

DOCKET NO. _____

**APPLICATION FOR MISSISSIPPI INTRASTATE HOUSEHOLD
GOODS and PASSENGER CARRIERS CERTIFICATE
OF CONVENIENCE and NECESSITY**
(Including Exhibits)

For a Certificate of Convenience and Necessity, as a Contract Carrier of Property, or Passengers by motor carrier under the provisions of the Motor Carrier Regulatory Act of 1938.

APPLICANT:

Name: _____

Trade Name (if applicable): _____

Name and Address if Corporate Officers or if Partnership, name of all partners:

Telephone Number: _____ Fax Number: _____

PRINCIPAL PLACE OF BUSINESS ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE:

Street: _____

City: _____ State: _____ Zip: _____

TYPE OF BUSINESS:

Property (household goods)

Passengers

DESCRIPTION OF ROUTES OR TERRITORY REQUESTED:

ATTORNEY:

If applicant is represented by an attorney, give name and address. If not, write "None".

EXHIBITS:

- A. State Highway Map
 - 1. Show the above requested route or territories
 - 2. If applicable, show applicants present routes

- B. A complete description of all operating rights presently held from this department. Identify by a certificate and/or permit number(s) and motor carrier docket number(s) If not applicable, write none. _____

- C. A complete list of all vehicles and trailers to be used in this operation or vehicles to be Purchased listing:
 - 1. Name of Manufacturer
 - 2. Vehicle Identification Number
 - 3. Year Model
 - 4. Type
 - 5. Capacity in tons or if a bus, load capacity
 - 6. Condition of vehicles

- D. A general description of all property to be devoted to this operation other than Vehicles and trailers indicated above. Include the following:
 - 1. Buildings
 - 2. Maintenance equipment
 - 3. Service equipment
 - 4. Office furniture and fixtures

- E. A full true and correct financial statement listing all assets and liabilities of petitioner As of: _____. (Previous fiscal year)

- F. A detailed time schedule of operations for applicants who plan to transport passengers. (Applies to passenger carriers ONLY)

- G. A Certificate of Binder from a licensed insurance agent stating that public liability and property damage insurance should be attached with this application when submitting to the Mississippi Department of Transportation.

- H. A list of the existing qualified motor carriers serving the route or territory proposed to be served by applicant that will be affected by the proposed service.

- I. A copy of signed contract entered into between parties together with schedule of charges and the rules and other provisions applicable to service thereof.

**Applicant understands that the filing of this application
DOES NOT in itself constitute authority to operate**

Application(s) and filing fees may be mailed, hand delivered, or faxed to the:

**Mississippi Department of Transportation
Permits/Motor Carrier Division (66-05)
P. O. Box 1850
Jackson, MS 39215-1850
Phone: (601) 359-1717, Option 2 (or) Fax: (601) 576-1373**

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: _____

