

For Division use only:	
Case No.	

FORM A

UNIFORM APPLICATION FOR REGISTRATION OF OPERATING AUTHORITY ISSUED BY ICC

To: DIVISION OF TRANSPOR P.O. Box 1216 Jefferson City, Missouri 65		Date		
Applicant	·	··· == ···		
Street				
City		State	<u>-</u> .	Zip
ICC Operating Authority No. MC	 ta		Type of Route:	Regular
	Common	Contract		
Give Principal Office Address, if d				
Street	City		State	
If individual, give name and addre				
If corporation, give state in which		·		
Name of President		Name of Secretary		· · · -
If partnership, give name and add	ress of partners:			
······		·····		· · · · · · · · · · · · · · · · · · ·

Process Agent for State: Applicant hereby designates the Director of the Division of Transportation of the State of Missouri as its authorized agent upon whom legal service may be had in all actions arising in Missouri from the operation of motor vehicles under authority of this Division. If applicant desires to designate a local agent for service of process please give name and address:

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above application. (Federal penalties, maximum of \$10,000 or imprisonment for five years, or both, 18 U.S. Code 1001; State penalties as prescribed by law.)

Signature	
Title	

Instructions: A copy of the ICC operating authority must be attached to the application. Only the signed original of Form A shall be filed with the Division.

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 11506(c) of the Interstate Commerce Act (49 U.S.C., Sec. 11506(c)).

MO 419-1338 (2-87)

ROBIN CARNAHAN Secretary of State



For Division use only:

_____ Zip _____

Case No.

FORM A-1

UNIFORM APPLICATION FOR REGISTRATION OF INTERSTATE OPERATIONS EXEMPT FROM ECONOMIC JURISDICTION OF ICC

Date ___

To: DIVISION OF TRANSPORTATION P.O. Box 1216 Jefferson City, Missouri 65102

Applicant _____

Street ____

City _____ State _____

Mailing Address: ______ Type of Carrier:

Name of Pr	hip, give name and addres	······,			
	Tesinent				
If Corporat	· •	-			
	tion, give State in which in	corporated:			
lf Individua	al, give name and address:				
()	(Other)			
() Sec. 10524(b)				
ć) Sec. 10526(b)(3)	(Tow Truck Exemption)			
- C) Sec. 10526(a)(12)	(Wood Chips Exemption)			
() Sec. 10526(a)(11)) Sec. 10526(a)(12)	(Decorative Rock Exemption)			
() Sec. 10526(a)(8)(C)	(Transportation of property because of weather conditions or aircraft mechanical failure) (Used Pallets and Containers Exemption)			
(
() Sec. 10526(a)(8)(A)	(Transportation of passengers adjacent to Air Transport Exemption)			
Ċ) Sec. 10526(a)(7)	(Newspaper Exemption)			
) Sec. 10526(a)(5)) Sec. 10526(a)(6)	(Cooperative Association Exemption) (Agricultural Commodities Exemption)			

PROCESS AGENT FOR STATE: Applicant hereby designates the Director of the Division of Transportation of the State of Missouri as its authorized agent upon whom legal service may be had in all actions arising in Missouri from the operation of motor vehicles under authority of this Division.

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (State penalties as prescribed by law.)

Signature

Title

MO 419-0003 (6-87)

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