

APPLICATION FOR MISSISSIPPI INTRASTATE GENERAL FREIGHT OPERATING AUTHORITY

Registration form for motor carriers of property (*except household goods and passengers*) operating in **Intrastate Commerce** in the State of Mississippi.

APPLICANT:

Name: _____

D/B/A _____

Telephone Number _____

Fax Number _____

PRINCIPLE PLACE OF BUSINESS ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE:

Street: _____

City: _____ State: _____ Zip: _____

TYPE OF REGISTRATION:

Renewal Registration

Certificate(s) _____

Permit(s) _____

New Carrier Registration

MOTOR CARRIER IDENTIFICATION NUMBERS:

FHWA/MC NO(s): _____

U.S.D.O.T. NO.: _____

FEIN/Social Security NO: _____

TYPE OF MOTOR CARRIER: (Check only one)

Individual

Partnership

Corporation

If corporation, give state in which you were incorporated: _____

TYPES OF AUTHORITY:

Transporter of property by Restricted Motor Carrier

a. Non Hazardous Material

b. Hazardous Material

INSURANCE INFORMATION TO OPERATE AS A RESTRICTED MOTOR CARRIER:

Restricted Motor Carriers transporting commodities between points in the State of Mississippi:

1. LIABILITY COVERAGE

(a) Non-Hazardous materials

NOTE: Must maintain \$750,000 in liability insurance

(b) Hazardous materials as defined in 49 C.F.R. Part 387, requiring \$1,000,000 in liability insurance

(c) Hazardous materials as defined in 49 C.F.R. Part 387, requiring \$5,000,000 in liability insurance

2. CARGO INSURANCE

(a) Liability for loads of three (3) tons and under \$ 5,000

(b) Liability for loads of more than three (3) tons \$ 10,000

AGENT FOR PROCESS BOC-3 FORM:

For applicants domiciled out of the State of Mississippi

BOC-3 Form Attached

MISCELLANEOUS:

Do you have interstate authority?

YES

NO

If so, please attach a copy of your receipt. **(For out-of-state carriers only)**

SERVICE DESCRIPTION:

Complete this service description.

To operate as a _____
(Restricted Motor Carrier)

In intrastate commerce, transporting _____
(Product or Products)

I certify I have access to and familiar with all applicable regulations of the Mississippi Department of Transportation (MDOT) and the United States Department of Transportation, relating to the safe operation of commercial vehicles and the safe transportation of property to be transported and I will comply with these regulations. I understand that the Mississippi Department of Transportation (MDOT) will conduct a safety audit on my company and has access to all equipment, land, buildings and records at all reasonable times.

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

(Penalty provisions subject to the laws of the registration state)

Name (Printed) _____

Date _____

Signature _____

Date _____

**RECEIPT APPLICATION FOR GENERAL FREIGHT
Before the
MISSISSIPPI DEPARTMENT OF TRANSPORTATION**

- New Registration
- Renewal
- Supplement

Company Name

Address (Mailing)

Address (Physical)

City County State Zip

City County State Zip

(____) _____
Telephone Number

(____) _____
Fax Number

Registration Fee
(New Carriers Only)

\$50.00

Total number of vehicles (A) _____

Per Vehicle Fee (B) \$10.00

Application Fee (AxB) _____

Total _____

Return this application with amount due, payable to:

Mississippi Department of Transportation
Motor Carrier Section/66-05
P. O. Box 1850
Jackson, MS 39215-1850

If a carrier participates in and has paid fees pursuant to the Unified Carrier Registration Program, please provide your USDOT and Motor Carrier Number in order to verify payment.

Per vehicle fees are waived for carriers that have paid fees pursuant to the Unified Carrier Registration Program according to the number of trucks claimed.

Application Signature

Title

Cashier's Check # _____ Money Order # _____ Personal Check # _____

OFFICE USE ONLY:

Carrier Receipt Number: _____

Carrier Record Number: _____