

**APPLICATION FOR MOTOR CARRIER CERTIFICATE**  
**Before the**  
**ALABAMA PUBLIC SERVICE COMMISSION**

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the **\$100.00** filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

**SECTION I**

Applicant \_\_\_\_\_  
(Legal name)

Doing Business as \_\_\_\_\_  
(Trade name)

Business Address \_\_\_\_\_  
(Must be a physical address – cannot be a post office box)

(City)

(State)

(Zip Code)

Mailing Address \_\_\_\_\_  
(May be a post office box)

(City)

(State)

(Zip Code)

( ) \_\_\_\_\_  
(Telephone Number)

( ) \_\_\_\_\_  
(Facsimile Number)

\_\_\_\_\_   
(Email address)

Applicant seeks a Certificate to transport **Households Goods** between all points in the State of Alabama, except (list any exceptions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II**

FORM OF BUSINESS (Check only one):

CORPORATION

LIMITED LIABILITY COMPANY (LLC)

LIMITED PARTNERSHIP (LP)

LIMITED LIABILITY PARTNERSHIP (LLP)

SOLE PROPRIETORSHIP\*

PARTNERSHIP (Identify partners)\* \_\_\_\_\_  
\_\_\_\_\_

OTHER (identify) \_\_\_\_\_

\*All Individual and Partner Applicants must comply with the provisions of *Code of Alabama* 1975, §31-13-29 by submitting a completed Proof of U.S. Citizenship form (available at [www.psc.alabama.gov](http://www.psc.alabama.gov)) confirming the Applicant's United States citizenship.

**SECTION II Continued**

Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State.

Alabama corporation, LLC, LP, or LLP,

**OR**

Out of State Corporation, LLC, LP, or LLP

State of Organization: \_\_\_\_\_

Attach Certificate of Registration from the Alabama Secretary of State

Copy of Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

If you have been issued a U.S.D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here:

USDOT#

MC#

APSC#

Applicant proposes to use approximately (number of) \_\_\_\_\_ motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

**SECTION III**

Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission. (Form E and Form H are provided by the Insurance Company)

\$100.00 filing fee paid (**cashier's check or money order only**)

A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C."

Applicant has attached hereto a Unified Carrier Registration (UCR) receipt for current year or Form B-2, application for registration number with the statutory fee of \$6.00 per vehicle.

**SECTION IV**

Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D."

**OR**

Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

**SECTION V**

Applicant has attached its tariff showing the rates, charges, rules and practices for its household goods moving service and the services provided in connection with the moving services, or a power of attorney issued to a tariff publishing association.

**SECTION VI**

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

All Individual and Partner Applicants have attached hereto a completed "Proof of U.S. Citizenship" form.

**SECTION VII**

Name and address of the contact person that can answer questions about this application or supply additional information:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Facsimile Number)

\_\_\_\_\_  
(Email Address)

**OATH**

County of \_\_\_\_\_

State of \_\_\_\_\_

Name of Affiant \_\_\_\_\_  
being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) \_\_\_\_\_ that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief and that he/she is a United States citizen.

(Signature of Affiant) \_\_\_\_\_

Subscribed and sworn to before me, a notary in and for said State and County above named.

Date: \_\_\_\_\_

(Notary Public) \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_



# APPENDIX "C"

## FINANCIAL STATEMENT

A financial statement (balance sheet and income/expense statement) for the most recent tax year may be used in lieu of this document.

### NET WORTH

**ASSETS:**

Cash on Hand	
Checking Account Balance	
Money in Savings Accounts	
Market Value of Home(s)	
Market Value of Businesses	
Furniture, Equipment, etc	
Resale Value of Automobiles	
Money owed to you	
Certificates of Deposit (CDs)	
Stocks/Bonds/Mutual Funds	
Other:	

**TOTAL ASSETS:** **\$**

**LIABILITIES:**

Mortgage and/or Real Estate Loan	
Utilities	
Maintenance Bills	
Payroll	
Automobile Loan(s)	
Installment Contracts	
Credit Card Debts	
Loans	
Judgments	
Cash Advances	
Taxes Owed	
Medical Bills	
Other:	

**TOTAL LIABILITIES:** **\$**

*To find net worth:*

**TOTAL ASSETS**

**(Subtract) TOTAL LIABILITIES**

**THIS IS YOUR NET WORTH** **\$**

**APPENDIX “D”  
DESCRIPTION OF SAFETY PROGRAM**

As the \_\_\_\_\_ with/of \_\_\_\_\_  
(Title) (Name of Applicant Company)

I am fully familiar with my company’s operations and herein verify that

\_\_\_\_\_ has in place a program to ensure substantial  
(Name of Applicant Company)

compliance with all applicable safety rules and regulations of the Alabama Public Service Commission, as well as those of the United States Department of Transportation. In addition to all other requirements, \_\_\_\_\_ specifically  
(Name of Applicant Company)

maintains: files on each driver with all required driver forms and information; files on each vehicle with all required forms including maintenance and safety inspection records; and all required written records of drivers’ hours.

\_\_\_\_\_  
(Signature of Company Representative)

\_\_\_\_\_  
(Printed Name of Company Representative)

FORM B-2

VEHICLE REGISTRATION NUMBERS
FOR COMPENSATED MOTOR CARRIERS WITH INTRASTATE ONLY VEHICLES

(This form is not to be used for a vehicle used in interstate commerce and included in a UCR payment)

TO: ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, AL 36130-4260

LEGAL NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APSC CERTIFICATE NO.: \_\_\_\_\_ OR PERMIT NO.: \_\_\_\_\_

The above described applicant hereby applies for issuance of Vehicle Registration Numbers at \$6.00 each for the following identified vehicles.

Table with 3 columns: MAKE, MODEL, VIN NUMBER (Last 10 Digits). Multiple rows for vehicle identification.

The applicant hereby acknowledges and understands Rule 3 of the Alabama Public Service Commission's Motor Carrier General Orders and Regulations Pamphlet No. 2003, as amended, as it pertains to the display of Registration Number, and Title 37, Chapter 3, Section 32(5)a, and as it pertains to the transferability of these numbers between vehicles.

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.

NOTE: The fee for Registration Numbers is \$6.00 each. Payment must be made by cashier's check, certified check, or money order.

(Signature)
(Title) (Date)
(Contact phone number)