



STATE OF MISSOURI
DIVISION OF TRANSPORTATION

PREPARE IN DUPLICATE

**APPLICATION FOR A CERTIFICATE OR PERMIT
TO OPERATE IN INTRASTATE COMMERCE
TRANSPORTING HOUSEHOLD GOODS OR PASSENGERS**

FORM MO-2

MAIL COMPLETED FORM AND ONE COPY TO: DIVISION OF TRANSPORTATION P.O. BOX 1216 JEFFERSON CITY, MO 65102		IF ASSISTANCE IS NEEDED, CALL: 314-751-3658, 751-7108 OR 751-7106	CASE NO
			FILE NO
WARNING: Division rule 4 CSR 265-2.080(10) states that no person shall make any statement in any pleading filed with this Division, nor shall sign or file or cause to be filed with this Division any pleading, nor shall make any written or oral statement in any matter or proceeding before the Division or an administrative law judge, which the person knows to be false, or which is stated with reckless disregard as to its truth or falsity. Upon a finding by the Division's administrative law judge, after hearing, that any requirement of this section has been violated by any party, participant without intervention, or counsel for a party or participant, the administrative law judge may strike any pleadings and evidence and dismiss any proceeding filed with the Division by or on behalf of that party or participant, and may order the suspension or revocation of any certificate or permit issued by the Division to that party or participant in accordance with Section 390.106, RSMo., or both, and may authorize the prosecution of a suit to recover a civil penalty under §390.156, RSMo.			(DO NOT WRITE IN THIS SPACE)
SECTION 1 TYPE OF CERTIFICATE OR PERMIT REQUESTED			(FOR FILED STAMP)
A. APPLICANT REQUESTS DIVISION APPROVAL FOR THE: (check ONLY one box)			(DO NOT WRITE IN THIS SPACE)
<input type="checkbox"/> Issuance of new authority <input type="checkbox"/> Issuance of enlarged authority To operate in Missouri INTRASTATE commerce as a: (check ONLY one box) <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier Transporting the following: (check all that apply and attach EXHIBIT C) <input type="checkbox"/> Household goods <input type="checkbox"/> Passengers other than in charter service <input type="checkbox"/> Passengers in charter service Over routes described in the attached EXHIBIT C.			(FOR RECEIVED STAMP)
B. PROPERTY (OTHER THAN HOUSEHOLD GOODS)			
In addition, applicant requests Division approval for the issuance of a new certificate and permit authorizing the statewide transportation of property other than household goods. This would EXCLUDE Hazardous Materials unless stated otherwise. (See Section 3, Question 23 and Section 4.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
C. TRANSFERS			
(This part to be completed for transfers only. In addition, Section 9 Transferor's Statement and Verification by Transferor must also be completed.)			
Applicant requests approval of the transfer of <input type="checkbox"/> all or <input type="checkbox"/> a portion of the operating authority described in the certificate(s)/permit(s) attached as Exhibit A. (Attach a copy of all certificates/permits to be transferred, clearly indicating all portions to be transferred.)			
Any other property to be transferred is listed in the attached Exhibit B, if applicable. Applicant shall pay the Transferor the sum of \$ _____ for the certificate(s)/permit(s) and other property to be transferred.			
SECTION 2 GENERAL INFORMATION (If additional space is needed for your response, attach separate pages)			
A. APPLICANT IS IDENTIFIED BY THE FOLLOWING NUMBERS			
MO T-NUMBER	(DO NOT WRITE IN THIS SPACE)		
US DOT NUMBER			
ICC NUMBER			
MC-			
FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN)			
SOCIAL SECURITY NUMBER IF APPLICANT IS INDIVIDUAL			
B. APPLICANT			
NAME	DAYTIME (8am - 5pm) PHONE NUMBER ()		
APPLICANT WILL BE DOING BUSINESS UNDER THE FOLLOWING NAME	FAX NUMBER ()		
IF APPLICANT HAS A d/b/a, HAS THE FICTITIOUS NAME BEEN REGISTERED WITH THE MISSOURI SECRETARY OF STATE? <input type="checkbox"/> YES, Registration Number _____ <input type="checkbox"/> NO _____ If require under 3417.200 RSMo, applicant's fictitious name must be registered with the Missouri Secretary of State before this application will be filed.			



C. PRINCIPAL PLACE OF BUSINESS ADDRESS (PHYSICAL ADDRESS, NO P.O. BOX NUMBER)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

D. MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE
 STREET OR P.O. BOX NUMBER (CITY, STATE, ZIP CODE)

E. LOCATION OF MISSOURI OFFICE (PHYSICAL ADDRESS WITHIN STATE, AS REQUIRED BY SECTION 386.280.2, RSMo)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

F. AGENT FOR SERVICE OF PROCESS
 EACH APPLICANT WHICH IS NOT A RESIDENT OF THIS STATE AND DOES NOT MAINTAIN AN OFFICE OR AGENT IN THIS STATE HEREBY DESIGNATES THE DIRECTOR OF THE MISSOURI DIVISION OF TRANSPORTATION AS ITS AUTHORIZED AGENT UPON WHOM LEGAL SERVICE MAY BE HAD IN ALL ACTIONS ARISING IN THIS STATE FROM ANY OPERATION OF A MOTOR VEHICLE UNDER AUTHORITY OF ANY CERTIFICATE OR PERMIT.

G. LOCATION OF TERMINALS, VEHICLES AND MAINTENANCE RECORDS
 PLEASE LIST THE PHYSICAL ADDRESS OF ALL LOCATIONS OF TERMINALS AND WHERE VEHICLE MAINTENANCE RECORDS ARE RETAINED FOR VEHICLES TO BE OPERATED IN MISSOURI UNDER THE REQUESTED AUTHORITY.

H. TYPE OF BUSINESS ENTITY
 APPLICANT IS A
 INDIVIDUAL/ SOLE PROPRIETOR PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY (LLC)
 DATE ORGANIZED: _____ DATE INCORPORATED: _____ DATE ORGANIZED: _____
 IF CORPORATION OR LLC, GIVE STATE IN WHICH INCORPORATED OR ORGANIZED _____

If the applicant is a corporation or LLC, has the corporation or LLC been registered with the Secretary of the State of Missouri? YES, Registration Number _____ NO
 A corporation or LLC must be registered and in good standing with the Missouri Secretary of State before the application will be filed. (NOTE: A corporation or LLC must have a Missouri-licensed attorney sign and file this application.)

I. LIST NAME OF APPLICANT PARTNERS OR OFFICERS

NAME	TITLE

J. CARRIER AFFILIATIONS
 Please list the name and address of any regulated transportation business in which the applicant owns 10% or more ownership interest, or which owns 10% or more of Applicant.

K. TYPE OF OPERATING AUTHORITY OWNED (CHECK ALL TYPES OF AUTHORITY CURRENTLY OWNED)

Intrastate Certificate/Permit — Circle states. AL AR AZ CA CO CT DC DE FL GA IA ID IL IN KS KY LA MA MD ME MI MN MS MO MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY CANADA MEXICO OTHER _____

Interstate Exempt authority — Circle states. AL AR AZ CA CO CT DC DE FL GA IA ID IL IN KS KY LA MA MD ME MI MN MS MO MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY CANADA MEXICO OTHER _____

Interstate Commerce Commission (ICC authority)

No authority

Private Carrier

Circle states where intrastate or interstate exempt authority has been revoked by any regulatory agency. AL AR AZ CA CO CT DC DE FL GA IA ID IL IN KS KY LA MA MD ME MI MN MS MO MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY CANADA MEXICO OTHER _____



L. LEASE OPERATIONS (COMPLETE ONLY IF THE APPLICANT DOES NOT OPERATE UNDER ITS OWN AUTHORITY)

IF THE APPLICANT HAS OPERATED UNDER A LEASE AGREEMENT TO A FOR-HIRE OR PRIVATE MOTOR CARRIER IN THE LAST YEAR, PLEASE LIST THE NAMES AND ADDRESSES OF THE LESSEES.

M. EQUIPMENT LIST (ALL APPLICANTS MUST COMPLETE AND ATTACH EXHIBIT E.)

N. PROOF OF PUBLIC LIABILITY SECURITY (CHECK ONLY ONE BOX)

- The applicant's insurance company will file a copy of its proof of public liability security (Form E-BIPD insurance certificate or Form G-BIPD surety bond) before the applicant will be approved to operate in intrastate commerce. (NOTE: Applications for authority to transport PASSENGERS IN CHARTER SERVICE will not be filed until the Division has received the required proof of insurance. But with applications for authority to transport household goods or passengers other than in charter service, the Applicant may wait to file the required proof of public liability security until after the issuance of an order by the Administrative Law Judge which grants the application.)
- The applicant's insurance company has filed a copy of its proof of public liability security (Form E-BIPD insurance certificate or Form G-BIPD surety bond).
- The applicant's self-insurance status has been approved by order of this Division in Case No. _____.

O. CARGO INSURANCE (HOUSEHOLD GOODS CARRIERS ONLY) (CHECK ONLY ONE BOX)

- The applicant's insurance company will file a copy of its proof of cargo insurance (Form H-cargo insurance certificate or Form J-cargo surety bond) before the applicant will be approved to transport household goods in intrastate commerce.
- The applicant's insurance company has filed a copy of its proof of cargo insurance (Form H-cargo insurance certificate or Form J-cargo surety bond).
- The applicant's self-insurance status has been approved by order of this Division in Case No. _____.

P. FEES (Certified Check or Money Order payable to Director of Revenue)

Check the appropriate box and attach all required fees.

- Regulatory license fee of \$10.00 for each motor vehicle to be operated in Missouri intrastate commerce is attached along with a completed B-1 license form.
- The Applicant has already purchased current year regulatory sticker(s)/stamp(s) with the serial number(s) _____.
- The \$10.00 per vehicle fee has been paid to the state of Missouri with the Single State Registration program. It is understood that if the Applicant is domiciled in a state that has reciprocity with Missouri where the \$10.00 per vehicle fee has been waived for interstate operations, the Applicant must pay \$10.00 for each vehicle used in intrastate commerce.

SECTION 3 SAFETY FITNESS

APPLICANT MUST ANSWER EVERY QUESTION

The Applicant has the following safety rating(s) issued by: (check all that apply)

- US Department of Transportation
Date of Last Rating _____ Rating _____
If the safety rating was issued by the US DOT in a state other than Missouri, the Applicant must attach a copy of that safety rating.
- Missouri Division of Transportation
Date of Last Rating _____ Rating _____
- Another State
Applicant must attach copies of the last safety rating from each state other than Missouri.

The following safety questions relate to provisions of the Federal Motor Carrier Safety Regulations (FMCSR), within Title 49, Code of Federal Regulations (49 CFR). The term driver means any person (including an owner-operator) who operates any commercial motor vehicle:

- Does Applicant have systems and procedures established to ensure its compliance with the FMCSR requirements regarding —
1. Commercial Drivers Licenses (CDL) for its drivers? (See 49 CFR Part 383, and Section 391.11(b)(7).) N/A YES NO
 2. Recording accidents in which its commercial motor vehicles and drivers are involved? (See 49 CFR Part 390.) N/A YES NO



3. Qualification and disqualification of its drivers? (See 49 CFR Parts 383 and 391.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Alcohol testing of its drivers? (See 49 CFR Part 382.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Controlled substances testing for its drivers? (See 49 CFR Parts 382 and 391.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Use of alcohol or controlled substances by its drivers while driving its commercial motor vehicles? (See 49 CFR Part 382.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered not applicable ("N/A") to questions 1. through 6. above, please explain why the regulations do not apply. _____			
Does Applicant have systems and procedures established to ensure its compliance with the FMCSR requirements regarding parts and accessories required for the safe operation of its commercial motor vehicles (See 49 CFR Part 393), including the following:			
7. Lighting devices, reflectors and electrical systems? (See 49 CFR Part 393, Subpart B.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Brakes? (See 49 CFR Part 393, Subpart C.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Glazing and window construction? (See 49 CFR Part 393, Subpart D.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Fuel systems? (Subpart E)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Coupling devices and towing methods? (See 49 CFR Part 393, Subpart F.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Miscellaneous parts and accessories? (See 49 CFR Part 393, Subpart G.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Emergency equipment? (See 49 CFR Part 393, Subpart H.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Protection against shifting or falling cargo? (See 49 CFR Part 393, Subpart I.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Frames, cab and body components, wheels, steering and suspension systems? (See 49 CFR Part 393, Subpart J.)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered not applicable ("N/A") to questions 7. through 15. above, please explain why the regulations do not apply. _____			
Does Applicant have systems and procedures established to ensure its compliance with the FMCSR requirements regarding maximum allowed driving and on-duty (not driving) hours of service for drivers of its commercial motor vehicles (See 49 CFR Part 395), including the following:			
16. 10 hour rule? (See 49 CFR Section 395.3(a)(1).)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. 15 hour rule? (See 49 CFR Section 395.3(a)(2).)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. 60 hour rule? (See 49 CFR Section 395.3(b)(1).)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. 70 hour rule? (See 49 CFR Section 395.3(b)(2).)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. 100 air mile rule? (See 49 CFR Section 395.1(e).)	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered not applicable ("N/A") to questions 16. through 20. above, please explain why the regulations do not apply. _____			
21. Does Applicant have systems and procedures established to ensure its compliance with the FMCSR requirements regarding completion, filing and retention of its drivers' records of duty status? (See 49 CFR Section 395.8.)			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Does Applicant have systems and procedures established to ensure its compliance with the FMCSR requirements regarding inspection, repair and maintenance of its commercial motor vehicles? (See 49 CFR Part 396.)			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. Does applicant intend to transport hazardous materials as designated in 49 CFR Section 172.101 in any quantity? It is understood that if the answer is NO, that the authority granted will not contain hazardous materials.			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to Question Number 23, you are required to complete Section 4.			



SECTION 4 HAZARDOUS MATERIALS

THIS SECTION MUST BE COMPLETED BY APPLICANTS WHO DESIRE TO TRANSPORT HAZARDOUS MATERIALS: (CHECK ALL THAT APPLY)

- Insurance requirements: \$1 million and \$5 million in Public Liability and Property Damage Insurance.

HAZARD CLASS UNDER 49 CFR PARTS 171-179 CIRCLE ALL TYPES OF HAZARD CLASSES THE APPLICANT WILL TRANSPORT

Table with 6 columns and 4 rows of hazard class codes (1.1-1.6, 2.1-2.3, 3, 4.1, 4.2, 4.3, 5.1, 5.2, 6.1 PGI PIH, 6.1 PG I & II, 6.1 PG III, 6.2, 7, 8, 9, ORM-D).

HAZARDOUS MATERIALS PACKAGING TYPE CHECK ALL THAT APPLY

- Packaging types: Non-Bulk, Bulk, Cargo Tank (less than 3500 water gallons capacity), Cargo Tank (excess of 3500 water gallons capacity).

DESCRIPTION OF HAZARDOUS MATERIALS CARGO TANK EQUIPMENT THAT WILL BE USED

Table with 5 columns: DESCRIBE TYPE OF VEHICLE, MODEL YEAR, MAKE, CONDITION OF EQUIPMENT, SPECIFY IF OWNED, LEASED OR TO BE ACQUIRED.

The following safety questions concerning the transportation of hazardous materials relate to regulations adopted by the US Department of Transportation (USDOT), within Title 49, Code of Federal Regulations (49 CFR):

24. Has Applicant trained its employees in the transportation of hazardous materials which it will transport? (See 49 CFR Part 172, Subpart H.)

25. Is Applicant currently registered as a hazardous material carrier with the USDOT's Research and Special Program Administration (RSPA)? (See 49 CFR Part 107, Subpart G.)

If YES to Question No. 25, also state the registration number: _____

Does Applicant have systems and procedures established to ensure its compliance with the regulations adopted by USDOT regarding —

26. Shipping papers relating to shipments of those hazardous materials which Applicant will transport? (See 49 CFR Part 172, Subpart C.)

27. Placarding of commercial motor vehicles used to transport those hazardous materials? (See 49 CFR Part 172, Subpart F.)

**SECTION 5 FINANCIAL FITNESS**

Attached as Exhibit D is a full and complete statement giving detailed information about the applicant's financial condition including:
(Check only one box)

- If Applicant is an **individual**, Exhibit D must include: (1) a full and complete balance sheet showing all assets and liabilities of the individual for the last two (2) years; (2) if the individual has been self-employed as a sole proprietor, then Exhibit D must also include the individual's income and expense statements for the past two (2) years on all businesses owned.
- If Applicant is a **partnership**, Exhibit D must include: (1) complete balance sheets and income and expense statements for the last two (2) years; (2) a *pro forma* balance sheet of the partnership, reflecting those assets and liabilities to be acquired toward providing service under the requested operating authority. If Applicant does not intend to acquire any additional assets or liabilities in order to provide the proposed service, Applicant must check the appropriate box on the Exhibit D, page 1, in lieu of the *pro forma* balance sheet. For each partner, a balance sheet for the last year must also be submitted.
- If Applicant is a **corporation or limited liability company**, Exhibit D must include: (1) complete balance sheets and income and expense statements (relating to the Applicant only) for the last two (2) years; (2) a *pro forma* balance sheet of the Applicant, reflecting those assets and liabilities to be acquired toward providing service under the requested operating authority. If Applicant does not intend to acquire any additional assets or liabilities in order to provide the proposed service, Applicant must check the appropriate box on the Exhibit D, page 1, in lieu of the *pro forma* balance sheet. The financial information required must be that of the Applicant business entity only, and shall not contain financial information as to related companies or affiliates. The Applicant may, *in addition to* the required financial information, submit separate financial or pertinent statements on related companies or affiliates which it desires the Division of Transportation to consider in evaluating the Applicant's financial fitness.

SECTION 6 RATES (Common Carriers only)

- A. If **household goods** authority is requested the Applicant will file, after approval of the application by the Administrative Law Judge, a statement of rates in proper tariff form, which adopts rates within the maximum and minimum rates prescribed by the Division.
- B. If **passenger** authority is requested, the statement of rates for the transportation of passengers is attached as **Exhibit G** and will be finalized in proper tariff form if the authority is granted.
- C. If a **transfer** of authority is requested, Applicant (Transferee) hereby adopts the rates presently being charged by the Transferor, which shall be finalized in proper tariff form if the application is granted.

SECTION 7 CONTRACTS (Contract Carriers only)

Attached hereto as **Exhibit G** is a copy of the contract between the Applicant and shipper (or the assignment to Applicant (Transferee) of the existing contract between Transferor and shipper), which states the specific obligations of each party, and which includes:
(check **ONLY** one box)

- a statement of rates to be charged under the contract; or
- a provision which incorporates by reference a separate schedule of rates; and

(check **ONLY** one box)

- the date of expiration of the contract; or
- a statement that the contract is continuing subject to cancellation after thirty-day's notice in writing by a party to the other party and this Division.

SECTION 8 HEARING

(This section must be completed on all applications **EXCEPT** applications for the transportation of **PASSENGERS IN CHARTER SERVICE**.)

Applicant will present approximately _____ witnesses. The presentation of applicant's case will take approximately _____ hours.



SECTION 9 TRANSFEROR'S STATEMENT

(TO BE COMPLETED ONLY WHEN TRANSFERRING AN INTRASTATE CERTIFICATE/PERMIT WHICH AUTHORIZES THE TRANSPORTATION OF HOUSEHOLD GOODS OR PASSENGERS.)

The undersigned individual(s) is/are authorized to state on behalf of the Transferor,

TRANSFEROR'S NAME (AS SHOWN ON THE CERTIFICATE/PERMIT)	TRANSFEROR'S MO T-NUMBER
--	--------------------------

That the Transferor and Transferee (Applicant) identified above have agreed to the proposed sale, transfer or assignment of the Transferor's certificate and permit authorizing the transportation of property or passengers as a common carrier and/or contract carrier in Missouri intrastate commerce, as described in this Application, and request the approval of the Division for this transfer. The transfer shall become effective upon this Division's approval of the proposed transfer, unless otherwise provided in the written transfer agreement.

(PLEASE CHECK ONE BOX)

- There is no written transfer agreement between Transferor and Transferee.
- The transfer is to be completed in accordance with the written transfer agreement, a copy of which is attached as Exhibit F.

Transferor also intends to transfer: (check all that apply and see instruction sheet)

- ICC Interstate Registration
- Exempt Interstate Permit
- Statewide intrastate Certificate/Permit to transport all property except household goods.

VERIFICATION BY TRANSFEROR

I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of Missouri and the United States of America that the statements in this section are true and correct and I am authorized to sign this application on behalf of the transferor. (If signing for the transferor in a representative capacity, please see instruction sheet.)

TRANSFEROR NAME(S) (PRINTED)	DATE
TRANSFEROR SIGNATURE(S)	TITLE(S)
MAILING ADDRESS	DAYTIME (8am - 5pm) TELEPHONE NUMBER
CITY, STATE, ZIP CODE	

SECTION 10 TRANSFEROR'S ATTORNEY (MUST BE LICENSED IN MISSOURI)

(REQUIRED IF TRANSFEROR IS A CORPORATION OR LLC)

ATTORNEY'S NAME (PRINTED)	TELEPHONE NUMBER
SIGNATURE OF ATTORNEY	MO BAR NUMBER
ATTORNEY ADDRESS	

SECTION 11 APPLICANT'S AUTHORIZATION AND CONSENT TO INVESTIGATION:

The Applicant, by causing this Application to be received by the Missouri Division of Transportation, authorizes and consents on behalf of itself and its affiliates (including entities under common control or otherwise related to Applicant, and all their agents, employees, drivers, lessors and lessees of motor vehicles, and insurance providers) to be thoroughly investigated by the Missouri Division of Transportation (including its authorized employees, agents, and cooperating law enforcement personnel), in relation to their safety fitness and insurance coverage with respect to motor vehicles and drivers, any statements made by them or on their behalf in relation to this Application, and their compliance with federal, state and local laws, regulations and orders relating to the operation, maintenance, repair, insurance, licensing and registration or identification of motor vehicles and drivers; and consent to inspections and searches by the Division of their vehicles, equipment, terminals, offices and other premises owned, used or occupied by them, and all their records and documents relevant to this Application and investigation whether within or outside Missouri. This authorization and consent shall become effective when the Division receives this Application, and shall expire when all related administrative and judicial proceedings are finally determined. Applicant's revocation of this authorization and consent, or the failure or refusal by the Applicant or its affiliates to comply with its terms at any time before it expires, shall be sufficient cause for the immediate dismissal or denial of the Application.

SECTION 12 VERIFICATION BY APPLICANT

I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of Missouri and the United States of America that the foregoing is true and correct and I am authorized to sign this application on behalf of the applicant. (If signing for the applicant in a representative capacity, please see instruction sheet.)

APPLICANT(S) NAME (PRINTED)	DATE
APPLICANT SIGNATURE(S)	TITLE

SECTION 13 APPLICANT'S ATTORNEY (MUST BE LICENSED IN MISSOURI)

(REQUIRED IF APPLICANT IS A CORPORATION OR LLC)

ATTORNEY'S NAME (PRINTED)	TELEPHONE NUMBER
SIGNATURE OF ATTORNEY	MO BAR NUMBER
ATTORNEY ADDRESS	



EXHIBIT C

Applicant requests approval of authority to operate in INTRASTATE commerce over routes and points specifically described below:

- Over **IRREGULAR** routes between all points in Missouri.

- Over **IRREGULAR** routes described as follows: (Describe specific areas or describe points to, from or between which service will be provided.)

- Over **REGULAR** routes described as follows: (Describe the specific routes to be travelled, and the specific points to, from or between which service will be provided and attach a map or chart designating the desired routes.)



BALANCE SHEET

OF _____ (APPLICANT'S NAME)

(Check if applicable):
[] Applicant does not intend to acquire any additional assets or liabilities in order to provide the proposed service. (Pro Forma statement, column (D) below, not required.)

If an individual, this statement includes all assets and liabilities held, both business and personal.

Table with 4 columns: (A) Balance As Of, (B) Balance As Of, (C) Current Balance As Of, (D) Pro Forma As Of. Rows include: 1. Cash in checking and savings accounts, 2. Amounts due from others, 3. Prepaid insurance, 4. Cost of materials, 5. Other current assets, 6. TOTAL CURRENT ASSETS, 7. Cost of land and buildings, 8. Trucks, trailers, 9. Other property, 10. Accumulated Depreciation, 11. Other assets, 12. TOTAL ASSETS, 13. Notes and other debt, 14. Accounts payable, 15. Accrued taxes, 16. Other current liabilities, 17. Total current liabilities, 18. Amount due after one year, 19. Other long-term liabilities, 20. TOTAL LIABILITIES, 21. Capital stock, 22. Retained earnings, 23. Other contributed capital, 24. Net worth-partners, 25. TOTAL LIABILITIES & EQUITY.

MO-419-2066 (10-95)



INCOME STATEMENT

Income Statement data is required for all corporations, limited liability companies, partnerships and self-employed individuals.

NOTE: Individuals may file a completed Schedule C and/or Schedule F from their Federal Income Tax returns for the required years, in lieu of completing this page.

OF _____
(APPLICANT'S NAME)

	For Year Ending _____, 199__	For Year Ending _____, 199__	Current Year Ending _____, 199__
1. Sales or revenue received	\$	\$	\$
2. Less cost of goods sold	()	()	()
3. Net sales or total revenue	\$	\$	\$
4. Officers & managers' salaries & fringe benefits	\$	\$	\$
5. Other salaries and fringe benefits			
6. Fuel & oil			
7. Equipment repairs			
8. Office & other expenses			
9. Operating taxes and licenses			
10. Insurance			
11. Utilities and telephone			
12. Depreciation			
13. Rent paid for lease of operating equipment			
14. Rent paid on building and office equipment			
15. Legal and professional services			
16. Total Expenses (add Lines 4 thru 15)	\$	\$	\$
17. Net Operating Revenue (Line 3 less Line 16)	\$	\$	\$
18. Other income or expenses	\$	\$	\$
19. Mortgage or other interest expense			
20. Gain (or loss) on sale of assets			
21. Net Income (or Loss)	\$	\$	\$



LIST OF APPLICANT'S EQUIPMENT
 (Other than cargo tank vehicles already listed in Section 4 of the Application)

(A) DESCRIBE TYPE OF VEHICLE	(B) MODEL YEAR	(C) MAKE	(D) SEATING CAPACITY (EXCLUDING THE DRIVER) OF PASSENGER VEHICLES OR LICENSED WEIGHT OF OTHER VEHICLES	(E) REASONABLE VALUE	(F) CONDITION OF EQUIPMENT	(G) SPECIFY WHETHER VEHICLE IS OWNED, LEASED OR TO BE ACQUIRED	(H) CHECK IF USED FOR EXISTING SERVICE	(I) CHECK IF EQUIPMENT WILL BE USED FOR PROPOSED SERVICE	(J) CHECK IF EQUIPMENT WILL BE USED TO HAUL HAZARDOUS MATERIAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Use additional copies of Exhibit E if needed for additional equipment and attach as part of this Exhibit.



FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with _____ (hereinafter called Commission

This is to certify, that the _____

hereinafter called Company) of _____

has issued to _____ of _____

_____ a policy or policies of insurance effective from

_____ 12:01 A.M. Standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

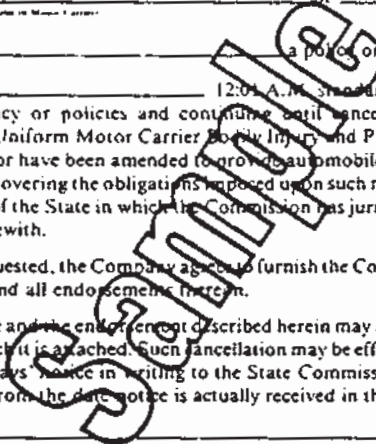
This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at _____

this _____ day of _____ 19 _____

Insurance Company File No. _____

This form determined by the National Association of Railroad and Utilities Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., Sec. 302(b)(2)).





Form G
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY SURETY BOND
(Executed in Triplicate)

KNOW ALL MEN BY THESE PRESENTS, That we, (Name of Motor Carrier Principal)
of (City) (State), as Principal (hereinafter called Principal), and (State)
a corporation created and existing under the laws of the State of (State), with principal office at (City) (State), as Surety (hereinafter called Surety), are held and firmly bound unto the State of (State) in the sum or sums hereinafter provided for which payment, well and truly to be made, the Principal and Surety hereby bind themselves, their successors and assigns, firmly by these presents. THE CONDITION OF THIS OBLIGATION IS SUCH THAT: WHEREAS, the principal is or intends to become a motor carrier subject to the laws of such State and the rules and regulations of

(Name of Commission)
(hereinafter called Commission), relating to insurance or other security for the protection of the public, and has elected to file with the Commission a surety bond conditioned as hereinafter set forth; and

WHEREAS, this bond is written to assure compliance by the Principal as a motor carrier of passengers or property with the laws of such State and the rules and regulations of the Commission relating to insurance or other security for the protection of the public, and shall inure to the benefit of any person or persons who shall recover a final judgment or judgments against the Principal for any of the damages herein described.

NOW, THEREFORE, if every final judgment recovered against the Principal for bodily injury to or the death of any person or loss of or damage to the property of others, sustained while this bond is in effect, and resulting from the negligent operation, maintenance, or use of motor vehicles in transportation (but excluding injury to or death of the Principal's employees while engaged in the course of their employment, and loss of or damage to property of the Principal and property transported by the Principal designated as cargo), shall be paid, then this obligation shall be void, otherwise to remain in full force and effect.

Within the limits hereinafter provided, the liability of the Surety extends to such losses, damages, injuries, or deaths regardless of whether such motor vehicles are specifically described herein and whether occurring on the route or in the territory authorized to be served by the Principal elsewhere.

This bond is effective from (Date) (12:01 A.M., standard time, at the address of the Principal as stated herein)



shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time terminate this bond by written notice to the Commission, such termination to become effective not less than thirty (30) days after actual receipt of said notice by the Commission. The Surety shall not be liable hereunder for the payment of any judgment or judgments against the Principal for bodily injury to or the death of any person or persons or loss of or damage to property resulting from accidents which occur after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such judgment or judgments resulting from accidents which occur during the time the bond is in effect.

The liability of the Surety on each motor vehicle shall be the limits prescribed in the laws of such State and the rules and regulations of the Commission governing the filing of surety bonds, which were in effect at the time this bond was executed, and will be a continuing one notwithstanding any recovery hereunder.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the _____ day of _____, 19 _____.

(Affix Corporate Seal)

(Principal)

By _____

Countersigned at

(Surety)

this _____ day of _____, 19 _____, _____ (City) _____ (State)

By _____

(Registered Resident Agent)

Bond No. _____



THIS FORM TO BE USED FOR 1996 LICENSE ONLY

FORM B-1

UNIFORM APPLICATION FOR LICENSING OF VEHICLES

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

Date: _____

Missouri D.O.T. CERTIFICATE OR PERMIT NO. _____

Applicant: _____

Street: _____

City: _____

Telephone Number: _____

IMPORTANT NOTICE
License stamps should be requested if vehicles are to be qualified for operations in interstate exempt operations only or interstate exempt and intrastate operations to be placed on the D-1 Cab Card. If vehicles are used for transporting under your ICC authority and interstate exempt operations, the Single State Registration System (SSRS) receipts will be the only credential needed.
If the company has its principal office in a reciprocal state and your vehicles do not meet the requirements as stated on the reverse side of this form, please check the following box when ordering any stamps.
License stickers should be requested if vehicles are to be qualified for Missouri intrastate operations. If you have paid a per vehicle fee for Missouri under the SSRS program, the intrastate decals will be free for those vehicles only. If additional vehicles are used in intrastate commerce where the fee has been waived or has not been paid, you will be required to purchase intrastate decals for those vehicles.

Table with 2 columns: Item, Number, Amount. Rows include Stickers (\$10 Each), Stamps (\$10 Each), 72-Hour License (\$5 Each), and TOTAL.

A certified check or money order payable to the Director of Revenue is enclosed in the amount of \$ _____. (Mail to Division of Transportation.) ONLY CERTIFIED CHECKS OR MONEY ORDERS WILL BE ACCEPTED.

I, 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.

SIGNATURE

TITLE

**NOTE TO CARRIERS IN RECIPROCAL STATES**

If the principal office of your company, as shown by our records, is in one of the reciprocal states named below, you are considered to be a resident of that state and the vehicles which are operated under your permit in the State of Missouri in interstate commerce are not required to display the Missouri D.O.T. license provided regulatory fees have been paid in the resident state for each vehicle operating through Missouri. If you are not required to pay regulatory fees for the vehicle in your state of residence because the state of residence does not require fees to be paid on interstate exempt commodities, emergency temporary authority, temporary authority, driveaway operations, charter bus or agricultural cooperatives, then you need not buy a Missouri D.O.T. license for interstate operations within this state. You must however enter your Missouri D.O.T. permit number in the Missouri block on the D-1 cab card. If your vehicles have been exempted from paying fees in your state of residence for any other reason than listed above, your vehicles will be required to display the Missouri D.O.T. license.

Arkansas
Georgia
Illinois
Indiana
Iowa
Massachusetts

Michigan
Minnesota
Nebraska
New Jersey
North Carolina
Ohio

Oklahoma
South Dakota
Texas
Wisconsin

MO 419-1362 (7-95)



For Division use only:

Case No. _____

FORM A-1

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

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

Date _____

Applicant _____

Street _____

City _____ State _____ Zip _____

Mailing Address: _____

Type of Carrier:

- () Sec. 10526(a)(5) (Cooperative Association Exemption)
() Sec. 10526(a)(6) (Agricultural Commodities Exemption)
() Sec. 10526(a)(7) (Newspaper Exemption)
() Sec. 10526(a)(8)(A) (Transportation of passengers adjacent to Air Transport Exemption)
() Sec. 10526(a)(8)(B) (Transportation of property (including baggage) adjacent to Air Transport Exemption)
() Sec. 10526(a)(8)(C) (Transportation of property because of weather conditions or aircraft mechanical failure)
() Sec. 10526(a)(11) (Used Pallets and Containers Exemption)
() Sec. 10526(a)(12) (Decorative Rock Exemption)
() Sec. 10526(a)(13) (Wood Chips Exemption)
() Sec. 10526(b)(3) (Tow Truck Exemption)
() Sec. 10524(b) (Intercompany Hauling Exemption)
() _____ (Other)

If Individual, give name and address: _____

If Corporation, give State in which incorporated: _____

Name of President _____ Name of Secretary _____

If Partnership, give name and address 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.

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