

OFFICIAL USE ONLY

Amount Rec'd. _____

Processed By _____

Date Processed _____

DSTP NUMBER _____

USDOT NUMBER _____

PIN _____



TDF 14

APPLICATION FOR A DELETERIOUS SUBSTANCE TRANSPORT PERMIT

OAC 165:30-3-13; OAC 165:30-9-7; OAC 165:30-11-18; OAC 165:30-15-11

1. USDOT Number _____ FEIN/SSN _____

Applicant _____

Doing business as (trade name if any) _____

2. Is this application for a new DSTP or renewal of an existing DSTP? (Check one) New Renewal
show DSTP # on top right of form

3. Addresses and Contact Information

<p>Mailing Address 1 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone # (_____) _____ Fax # (_____) _____ Email _____</p>	<p>Mailing Address 2 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone # (_____) _____ Fax # (_____) _____ Email _____</p>
---	---

<p>Carrier's Physical Address or Location Street _____ City, State, Zip _____</p>	<p>Carrier's Contact Person _____ Telephone # (_____) _____ Domicile County _____ Principle Place of Business State (PPB) _____</p>
--	--

4. Should the address(es) on file be changed to reflect the address(es) above? Yes No
5. Does the applicant transport deleterious substances for hire or as a private carrier? For-Hire Private
6. If transporting deleterious substances only as a private carrier, does the carrier utilize equipment with a GVWR or GCWR over 26,000 pounds? Yes or No
7. Does the applicant transport deleterious substances across state lines (interstate) and/or within the state (intrastate)? Interstate Intrastate
8. If transporting deleterious substances interstate, do you hold a current UCR? Yes No
- MC/MX # _____

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.

Signature: _____

Title: _____

TDF 14

APPLICATION FOR A DELETERIOUS SUBSTANCE TRANSPORT PERMIT INSTRUCTIONS

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 (405) 521-2916
INTERNET ADDRESS <http://www.occeweb.com>

Please make your **\$350.00** check or money order payable to the Oklahoma Corporation Commission.

1. Original application must be filed with all attachments. Applicant's name and dba must match as shown on the carrier's authority. If the name and/or dba has changed, please contact our office to determine if a "name change" application is needed. The Applicant's USDOT number must be listed on this application as well as the company's FEIN or individual's SSN.

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. **Liability Insurance** - An insurance filing (typically a **Form E** or Form G) must be filed with this office as proof of liability insurance. The name, address and liability limits 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). Liability insurance requirements are combined single limits of \$750,000.

The **Disposal Facility Access** attachment must be properly completed, notarized and attached to this application.

TDF 14
APPLICATION FOR A DELETERIOUS SUBSTANCE TRANSPORT PERMIT
DISPOSAL FACILITY ACCESS

OKLAHOMA CORPORATION COMMISSION
TRANSPORTATION DIVISION
P.O. BOX 52000, OKLAHOMA CITY, OKLAHOMA 73152-2000
Jim Thorpe Office Building, 2101 N. Lincoln Blvd., Room 312, Oklahoma City, OK 73105
TELEPHONE (405) 521-2251 FAX (405) 521-2916

Private and for-hire motor carriers must show written proof of access to a disposal facility for the purpose of disposing of salt water or other deleterious substances. This portion must be completed and notarized by the owner/operator of an authorized disposal facility even if you are not currently utilizing a disposal facility.

Name of Transporter: _____

Legal description of disposal facility: ____ /4 ____ /4 ____ /4, Section ____ Township ____ Range ____

County _____

Location of facility: _____

Date facility was permitted: _____

Order number issued by the Commission: _____

Signature of owner or operator of the facility

Subscribed and sworn to before me this _____ day of _____, 20 _____

My commission expires: _____ Notary # _____ Notary Public _____