

OFFICIAL USE ONLY



USDOT No. _____

PIN No. _____

Amount Rec'd _____
Processed By _____
Date Processed _____

TDF 16-M {06/08}
Application for Renewal of Identification Devices
OAC 165:30-3-12; OAC 165:30-15-9

1. Is this application for renewal of Identification Devices a for-hire carrier or a private carrier? For-Hire Carrier or Private Carrier

2. USDOT Number _____ FEIN/SSN _____

3. Applicant _____
Doing business as (trade name if any) _____

4. 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 Street _____ City, State, Zip _____ | Carrier's Contact Person _____ Domicile County of Carrier _____ Principle Place of Business State of Carrier _____ |
|---|--|

5. Should the address(es) on file be changed to reflect the address(es) above? Yes No
6. Quantity of Identification Devices _____ Stamps - affixed to a copy of the license carried in the vehicle
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 a vehicle with a GVWR or GCWR over 26,000 pounds **OR** a vehicle transporting 15 or more passengers **OR** transport placarded amounts of hazardous material? Yes No
9. Do you conduct interstate operations (across state lines)? Yes No Are you registered in the UCR program? Yes No

10. 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 \$1 million |
| <input type="checkbox"/> Livestock, ordinary | <input type="checkbox"/> Driveaway/towaway | <input type="checkbox"/> Hazardous Materials \$5 million |
| <input type="checkbox"/> Sand, rock, gravel | <input type="checkbox"/> Electric transmission & communications equipment | <input type="checkbox"/> Hazardous Waste |
| <input type="checkbox"/> Unprocessed agricultural or forestry products | <input type="checkbox"/> Feed and feed ingredients | <input type="checkbox"/> Mobile home, portable buildings |
| <input type="checkbox"/> Manure | <input type="checkbox"/> Garbage, refuse, trash | <input type="checkbox"/> Oilfield/heavy equipment and articles/large objects |
| <input type="checkbox"/> Automobiles/motor vehicles | <input type="checkbox"/> Groceries, processed food, frozen food | <input type="checkbox"/> Paper and paper products |
| <input type="checkbox"/> Beer and alcoholic beverages | <input type="checkbox"/> Household goods, new | <input type="checkbox"/> Passengers, specify largest seating capacity including driver |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Household goods, used | _____ |
| <input type="checkbox"/> Bio-medical waste | <input type="checkbox"/> Houses | <input type="checkbox"/> Retail commodities |
| <input type="checkbox"/> Cement and fly ash | <input type="checkbox"/> Lumber, building and construction materials | <input type="checkbox"/> Scrap metal and recyclable materials |
| <input type="checkbox"/> Coal/coke | | <input type="checkbox"/> Other _____ |

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 _____

Date Signed _____

**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>**

TDF 16-M 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.

Please print or type application.

- ▶ Application must be accompanied by **\$7.00** for each identification device requested
- ▶ A process agent listing, if your process agent on file has changed.

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.
3. 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.
4. 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 any.
5. Please be sure to mark if the address on file with this Commission should be changed to reflect the addresses reflected on this application.
6. 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.
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 thereof over 26,000 pounds; with a vehicle capacity (including the driver) of 15 passengers or more or transport placarded amounts of hazardous materials.
9. 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.
10. Indicate the "most commonly transported commodities" by the motor carrier. Check all applicable categories. If a hazardous materials transporter, please denote if the commodities transported fall in the "requires \$1 million in liability insurance" or the "requires \$5 million in liability insurance" table as shown in 49 CFR 389.9. If a commonly transported commodity does not appear on this list, you must specify the commodity in the "Other" category. 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.

All requirements of the license must be in good standing prior to a ID application being processed.

