| OFFICIAL USE ONLY |
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| Amount Rec'd Processed By Date Processed |

Form Created: May 2006



| USDOT NO. | |
|-----------|--|
| PIN | |
| SUB NO. | |

TOSS 1 OKLAHOMA TRUCKING ONE STOP SHOP APPLICATION FOR HARVEST PERMIT

| 1. | USDOT Number FEIN/SSN | |
|-----|--|--|
| 2. | Applicant Name: | |
| | Doing business as (trade name if any) | |
| | Type of applicant: Individual Corporation Partnership Other | |
| 3. | Mailing Address | |
| | City, State, Zip | |
| | Physical Address | |
| | City, State, Zip | |
| 4. | Contact Person: | |
| | Telephone No() Fax No() | |
| | Email | |
| 5. | Length of Permit: ☐ 30 days ☐ 60 days | |
| 6. | Requested Effective Date of Harvest Permit: | |
| 7. | Number of Vehicles to be operated under the permit: (Must complete Part I) | |
| 8. | Total cost of Harvest Permits: \$ (Bottom line of Part I) | |
| 9. | ☐ To have the permit mailed or faxed to a location other than listed above, complete this area | |
| | Mailing Address: | |
| | | |
| | Fax No. () | |
| | Email Address: | |
| | | |
| Γhe | e Applicant hereby declares that it has knowledge of and understands the issuance of a harvest permit does not exempt its holder from federal | |
| | state safety regulations nor from federal and state size and weight laws or rules. All statements and representations appearing in the foregoing | |
| | plication and all addendums are based upon my knowledge of the matters referred to and are true and | |
| cor | rrect. | |
| App | plicant's Signature | |
| | | |
| App | plicant's Title | |
| Dat | te of Signature \times | |
| | | |
| | | |

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.occ.state.ok.us

An Oklahoma Trucking One Stop Shop Harvest Permit may be issued under 47 O.S. § 230.34, the Motor Carrier Harvest Permit Act of 2006. An Oklahoma Trucking One Stop Shop Harvest Permit is valid for vehicle registration, fuel permit and intrastate operating authority.

Please keep a copy of this completed application in your office/vehicle. 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. You must contact the Corporation Commission at (405) 521-2251 if you desire to pay by debit card (must be in person in Oklahoma City) or credit card.(must provide credit card information by telephone). There is an additional fee assessed to pay by debit or credit card.

Please print or type application. Application may be submitted to the Corporation Commission by mail, fax or email with all attachments.

INSTRUCTIONS TO COMPLETE APPLICATION

- 1. 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 individual's SSN must be listed.
- 2. Applicant name must be a legal (individual, corporation, partnership, etc.). If a partnership, the applicant must reflect the names of each of the partners. A "dba" (doing business as or trade name) may be indicated, but applicant must be a legal entity.
- 3. The Mailing Address is the location where all correspondence is to be mailed to. Physical Address is for the carrier's actual physical location. If you desire to have the harvest permit mailed or faxed to a temporary location, please additionally complete # 10.
- 4. List Applicant's contact person information for the OCC office staff should contact if they have any questions about your application.
- 5. Harvest permits may be issued for 30 days or 60 days (and extended in 15 day increments utilize TOSS 2 application form). A 30 day permit is available at a cost of \$20.00 per axle, a 60 day permit is available at a cost of \$35.00 per axle and a 15 day extension is available at a cost of \$8.75 per axle).
- 6. Please show the effective date you want shown on your harvest permit. If no date is shown, the permit will be effective on the date issued.
- 7. Show the total number of vehicles reflected on Part 1.
- 8. Show the total cost of the harvest permits as reflected on Part 1.
- 9. If you desire the harvest permit to be mailed, faxed or emailed to a location other than shown in item # 4, complete this information.

REQUIRED DOCUMENTATION CHECKLIST

- □ 1) Complete TOSS 1 Application
- □ 2) Completed Part 1 of TOSS 1 Application
- □ 3) Fees for Harvest Permit
- 4) **Liability Insurance** A copy of a valid liability certificate of insurance filing for **each** vehicle to be operated by under a harvest permit (as listed in Part 1) must be submitted with this application. A minimum amount of \$350,000 CSL is required.

NOTE: The name of the policyholder listed on the insurance certificate of insurance (security verification form) must match the name of the owner of the vehicle or the registrant of the vehicle (as shown on Part 1) or the name of the motor carrier (Applicant as shown on the front of the application). You are not required to submit copies of lease agreements with the application, but if a lease agreement is required, a copy must be carried in the vehicle and available for inspection by law enforcement.

□ 5) Optional - May submit copies of each vehicle registration in lieu of completing Columns 1-7 on Part 1 of the harvest permit application.

PART 1 Power Units

List the following information for all vehicles (power units) to be operated under the harvest permit. **Applicant may utilize additional pages if necessary to list all vehicles**. Applicant may provide a copy of each vehicle's registration in lieu of completing Columns 1 through 7.

| Column Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------------|-------------------------------|--------|------|------|-------|--------------------|-----------------|------------------------------------|---------------------|
| For Office Use Only Insurance Provided | Owner of Vehicle | Name of Vehicle Registrant | VIN | Year | Make | Model | Tag No. & State | No. of Axles | Cost per Axle (\$20 or \$35) | Cost per Vehicle |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| | TOTAL COST | OF HARVEST PE | ERMITS | | | | | \$ | | |

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| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| | TOTAL COST | OF HARVEST PE | ERMITS | | | | | \$ | | |

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| Column Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------------|-------------------------------|--------|------|------|-------|--------------------|-----------------|------------------------------------|---------------------|
| For Office Use Only Insurance Provided | Owner of Vehicle | Name of Vehicle Registrant | VIN | Year | Make | Model | Tag No. & State | No. of Axles | Cost per Axle (\$20 or \$35) | Cost per Vehicle |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| | TOTAL COST | OF HARVEST PE | ERMITS | | | | | \$ | | |