="checkbox"/> Sand, rock, gravel | <input type="checkbox"/> Electric transmission & communications equipment | <input type="checkbox"/> Oilfield/heavy equipment and articles/large objects |
| <input type="checkbox"/> Unprocessed agricultural or forestry products | <input type="checkbox"/> Feed and feed ingredients | <input type="checkbox"/> Paper and paper products |
| <input type="checkbox"/> Manure | <input type="checkbox"/> Garbage, refuse, trash | <input type="checkbox"/> Passengers, specify largest seating capacity including driver |
| <input type="checkbox"/> Automobiles/motor vehicles | <input type="checkbox"/> Groceries, processed food, frozen food | <input type="checkbox"/> Retail commodities |
| <input type="checkbox"/> Beer and alcoholic beverages | <input type="checkbox"/> Household goods, new | <input type="checkbox"/> Scrap metal and recyclable materials |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Household goods, used | Other _____ |
| <input type="checkbox"/> Bio-medical waste | <input type="checkbox"/> Houses | |
| <input type="checkbox"/> Cement and fly ash | <input type="checkbox"/> Lumber, building and construction materials | |
| <input type="checkbox"/> Coal/coke | | |

Note: Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101)

INTRA / INTER HAZARDOUS MATERIALS CARRIERS/SHIPPERS - ARE YOU REGISTERED WITH RSPA?

Please refer to 49 CFR , Part 107.601 regarding the applicability of registration of persons who offer or transport Hazardous Materials. If you meet the criteria listed, call Research and Special Programs Administration (RSPA) of the Federal Highway Administration at (202) 366-4109 for the appropriate application forms or download from <http://www.rspa.dot.gov> .

HAZARDOUS MATERIALS

Mark the Division/type of hazardous materials most generally transported - check all that apply.

- Div 1.1 Explosives (with mass explosion hazard)
- Div 1.2 Explosives (with projection hazard)
- Div 1.3 Explosives (with predominantly fire hazard)
- Div 1.4 Explosives (with no significant blast hazard)
- Div 1.5 Very insensitive explosives; blasting agents
- Div 1.6 Extremely insensitive detonating substances
- Div 2.1 Flammable gas
- Div 2.1 LPG (Liquified Petroleum Gas)
- Div 2.1 Methane Gas
- Div 2.2 Non-flammable compressed gas
- Div 2.2 A (Anhydrous Ammonia)
- Div 2.3 A (Poison Gas which is Poison Inhalation Hazard(PIH) Zone A)
- Div 2.3 B (Poison Gas which is PIH Zone B)
- Div 2.3 C (Poison Gas which is PIH Zone C)
- Div 2.3 D (Poison Gas which is PIH Zone D)
- Class 3 Flammable and combustible liquid
- Class 3 A (Flammable liquid which is a PIH Zone A)
- Class 3 B (Flammable liquid which is a PIH Zone B)
- Combustible Liquid (Refer to 49 CFR 173.120 (b))
- Div 4.1 Flammable solid
- Div 4.2 Spontaneously combustible material
- Div 4.3 Dangerous when wet material
- Div 5.1 Oxidizer
- Div 5.2 Organic peroxide
- Div 6.1 A (Poison Liquid which is a PIH Zone A)
- Div 6.1 B (Poison Liquid which is a PIH Zone B)
- Div 6.1 Poison (Poisonous liquid with no inhalation hazard)
- Div 6.1 Solid (meets the definition of a poisonous solid)
- Div 6.2 Infectious substance (Etiologic agent)
- Class 7 Radioactive material
- HRCQ (Highway Route Controlled Quantity of Radioactive material)
- Class 8 Corrosive material
- Class 8 A (Corrosive liquid which is a PIH Zone A)
- Class 8 B (Corrosive liquid which is a PIH Zone B)
- Class 9 Miscellaneous hazardous material
- Elevated Temperature Material (meets definition in 49 CFR171.8 for an elevated temperature material)
- Infectious Waste (meets definition in 49CFR 171.8 for an infectious waste)
- Marine Pollutants (meets definition in 49 CFR 171.8 for a marine pollutant)
- Hazardous Sub (RQ) (meets definition in 49 CFR 171.8 of a reportable quantity of a hazardous substance)
- Hazardous Waste (meets definition in 49 CFR 171.8 of a hazardous waste)
- ORM (meets definition in 49 CFR 171.8 of Other Regulated material)

INSTRUCTIONS FOR ATTACHMENT AA@

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.

PART 3. TYPES OF TRANSPORTATION PERFORMED

Motor carriers authorized to transport hazardous waste or deleterious substances must also maintain a separate permit before actually performing that type of transportation.

OPERATIONAL INFORMATION

Indicate the most commonly transported commodities@ by the motor carrier. Check all applicable categories. If a commonly transported commodity does not appear on this list, you must specify the commodity in the "Other" category.

HAZARDOUS MATERIALS

Indicate the most commonly transported hazardous materials by the motor carrier. Check all applicable categories.