

RECEIPT APPLICATION FOR HOUSEHOLD GOODS and PASSENGER CARRIERS
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 Certificate Number: _____

