

FORM B-3

DECALS
FOR COMPENSATED MOTOR CARRIERS

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

DECAL RANGE

[Empty box for Decal Range]

(FOR APSC OFFICE USE ONLY)

APPLICANT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INTRA CERTIFICATE NO.: _____ PERMIT NO.: _____

INTER MC NO.: _____ DOT#: _____

The above described applicant hereby applies for issuance of _____ Decals at **\$6.00** each for the identification of the vehicles it intends to lease. The decal shall be **good for a period of seven consecutive calendar days.**

The applicant hereby acknowledges and understands Rule 3.3 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 Decals, 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.

Signature

Title

Date

NOTE: The fee for Decals is \$6.00 each. Payment must be made by CASHIER'S CHECK, CERTIFIED CHECK, OR MONEY ORDER.