

Appendix A to Part 367

Uniform Application for Single State Registration for Motor Carriers Registered with the Secretary of Transportation

Motor Carrier Identification Numbers:

FMCSA MC No.(s.) _____ US DOT No. _____

Applicant (Identical to name on FMCSA order):

Name: _____

D/B/A _____

Principal Place of Business Address:¹

Street _____

City _____

State _____ Zip _____

Mailing Address if Different From Business Address:

Street _____

City _____

State _____ Zip _____

Type of Registration:

- Input boxes for registration types: New Carrier Registration, Annual Registration, Supplemental Registration, New Registration State Selection, and Additional States not registered.

Type of Motor Carrier: (Check one)

- Input boxes for motor carrier types: Individual, Partnership, Corporation, and If corporation, give State in which incorporated.

List names of partners or officers:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Type of FMCSA Registered Authority:

- Input boxes for authority types: Permanent Certificate or Permit, Temporary Authority (TA), and Emergency Temporary Authority (ETA).

FMCSA Certificate(s) or Permit(s):

- Input boxes for certificate/permit status: FMCSA Authority Order(s) attached for initial registration, No change from prior year registration, and FMCSA Authority Order(s) attached for additional grants received.

Proof of Public Liability Security:

- Input boxes for public liability security: The applicant is filing, or causing to be filed, a copy of its proof of public liability security submitted to and accepted by the FMCSA under 49 CFR Part 387, Subpart C, and the security remains in effect.

FMCSA Approved Self-Insurance or Other Securities:

- Input boxes for self-insurance/other securities: FMCSA Insurance order attached for new carrier registration, The FMCSA Order approving the self-insurance plan or other security is still in full force and effect, and the carrier is in full compliance with all conditions imposed by the FMCSA Order, and The motor carrier is no longer approved under a self-insurance plan or other security, and the motor carrier will file, or cause to be filed, a copy of proof of public liability security with this application in the registration State.

Hazardous Materials: (Check one)

- Input boxes for hazardous materials: The applicant will not haul hazardous materials in any quantity, and The applicant will haul hazardous materials that require the following limits in accordance with Title 49 CFR 387.303: (Check one) Public Liability and Property Damage Insurance of \$1 million, Public Liability and Property Damage Insurance of \$5 million.

Process Agents:

- Input boxes for process agents: FMCSA Form No. BOC-3 or blanket designation attached for new registration, FMCSA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agents, and No change from prior year registration.

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) _____

Signature _____

Title _____

Telephone Number _____

Date _____

1A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.