



Application for Registration of Motor Carriers Operating Intrastate For Hire in Ohio

For registration period July 16th current year through July 15th the following year
Permits expire each year on July 15th

Year: _____

A. Carrier Information

1. Application Type: (Check one box)
[] New Applicant with Equipment and Drivers
[] Amended Application
[] New Applicant without Equipment and Drivers
[] Renewal

2. Name of Motor Carrier

3. Trade or D.B.A. (Doing Business As) Name

PRINCIPLE ADDRESS

4. Street Address/ Route Number

5. City 6. County 7. State

8. Zip + 4 9. Country

MAILING ADDRESS (Check here if same as above. [])

10. Street Address/ Route Number

11. City 12. County 13. State

14. Zip + 4 15. Country

16. Principal Phone Number 17. Principal Fax Number

18. E-Mail Address

19. Contact Name 20. Contact Phone Number

21. PUCO No. 22. USDOT NO. 23. MC or MX No.

24. IRS/Tax ID# (Provide one) FEIN# SSN#

25. Type of Business: (Check one box)
[] Individual [] Partnership [] Corporation (including LLC)

26. U.S. DOT Rating (Check one box)
[] Satisfactory [] Conditional [] Unsatisfactory [] Unrated
Date Last Rated: _____

27. Operation Classification (Check all that apply)
[] Authorized For Hire [] Exempt For Hire

28. Intrastate Carrier Operation (Check all that apply)
[] Non-Hazardous Materials [] Hazardous Materials [] Household Goods [] Passengers [] Towing

29. CARGO CLASSIFICATIONS (Check all that apply)
[] General Freight [] Household Goods [] Metal: Sheets, Coils, Rolls [] Motor Vehicles [] Drive Away/ Towaway
[] Logs, Poles, Beams, Lumber [] Building materials [] Mobile Homes [] Machinery, large Objects [] Fresh Produce
[] Liquids/ Gases [] Intermodal Containers [] Passengers [] Oil Field Equipment [] Livestock
[] Grain, Feed, Hay [] Coal/ Coke [] Meat [] Garbage, Refuse and Trash [] U.S. Mail
[] Chemicals [] Commodities Dry Bulk [] Refrigerated Foods [] Beverages [] Paper Products
[] Utility [] Farm Supplies [] Sand and Gravel [] Water Well [] Other:

30. Carrier Mileage (to nearest 10,000 miles for Last Calendar Year) 31. Number of years Applicant has operated as a motor carrier

32. DRIVER INFORMATION

DRIVERS INTERSTATE DRIVERS INTRASTATE DRIVERS
Total All Drivers _____ 100 Mile Radius _____ 100 Mile Radius _____
Total CDL Drivers _____ Beyond 100 Mile Radius _____ Beyond 100 Mile Radius _____

33. LIST OF TERMINALS:
Does the applicant have terminals located in Ohio? [] YES [] NO (If yes, please list below. Add attachment if necessary.)

B. Proof of Public Liability Security		YES	NO
1.	Has the applicant's insurance company filed a copy of its proof of public liability security with the Public Utilities Commission of Ohio, and does the insurance coverage as stated on that form remain in effect?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the applicant have an approved self-insurance plan with the FHA and wishes to self-insure for Ohio? <i>(If yes, please attach copies of the FHA order approving the plan and the letter establishing the company's activation date.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

OPERATIONS MAY NOT BEGIN UNTIL REQUIRED PROOF OF INSURANCE HAS BEEN FILED WITH THE COMMISSION AND YOU HAVE RECEIVED THE "LETTER OF ACKNOWLEDGEMENT".

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (614)466-3392

C. Hazardous Materials		YES	NO
1.	Will the applicant haul hazardous materials in any quantity?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will the applicant haul hazardous materials in <u>less than placardable quantities</u> in vehicles with a gross vehicle weight rating of less than 10,000 pounds GVWR and maintain at least \$350,000 liability insurance as per O.A.C. 4901:2-13-02.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the applicant haul hazardous materials in <u>placardable quantities</u> in vehicles with a gross vehicle weight rating of less than 10,000 pounds GVWR and maintain at least \$350,000 liability insurance as per O.A.C. 4901:2-13-02.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Will the applicant haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance in accordance with 49 CFR. 387.9 ?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Will the applicant haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance in accordance with 49 CFR 387.9 ?	<input type="checkbox"/>	<input type="checkbox"/>

IF APPLICANT INTENDS TO HAUL HAZARDOUS MATERIALS IN PLACARDABLE QUANTITIES, ADDITIONAL HAZARDOUS MATERIALS REGISTRATION IS REQUIRED.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (614)466-3392

D. Household Goods		YES	NO
1.	Will the applicant be transporting household goods?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the applicant filed a TARIFF as prescribed by the Public Utilities Commission of Ohio?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the applicant's insurance company filed a copy of its proof of cargo insurance with the Public Utilities Commission of Ohio, and does the insurance coverage as stated on that form remain in effect?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Customer Service Representative: _____ Telephone Number: _____		

IF APPLICANT INTENDS TO HAUL HOUSEHOLD GOODS, ADDITIONAL INSURANCE COVERAGE IS REQUIRED.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (614)466-3392

E. CERTIFICATIONS

Each certification **must** be separately initialed in the box to the right of the certification by the appropriate official of the applicant company. All information in the permit, including the certifications, is subject to a background check and future audits. If all information is not found to be true and accurate, this will be grounds for withholding, suspending, or revoking the permit.

If the applicant is a new start-up company without drivers and equipment, please skip to certification #11.

1. "I certify that, to the best of my knowledge, all of the applicant's drivers subject to 49 CFR 383 have a current, valid commercial driver's license, including endorsements for hazardous materials, cargo tankers if carrier is hauling hazardous materials."	<i>Initial Here</i>
2. "I certify that, to the best of my knowledge, all of the applicant's drivers subject to 49 CFR 391 have completed medical examinations and meet the medical requirements contained in 49 CFR 391.41, or have a provisional medical certificate issued in accordance with OAC 4901:2-5-04."	<i>Initial Here</i>
3. "I certify that, to the best of my knowledge, the applicant is in compliance with the drug and alcohol testing and employee assistance program requirements as required by 49 CFR 382 and 391."	<i>Initial Here</i>
4. "I certify that, to the best of my knowledge, all applicant-owned and operated vehicles have passed a periodic inspection within the past year with the requirements contained in 49 CFR 397.17."	<i>Initial Here</i>
5. "I certify that, to the best of my knowledge, all hours of service records required by 49 CFR 395.8 are maintained by the applicant, and are in compliance with the hours of service regulations in 49 CFR 395."	<i>Initial Here</i>
6. "I certify that, to the best of my knowledge, the applicant properly maintains driver qualification files in accordance with 49 CFR 391.51 for all drivers to which this section applies."	<i>Initial Here</i>
7. "I certify that, to the best of my knowledge, the applicant maintains required vehicle maintenance and inspection records in accordance with 49 CFR 396.3, 396.11, and 396.17."	<i>Initial Here</i>
8. "I certify that, to the best of my knowledge, the applicant is knowledgeable of, and complies with, all other applicable requirements of the federal motor carrier safety regulations (49 CFR 390-399) and federal hazardous materials regulations (49 CFR 171-180) if hauling hazmat."	<i>Initial Here</i>

HOUSEHOLD GOODS MOVER ONLY

9. "I certify that, to the best of my knowledge, the applicant maintains Worker's Compensation coverage pursuant to Chapter 4123 of the Ohio Revised Code."	<i>Initial Here</i>
10. "I certify that, to the best of my knowledge, the applicant maintains Unemployment Compensation coverage pursuant to Chapter 4141 of the Ohio Revised Code."	<i>Initial Here</i>

**NEW START-UP COMPANY
(without drivers and equipment)**

11. "I certify that I am aware of the foregoing CFR regulations, and will comply with all applicable regulations when operations commence."	<i>Initial Here</i>
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**CERTIFICATION OF STATEMENT
(to be completed by an authorized official)**

12. I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.	
Signature: _____	Date: _____
Title: _____	Phone: (_____) _____

F. INTRASTATE EQUIPMENT

1. Please use the table below to list the quantity of vehicles that are used by the applicant for Ohio intrastate commerce:

	Qty. Straight Trucks	Qty. Truck Tractors	Qty. Trailers	Qty. HazMat Cargo Tank Trailers	Qty. HazMat Cargo Tank Trucks	PASSENGER VEHICLES			
						Qty. Motor Coach	Qty. School Bus	Qty. Minibus/Van	Qty. Limousine
OWNED									
TERM LEASED									
TRIP LEASED									

2. Will applicant be using freight vehicles with a gross vehicle rating of 10,000 pounds or more? Yes No

G. FEES SCHEDULE

The following fees apply to ALL CARRIERS. Please do not submit applications for lower rates until beginning of that quarter. Applications received before a new quarter begins must be for the rate in effect at that time. You may pay tax and receive receipts for as many vehicles as you wish. However, no refunds or credits will be made for unused receipts.

FEE Prorated Quarterly				
Vehicles in Service on:	Jul 1 (Full year)	Oct 1 (3/4 year)	Jan 1 (1/2 year)	Apr 1 (1/4 year)
Each Tractor or Truck pulling trailer , Tow truck (including rollback with towbar) or Bus (any size vehicle used to transport passengers)	30.00	22.50	15.00	7.50
Each Straight Truck, Van, Car, etc.	20.00	15.00	10.00	5.00

The following annual fees apply to HOUSEHOLD GOODS MOVERS only:

GROSS ANNUAL REVENUE	ANNUAL FEE (check the appropriate fee and enter the amount below in Section H – line 3)
\$0 - 74,999	\$100.00 <input type="checkbox"/>
\$75,000 - 149,999	\$200.00 <input type="checkbox"/>
\$150,000. or more	\$300.00 <input type="checkbox"/>

H. PERMITS

Permits must be displayed for all vehicles used for Ohio intrastate for-hire transportation. Please indicate the quantity of permits that you require. Use the tables above to determine the appropriate fees, then enter the totals in the boxes provided.

	QTY	FEE	TOTAL
1. Each Tractor or Truck pulling trailer , Tow truck (including rollback with towbar) or Bus (any size vehicle used to transport passengers)		\$	\$
2. Each Straight Truck, Van, Car, etc.		\$	\$
3. Household Goods Mover Annual Registration Fee		\$	\$
MAKE CHECK PAYABLE TO: TREASURER, STATE OF OHIO		TOTAL FEE DUE	\$

MAIL PAYMENT AND APPLICATION TO:
PUBLIC UTILITIES COMMISSION OF OHIO
MOTOR CARRIER REGISTRATION DIVISION
180 EAST BROAD STREET, 14TH FLOOR
COLUMBUS OH 43215-3793



Instructions for Registration of Motor Carriers Operating Intrastate for Hire in Ohio

A. CARRIER INFORMATION

Items

- 1 Indicate the type of application being filed. If this is the first registration the applicant is filing in Ohio, mark "New Application". If the applicant is filing a registration to indicate changes in information filed in an original application, mark "Amended Application". If the registration is being completed with tax receipts renewal, mark "RENEWAL".
- 2-3 Provide the applicant's full legal name. If the applicant is using a DBA, provide this in Item 2.
- 4-15 Provide the complete street, city and state for the mailing address where the company wishes to receive all mailings having to do with registration. If the mailing address is something other than a street address, provide the actual location of the company where the mail is being processed in Items 10-15. If the main office of the company is different from this street address, please indicate the principal place of business in Item 4-9.
- 16-20 Provide the telephone number, fax number and email address of the business. Also provide the name and telephone number of the individual who can be contacted about the information on this registration.
- 21 Provide the applicant's lowest PUCO authority number.
- 22 Provide the applicant's U.S. DOT number. All carriers operating in interstate trucking should have a number from the U.S. Department of Transportation. If the applicant has applied for a number from the U.S. DOT but not received it, mark "Applied For" and give the date the application was filed. Carriers operating on a strictly intrastate basis will not have a number from the U.S. DOT. These applicants should mark "Not Applicable".
- 23 Provide the applicant's MC number issued by the ICC/Federal Highway Administration, IF APPLICABLE.
- 24 Provide the applicant's Federal tax I.D. number. If the company is a single proprietorship, without a FEIN, provide the individual's Social Security number.
- 25 Indicate the legal entity of the applicant: Individual ownership, Partnership ownership, or a Corporation.
- 26 Interstate carriers should indicate the carrier's safety rating with the U.S. Department of Transportation (U.S. DOT). Indicate the date the applicant received the rating. Carriers operating only in Ohio should mark "Not Applicable".
- 27 Indicate operation classifications. Check all that apply.
- 28 Indicate the type of operation or property transported. Please check all that apply.
- 29 Indicate cargo classifications. Check all that apply.
- 30-31 If the applicant has been operating as a motor carrier, indicate last year's mileage. If the applicant has not been operating as a motor carrier, show "0" in items 30 and 31.
- 32 The applicant should provide the average number of drivers dispatched by the company which meet each type of driver classification.
- 33 Provide a complete listing of the addresses, county of location, and phone numbers for each terminal location in Ohio. A terminal is defined as:
 - A facility owned, leased, or operated by the applicant where:
 - Applicant's motor vehicles are loaded, unloaded, or dispatched incidental to transportation;
 - Applicant's motor vehicles are cleaned, maintained, or inspected;
 - Applicant's motor vehicles are fueled or repowered;
 - Applicant stores goods incidental to transportation;
 - Applicant maintains records related to transportation including vehicle maintenance files and hours-of-service records.
 - Applicant's motor vehicles are parked when not in use.



B. PROOF OF PUBLIC LIABILITY SECURITY

Ohio intrastate motor carriers are required to have a minimum of \$350,000 bodily injury and property damage liability insurance. Indicate whether the applicant's insurance company has already filed, or will file, the Form E, Uniform Motor Carrier Bodily Injury and Property Damage Certificate of Insurance as evidence of this insurance.

The PUCO will consider a self-insurance program for applicants who have an approved self-insurance plan with the Federal Highway Administration. Attach copies of the FHWA Decision Order and the letter from the FHWA establishing the date the company's plan will be activated.

C. HAZARDOUS MATERIALS

The applicant should indicate whether it will or will not haul hazardous materials in the course of doing business. If the applicant has checked Items 3, 4, or 5 under this section, the company needs to contact the PUCO's Hazardous materials Division to secure the additional Hazardous Materials Registration. Applicants expecting to haul hazardous materials must arrange for the appropriate level of liability insurance.

D. HOUSEHOLD GOODS

- 2 Ohio intrastate household goods carriers are required to establish and maintain rates for the transportation of household goods and associated services related to the transportation of household goods. Indicate whether the applicant has already filed or will file the required tariff.
- 3 Ohio intrastate household goods carriers are required to have a minimum of \$20,000 cargo coverage. Indicate whether the applicant's insurance company has already filed or will file the Form H, Uniform Motor Carrier Cargo Certificate of Insurance as evidence of this insurance.
- 4 Provide the name and phone number of the person to be contacted to handle any questions or problems relative to a household goods move by the carrier.

E. CERTIFICATIONS

Ohio has adopted and enforces the Federal Motor Carrier Safety Regulations (FMCSR) for motor carriers operating intrastate in this state. Applicants may be subject to the various safety requirements from the FMCSR noted in the certifications section. **Each certification MUST be separately initialed** by the appropriate official of the applicant company to indicate understanding of, and compliance with, that portion of the FMCSR. If a specific certification does not apply to the applicant's operations, note "N.A."

If the applicant is a new start-up company without drivers and equipment, please skip to certification #11.

The certifications regarding the requirement that the carrier maintains Worker's Compensation and Unemployment Compensation coverage must each be separately initialed by the appropriate official of the applicant company to indicate compliance with the requirement.

The registration must be signed by the owner, a partner, or a primary officer of the company.

Please note: false statements may violate 18 U.S.C. 1001, may incur state penalties, and may invalidate the registration form.

F. INTRASTATE EQUIPMENT

The applicant must provide the average number of each type of equipment used by the company.

H. PERMITS

Permits must be displayed for all vehicles used for Ohio intrastate for-hire transportation. Please indicate the quantity of permits that you require. Use the tables in Section G to determine the appropriate fees, then enter the totals in the boxes provided.

The annual registration fee for Household Goods Movers is based on the Gross Annual Revenue of the previous year. Please check the appropriate annual fee amount and enter this fee in Section H – line 3.