



OREGON DEPARTMENT OF TRANSPORTATION
 COMMERCE AND COMPLIANCE DIVISION
 3930 FAIRVIEW INDUSTRIAL DR SE
 SALEM OR 97302-1166
 PH (503) 378-6699
 FAX (503) 378-6880

SEE INSTRUCTIONS ON REVERSE
 PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FOR MOTOR CARRIER ACCOUNT

TYPE OF APPLICATION

NEW CARRIER NAME CHANGE ADDRESS/PHONE/EMAIL CHANGE ACCOUNT AMENDMENT OWNERSHIP CHANGE _____
LIST PREVIOUS ACCOUNT NUMBERS

MOTOR CARRIER LEGAL NAME AND ADDRESS OF RECORD

CCD ACCOUNT NUMBER	NAME OF CARRIER		
TELEPHONE NUMBER	FAX NUMBER	DOING BUSINESS AS (DBA)	
CARRIER MAILING ADDRESS		CITY	STATE ZIP CODE
CARRIER STREET ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	STATE ZIP CODE
RECORDS LOCATION ADDRESS		CITY	STATE ZIP CODE
EMAIL ADDRESS FOR TRUCKING ONLINE		TRUCKING ONLINE CONTACT PERSON	TRUCKING ONLINE CONTACT PHONE

YOU WILL BE SENT A PIN FOR TRUCKING ON LINE ACCESS AT THE EMAIL ABOVE. I UNDERSTAND MY PIN CAN BE USED TO CONDUCT TRANSACTIONS WITH AND TO OBTAIN CREDENTIALS FROM ODOT OVER THE INTERNET. I WILL TAKE STEPS TO PROTECT MY PIN FROM BEING ACCESSED BY UNAUTHORIZED USERS. I FURTHER UNDERSTAND THAT IF I GIVE MY PIN TO ANYONE ELSE, OR IF I AUTHORIZE A POWER OF ATTORNEY TO OBTAIN MY PIN ON MY BEHALF, I AM PERSONALLY LIABLE FOR ANY TRANSACTIONS MADE OR CREDENTIALS OBTAINED BY ANYONE ELSE WHO MAY HAVE RECEIVED MY PIN FOR THE THIRD PARTY TO WHOM I ORIGINALLY DISCLOSED IT. ONLY ONE EMAIL ADDRESS PER ACCOUNT. ONLY ONE PIN IS ALLOWED PER ACCOUNT.

CONSORTIUM NAME	ACCOUNTS WITH OREGON-BASED VEHICLES: PROVIDE NAME OF DRUG AND ALCOHOL TESTING CONSORTIUM IN WHICH YOUR COMPANY IS ENROLLED OR WRITE "IN-HOUSE" IF YOU MAINTAIN YOUR OWN PROGRAM. TESTING PROGRAMS MUST BE IN COMPLIANCE WITH USDOT REQUIREMENTS (49 CFR PART 382).
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POWER OF ATTORNEY - ATTACH COPY

TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	NAME OF AGENT
POA ADDRESS		CITY	STATE ZIP CODE

TYPE OF OWNERSHIP AND FEDERAL TAXPAYER ID# (FEIN)

INDIVIDUAL PARTNERSHIP CORPORATION: DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____
IF FOREIGN BASED, ATTACH CORPORATE CERTIFICATE SHOWING DATE OF INCORPORATION AND CORPORATE STATUS.

LIMITED LIABILITY COMPANY - ATTACH A COPY OF THE ARTICLES OF ORGANIZATION OTHER - PROVIDE TYPE OF OWNERSHIP: _____

FEDERAL TAXPAYER ID#	BANKING INSTITUTION	STATE
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TYPE OF OPERATION OR AUTHORITY - CHECK ALL THAT APPLY

<input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) OREGON BASED	<input type="checkbox"/> INTERSTATE CARRIER (FOR HIRE)
<input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) BASED OUTSIDE OREGON	<input type="checkbox"/> USDOT NUMBER _____
<input type="checkbox"/> CLASS B FOR-HIRE LOCAL CARTAGE OF HOUSEHOLD GOODS WITHIN DESIGNATED AREAS, PURSUANT TO ORS 825.240. A \$50 APPLICATION FEE IS REQUIRED.	<input type="checkbox"/> MC AUTHORITY NUMBER _____
<input type="checkbox"/> 7W (SEE DESCRIPTION ON REVERSE) _____ <small>(Description)</small>	<input type="checkbox"/> MC EXEMPT OPERATIONS _____
<input type="checkbox"/> CLASS 1A PERMIT FOR-HIRE INTRASTATE COMMODITIES (EXCEPT HOUSEHOLD GOODS) (COMPLETE ODOT FORM 735-9745)	OREGON PROCESS AGENT _____
	ADDRESS _____

PROVIDE FULL LEGAL NAME, TITLE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF INDIVIDUAL, ALL PARTNERS, CORPORATE OFFICERS, MANAGERS/MEMBERS OF LLC, GENERAL PARTNER OF A LIMITED PARTNERSHIP, PARTNERS IN A LIMITED LIABILITY PARTNERSHIP. IF MORE THAN 3 PARTNERS, ATTACH SIGNATURE ADDENDUM FORM, 735-9075a.

LAST	FIRST	MIDDLE	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
LAST	FIRST	MIDDLE	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
LAST	FIRST	MIDDLE	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

DISCLOSURE: THE DEPARTMENT IS AUTHORIZED TO VERIFY ANY OF THE INFORMATION GIVEN AND OBTAIN CREDIT REPORTS ON YOU AND/OR YOUR COMPANY. YOU AUTHORIZE THE DEPARTMENT TO OBTAIN INFORMATION FROM OTHERS TO INVESTIGATE YOU AND/OR YOUR COMPANY'S CREDIT.

CERTIFICATION: THIS CERTIFICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ORS 803.375 MAKES IT A CRIME TO KNOWINGLY PROVIDE FALSE INFORMATION RELATED TO A VEHICLE REGISTRATION. ORS 803.385 MAKES IT A CRIME TO AFFIRM OR CERTIFY ANY INFORMATION RELATED TO A VEHICLE REGISTRATION THAT THE PERSON KNOWS TO BE FALSE. EACH OFFENSE IS A CLASS A MISDEMEANOR AND EACH IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF UP TO \$6,250, OR BOTH.

I FURTHER CERTIFY KNOWLEDGE OF APPLICABLE FEDERAL AND STATE SAFETY RULES, REGULATIONS, STANDARDS AND ORDERS AND DECLARE ALL OPERATIONS WILL BE CONDUCTED IN COMPLIANCE WITH SUCH REQUIREMENTS.

SIGNATURE REQUIREMENTS: MUST BE SIGNED BY OWNER; ALL PARTNERS; CORPORATION OFFICER; MANAGER/MEMBER OF LIMITED LIABILITY COMPANY (LLC), PARTNER IN A LIMITED LIABILITY PARTNERSHIP OR AGENT. FAXED AND ELECTRONIC SIGNATURES ACCEPTABLE.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

DO NOT WRITE BELOW THIS LINE. ODOT USE ONLY

ENTERED BY/OFFICE:	DATE
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INSTRUCTIONS

This form is to be completed and filed when:

1. Applying for an established account to operate as a motor carrier in Oregon
2. Changing the informational record on file with ODOT.

TYPE OF APPLICATION

Indicate whether new account or change in existing account.

- A new carrier is a carrier that has had no previous established account in Oregon.
- A name change is when there is an existing account and only the name has changed. The FEIN remains the same.
- An ownership change is a change in entities and/or ownership structure of a company for which there is an existing account. The FEIN has changed.

NEW AUTHORITY/TYPE OF OPERATION

1. Your name must match exactly the name filed with your state if a corporation or assumed business name.
2. Enter your complete mailing address and telephone number. Your street address must also be entered if it is different than your mailing address, or if you receive your mail through a post office box. This will ensure UPS delivery. If your address of record with ODOT is an agent's address, the power of attorney must specifically authorize the use of the agent's address.
3. Indicate your type of ownership. Oregon corporations, Oregon limited liability companies, limited liability partnerships, and businesses with Oregon mailing addresses using assumed business names must be registered with the Oregon Secretary of State, Corporation Division.
4. A Class B Permit authorizes a carrier to transport household goods for hire within designated local cartage areas that are exempt from economic regulation (see list of cities in OAR 740-060-0100). Pursuant to ORS 825.240, the following conditions must apply: (a) the gross revenue derived from local cartage of household goods in the designated area by carriers cannot exceed \$100,000 a year; (b) the population of the affected city or cartage area is less than 10,000; (c) the incorporated city or cartage area is not an essential part of a metropolitan, industrial or homogeneous economic area; (d) the incorporated city or cartage area is not contiguous to another city or within the area encompassed by the commercial zone of another city; (e) service to the public would be adversely affected; (D) the carrier's ability to render service would not be adversely affected; and (g) it is not otherwise adverse to the public interest to exclude such area from regulation.
5. Description of "7W" operations - Permit Authority under ORS 825.020 for operations over 26,000:

U.S. mail on a trip basis
Buses within cities and within three air miles of the city
Vehicles used in preventing or fighting forest fires
Tow trucks
Common or contract carriers transporting employees, relatives, indigents, etc.
Florist delivery vehicles
Private carriers transporting fish
Vehicles owned by truck leasing companies used for purposes of relocation
6. If you wish to haul commodities (except household goods) intrastate, please complete an Application for Class 1A Permit (ODOT Form 735-9745) and include a \$300 application fee.
7. List the full name, title, date of birth, and social security number of the individual owner, each partner, each corporate officer, partners in a limited liability partnership (LLP), or each manager/member of the limited liability company (LLC). If a corporation, attach a list of shareholders, officers or directors not already listed. Attach addendum if needed.

8. The application must be signed by the individual owner, all partners, a corporate officer, a partner in a LLP, a manager/member of the LLC, or Agent. Note to agent: Include your title when signing and attach a power of attorney form.
9. Per OAR 740-040-0070 you will be required to post a Surety Bond regardless of whether you operate on an ODOT plate, temporary pass, or enrolled in the Oregon Weight-Mile Tax Program.
10. When operating intrastate only, you will be required to file proof of liability insurance with ODOT. When operating interstate, review federal regulations regarding the Minimum Levels of Financial Responsibility for Motor Carriers.

For bond, insurance and record keeping requirements, refer to the information available on our website.

<https://www.oregon.gov/ODOT/MCT/Pages/index.aspx>

CHANGE OF INFORMATIONAL RECORD

1. So that you may be accurately identified, enter your account number, name, and current mailing address.
2. Complete the section or sections of the application form for which a record change is requested. In the Type of Application area, identify the change (i.e., name, ownership, address, permit, or telephone).
3. A corporate name change may require an updated corporate certificate reflecting the change.
4. An Oregon assumed business name change requires an update with the Oregon Secretary of State, Corporation Division.
5. If your operation has a change in ownership, a new application for motor carrier account must be completed and submitted to ODOT. Upon approval of the application, a new account number will be assigned.

NOTE:

The completion of this form does not constitute authority to operate in the state of Oregon. In addition, a Temporary Pass, OR DOT plate must be obtained, or enrolled in the Oregon Weight-Mile Tax Program.

After your account application has been approved and you have registered a motor vehicle with the Department (see Vehicle Registration/Amendment, ODOT Form 735-9076), weight-mile tax report forms will be mailed to you.

ADDITIONAL INFORMATION MAY BE OBTAINED BY CALLING (503) 378-6699.

FILE THIS ORIGINAL APPLICATION WITH THE SALEM OR PORTLAND BRIDGE REGISTRATION OFFICE OR MAIL:

OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
3930 FAIRVIEW INDUSTRIAL DRIVE SE
SALEM OREGON 97302-1166
OR
FAX TO (503) 378-6880

For downloadable forms, go to:

<https://www.oregon.gov/ODOT/MCT/Pages/FormsandTables.aspx>

To find out more about Oregon Trucking Online and the transactions you can process there, go to:

<https://www.oregontruckingonline.com/cf/MCAD/pubmetaentry/index.cfm>.

Watch for an email from the ODOT computer Security Unit notifying you of your PIN assignment for Trucking Online access. The PIN notification will be sent to the email address listed on your application. An activation notice will also be sent by U.S. mail to the official address of record for your account.

You can now pay Trucking Online transactions using "Direct Payment". Direct Payment is a secure electronic payment delivery system for Business and Individual bank accounts. The Direct Payment feature gives carriers another payment alternative to transacting business with a credit card or charging transactions to an CCD account.



APPLICATION FOR AN OREGON INTRASTATE CERTIFICATE TO TRANSPORT HOUSEHOLD GOODS

BEFORE FILING

MAKE SURE YOU NEED A HOUSEHOLD GOODS FOR-HIRE CARRIER CERTIFICATE

“Household goods” means the personal effects or other property used or to be used in a dwelling but does not include property transported from a store or factory or property exclusively for office use.

A certificate of authority is required for persons or businesses providing, or offering to provide, for-hire transportation of household goods between two Oregon points. You do not need a certificate of authority to transport household goods for-hire within certain exempt cities with a population of less than 10,000 (ORS 825.240). However, for those operations you must obtain a permit. For permit information, call (503) 378-6699.

ODOT Commerce and Compliance Division staff at (503) 378-5985 can help determine whether you need a for-hire certificate; however, it is very important to remember two things:

- You must clearly and accurately describe the service you would like to provide and your method for providing that service. Slight changes in your operation may result in changes in the requirements you must meet.
- Commerce and Compliance Division staff are not attorneys: they may not be able to answer your questions if you present an unusual fact situation. Opinions offered by staff are not binding on the Department.

If you want to consult an attorney but you do not know a qualified one, contact the Oregon State Bar Lawyer Referral Service (1-800-452-7636). Ask for an attorney who is familiar with transportation law.

If you are transferring an existing certificate, check the transferor's records to determine whether the transferor has provided service to the public in the recent past. Certificate authority that has not been used for the six months immediately preceding the transfer application may be denied.

Additional information to assist in completion of this application is available at: <https://www.oregon.gov/ODOT/MCT/Pages/HouseholdGoodsMoving.aspx>

THE APPLICATION PROCESS

ODOT staff must determine that applicants are fit, willing and able to properly provide the proposed service. Staff reviews each applicant's application, highway use tax payment and audit history, bond and insurance filing history, criminal background information and safety records.

If ODOT intends to deny your application, the Department will notify you of the reason for the proposed denial and provide you with information regarding how to request a hearing. A hearing will be scheduled and you will receive notification of the time and place.

GENERAL REQUIREMENTS

Before filling out the application form, you should:

- Make sure your business name is filed with the Corporation Division;
- Have a Business Identification Number if you have employees;
- Have criminal background checks on all owners.

BUSINESS NAME

Unless you intend to conduct business under your personal name (Ex. John Smith Moving), if you plan to operate as an individual or partnership under an assumed business name, a Limited Liability Company (L.L.C.), or as a corporation, the name of your business, L.L.C., or corporation must be registered with the Oregon Corporation Division. Out-of-state corporations or L.L.C.s, and out-of-state individuals or partnerships using assumed business names should first contact the Secretary of State, Corporation Division, 255 Capitol St NE, Suite 151, Salem, Oregon 97310-0210, (503) 986-2200, and get advance information on how to qualify or register. You do not need to submit any registration papers from the Oregon Corporation Division with this application. ODOT will confirm your registration with the Corporation Division.

BUSINESS IDENTIFICATION NUMBER

If you use employees in your business, you are required to provide your Oregon Business Identification Number (BIN). A BIN is obtained by completing and submitting a Combined Employers Registration form, which is available from the Oregon Department of Revenue (https://www.oregon.gov/DOR/forms/FormsPubs/combined_employer_registration_211-055.pdf) (503-378-4988 or 1-800-356-4222). **It may take up to one week to receive a BIN after you submit a Combined Employers Registration form.**

CRIMINAL BACKGROUND CHECK

An application must include a criminal background check of all owners. The background check must include all court records for the five years immediately preceding the application concerning each owner. Criminal background checks will be used to determine an applicant's fitness. The Department reserves the right to require additional information than that provided with the application when the Department is not satisfied that the information provided by the applicant is current, complete or valid.

APPLICANT STANDARDS

An applicant must show that it is fit, willing and able to properly provide the service sought. In addition to the application form, each applicant must provide a criminal background check. For the purpose of this application:

- (1) "Fit" means that the applicant has not, during the five years preceding the application, been convicted of a crime punishable by imprisonment for a period of time in excess of one year under the law under which he or she was convicted, or a crime regardless of punishment involving Theft; Burglary; Sexual conduct; Manufacture, sale or distribution of a controlled substance; Identity theft; or False statements.
- (2) "Willing" means the applicant is prepared to provide all service sought in the application in compliance with ORS Chapter 825 and Department rules; and
- (3) "Able" means the applicant has or can provide adequate facilities, vehicles and equipment to perform the service proposed; the applicant certifies that these vehicles comply with all Oregon laws and rules covering vehicle safety and operations, and will be so maintained; and there is no significant evidence concerning the proposed service submitted by the applicant, by members of the public, or in the department's files that suggests a compelling reason to deny the application. Examples of evidence of a compelling reason to deny an application may include a record of a pattern of violations of laws or rules administered by the Department, or two or more complaints from customers regarding applicant's unsatisfactory resolution of loss or damage claims.

INSURANCE

Each applicant must certify that it has, or will have prior to operating, Cargo Insurance coverage or other surety of at least \$10,000 to protect shippers against loss or damage to their household goods.

If you intend to provide service only in Oregon and operate vehicles or vehicle combinations that exceed 26,000 pounds, you must provide proof of Bodily Injury & Property Damage (BIPD) insurance coverage of at least \$750,000. Contact Registration Services at (503) 378-6699 for additional requirements when operating in excess of 26,000 pounds. If you also operate interstate, your insurance filing with USDOT satisfies this requirement.

TARIFFS

You must file a proposed tariff containing rates, rules, and regulations with your application.

You can meet tariff requirements in any of three ways:

1. You may become a party to an existing published rate tariff.
2. You may have a tariff bureau or publishing agent publish an individual tariff.
3. You may submit an individual tariff meeting ODOT requirements.

Two tariff bureaus have offices in Oregon:

Acceleration Transportation Rate Bureau, Inc.
PO Box 19796
Portland, OR 97280-0796
(503) 598-7451

Oregon Moving and Storage Association
4005 SE Naef Rd
Portland, OR 97267
(503) 513-0005

Tariffs must be approved by ODOT before you begin operating.

For more information on tariff filings, access <https://www.oregon.gov/ODOT/MCT/Pages/HouseholdGoodsMoving.aspx>, call (503) 779-8083, or write to: Oregon Department of Transportation, Commerce and Compliance Division, 3930 Fairview Industrial Drive SE, Salem, Oregon 97302-1166.

COMPLETING THE APPLICATION

NEW OPERATION (INTRASTATE FOR-HIRE)

Household goods between points within Oregon. Complete pages 1, 2, 3, 3A, & 4 (sections A & B).

EXTENDING AN EXISTING CERTIFICATE

Complete pages 1, 2, 3, 3A, & 4 (sections A & B).

TRANSFER OF AUTHORITY

Complete pages 1, 2, 3, 3A, 4 (sections A & B), plus the transfer forms on page 5 (sections A and B).

INSTRUCTIONS FOR PAGES 2 AND 3

It is critical that the information on these pages be completed accurately and that it specifically describes your proposed service. If the territory is not described accurately, it will delay the application process.

QUESTION 1 - TYPE OF OPERATION PROPOSED

Please check your proposed type of operation. Below is a description of these terms:

Other Than Local Cartage - Household Goods - Transporting household goods to, from and within areas outside the corporate limits and the commercial zones of cities.

Local Cartage Service - Household Goods - Transporting household goods within the corporate limits of Oregon cities that have a population over 10,000 and, in the case of larger Oregon cities, their commercial zone. See Question 3 instructions on this page for cities that have commercial zones.

QUESTION 2 (PAGE 2) - OTHER THAN LOCAL CARTAGE HOUSEHOLD GOODS

"Other than local cartage" descriptions vary considerably. The broadest is "unrestricted in the state of Oregon." It is quite common for carriers to list radial-type authority. For example, between points within ten air miles of Salem, on the one hand, and all points in Oregon, on the other. Another common approach is to list territory by county. For example, between points in Clackamas, Multnomah, and Washington counties, on the one hand, and all points in Union and Umatilla counties, on the other.

QUESTION 3 (PAGE 2) - LOCAL CARTAGE SERVICE - HOUSEHOLD GOODS

For this service, the origin and the destination of a shipment must be within the same city limits or that city's commercial zone. This is a distinct and separate authority.

The following cities have extended commercial zones that vary from one air mile beyond their city limits to ten air miles beyond their city limits: Astoria, Coos Bay, Eugene, Klamath Falls, Medford, Portland, and Salem. Please call (503) 378-5985 for the limits of each of the above commercial zones.

PAGE 3 & 3A - FINANCIAL INFORMATION

Financial fitness and ability to provide proposed service are evaluated. A complete and accurate Financial Statement (balance sheet) and either a current income statement for the prior year or a projected income statement for the upcoming year will be used to determine if an applicant meets those standards. For assistance completing the financial information, access detailed instructions online at: <https://www.oregon.gov/ODOT/MCT/Pages/HouseholdGoodsMoving.aspx>, call (503) 378-5985, or write to: Oregon Department of Transportation, Commerce and Compliance Division, 3930 Fairview Industrial Drive SE, Salem, Oregon 97302-1166.

APPLICATION FEE

Mail the original of each page and the \$300 application fee to the Oregon Department of Transportation, Commerce and Compliance Division, 3930 Fairview Industrial Drive SE, Salem, Oregon 97302-1166. Once an application is made, the application fee cannot be refunded unless a request is made in writing prior to the Department's proposed decision and the Department finds that the request meets the requirements in ORS 825.180(2)

FOR ADDITIONAL INFORMATION ON APPLICATIONS FOR HOUSEHOLD GOODS AUTHORITY, PLEASE CALL (503) 378-5985.



APPLICATION FOR AN OREGON INTRASTATE CERTIFICATE TO TRANSPORT HOUSEHOLD GOODS

APPLICANT INFORMATION				
NAME OF APPLICANT				DATE
BUSINESS NAME		BUSINESS IDENTIFICATION NUMBER		TELEPHONE NUMBER
BUSINESS ADDRESS		CITY	STATE	ZIP
LOCATION ADDRESS (IF ABOVE IS PO BOX)		CITY	STATE	ZIP
<input type="checkbox"/> INDIVIDUAL OWNERSHIP		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)
		<input type="checkbox"/> CORPORATION		<input type="checkbox"/> OTHER
		STATE OF INC:		FEIN
FULL NAME AND TITLE OF INDIVIDUAL, PARTNERS, CORPORATE OFFICERS, OR MANAGER (IF MANAGER MANAGED LLC)				
LAST	FIRST	MIDDLE	DATE OF BIRTH	TITLE
LAST	FIRST	MIDDLE	DATE OF BIRTH	TITLE
LAST	FIRST	MIDDLE	DATE OF BIRTH	TITLE
LAST	FIRST	MIDDLE	DATE OF BIRTH	TITLE
LAST	FIRST	MIDDLE	DATE OF BIRTH	TITLE
THE FOLLOWING ATTACHED PAGES ARE MADE A PART OF THIS APPLICATION:				
FOR ALL APPLICATIONS:		IN ADDITION, FOR TRANSFER OF CERTIFICATE:		
<input type="checkbox"/> PAGE 2, TERRITORY - HOUSEHOLD GOODS ONLY		<input type="checkbox"/> PAGE 5A, CONSENT OF TRANSFER		
<input type="checkbox"/> PAGE 3 & 3A, FINANCIAL INFORMATION		<input type="checkbox"/> PAGE 5B, ADOPTION NOTICE		
<input type="checkbox"/> PAGE 4A, LIST OF EQUIPMENT				
<input type="checkbox"/> PAGE 4B, INSURANCE AGREEMENT				
CERTIFICATION				
<p>I (we) hereby make application for authority to conduct a motor carrier operation for hire and certify that the above and attached statements are true and correct, that no material fact has been omitted, that there is no person having any interest, direct or indirectly, in the ownership, possession, or control of the equipment listed or the operations to be conducted than is herein stated, and that i (we) understand the filing of this application does not constitute authority to operate. I (we) further certify that the vehicles listed are in such operating order and so equipped as to comply with all Oregon laws, rules, and regulations covering vehicle safety and operations and will be so maintained. I (we) agree to pay the fees and taxes required by and provided for in Oregon revised statutes chapter 825 and 826 and to comply with the provisions thereof and obey all the rules and regulations of the Oregon Department of Transportation.</p>				
SIGNATURE AND SOCIAL SECURITY NUMBER OF OWNER, ALL PARTNERS, OR A CORPORATE OFFICER				
SIGNATURE	PRINTED NAME		SSN, IF NO FEIN PROVIDED ABOVE	
SIGNATURE	PRINTED NAME		SSN, IF NO FEIN PROVIDED ABOVE	
SIGNATURE	PRINTED NAME		SSN, IF NO FEIN PROVIDED ABOVE	
SIGNATURE	PRINTED NAME		SSN, IF NO FEIN PROVIDED ABOVE	
SIGNATURE	PRINTED NAME		SSN, IF NO FEIN PROVIDED ABOVE	

A \$300.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

TERRITORY - HOUSEHOLD GOODS

1. TYPE OF OPERATION PROPOSED (CHECK APPLICABLE BOXES)

- OTHER THAN LOCAL CARTAGE (ALSO COMPLETE #2 BELOW)
- LOCAL CARTAGE (ALSO COMPLETE #3 BELOW)
- NEW OPERATION
- EXTENSION OF AUTHORITY
- COMPLETE TRANSFER OR PARTIAL TRANSFER OF AUTHORITY

NAME OF TRANSFEROR

CCD ACCOUNT NUMBER OF TRANSFEROR

2. OTHER THAN LOCAL CARTAGE SERVICE: SPECIFICALLY STATE THE TERRITORY OR AREA YOU PROPOSE TO SERVE. SEE PAGE iii FOR INSTRUCTIONS AND EXAMPLES.

3. LOCAL CARTAGE SERVICE: SPECIFICALLY STATE THE CITIES IN WHICH YOU PROPOSE TO PROVIDE LOCAL CARTAGE SERVICE. SEE PAGE iv FOR INSTRUCTIONS AND EXAMPLES.

FINANCIAL STATEMENT

INSTRUCTIONS: Applicant must give a complete statement of financial condition as of the date of filing this application, or the most current date for which a financial statement is available.

BALANCE SHEET STATEMENT OF	DATE OF BALANCE SHEET
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ASSETS

CASH		\$	
ACCOUNTS RECEIVABLE			
NOTES RECEIVABLE (CURRENT PORTION)			
PREPAYMENTS			
MATERIALS AND SUPPLIES			
OTHER CURRENT ASSETS			
TOTAL CURRENT ASSETS		\$	
CARRIER OPERATING PROPERTY	\$		
LESS ACCUMULATED DEPRECIATION			
NON-CARRIER PROPERTY	\$		
LESS ACCUMULATED DEPRECIATION			
INTANGIBLE PROPERTY (NET)			
INVESTMENTS AND OTHER ASSETS			
TOTAL ASSETS		\$	

LIABILITIES AND NET WORTH

ACCOUNTS PAYABLE		\$	
NOTES PAYABLE (CURRENT PORTION)			
SALARIES AND WAGES PAYABLE			
ACCRUED TAXES AND LICENSES			
OTHER CURRENT LIABILITIES			
TOTAL CURRENT LIABILITIES		\$	
EQUIPMENT AND OTHER LONG-TERM OBLIGATIONS			
OTHER DEFERRED CREDITS			
TOTAL LIABILITIES		\$	
CAPITAL STOCK			
PAID IN SURPLUS			
RETAINED EARNINGS			
PROPRIETARY CAPITAL (SOLE/PARTNERSHIP)			
TOTAL NET WORTH		\$	
TOTAL LIABILITIES AND NET WORTH		\$	

INCOME/PROJECTED INCOME STATEMENT APPLICANT (NAME)

YEAR	_____
REVENUES	\$ _____
LOCAL CARTAGE MOVING SALES	_____
OTHER THAN LOCAL CARTAGE SALES	_____
INTERSTATE MOVING SALES	_____
WAREHOUSING SALES	_____
OTHER SALES REVENUE	_____
GROSS INCOME	_____
OPERATING EXPENSES	_____
SALARIES & WAGES	_____
FRINGE BENEFITS & PAYROLL TAXES	_____
FUEL	_____
MAINTENANCE EXPENSE	_____
UTILITIES	_____
RENT	_____
INSURANCE	_____
TOTAL EXPENSES	_____
OPERATING INCOME	_____
OTHER INCOME (EXPENSE)	_____
EXTRAORDINARY GAIN (LOSS)	_____
INTEREST EXPENSE	_____
DEPRECIATION EXPENSE	_____
NET PROFIT BEFORE TAXES (PRETAX INCOME)	_____
TAXES	_____
NET INCOME	_____

CERTIFICATION

I solemnly declare and certify that the above statement and schedules on pages 3 and 3a give a true and complete account of my financial condition on the date stated above.

SIGNATURE

DATE

LIST OF EQUIPMENT - A

INSTRUCTIONS: List only the power vehicles to be used in providing the requested transportation service. If your power vehicle is to operate solo, indicate the maximum weight at which the vehicle will be operating in the weight declaration column. If the power vehicle is to operate with one or more trailers, give the maximum weight of the power vehicle and trailer combinations. If the equipment is to operate both solo and with a trailer and you wish to report the operation separately, list both the solo weight and the combination weight. Continue on another page if necessary.

BODY TYPE	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER	COMPANY NUMBER	WEIGHT DECLARATIONS			O - OWNED L - LEASED	BASE LICENSE PLATE NUMBER (STATE)
				SOLO	COMBINATIONS			

I (WE) HAVE NO EQUIPMENT NOW. HOWEVER, I (WE) WILL PLACE THE FOLLOWING EQUIPMENT IN SERVICE WHEN A CERTIFICATE OF AUTHORITY IS GRANTED. (CONTINUE ON ANOTHER PAGE IF NECESSARY.)

BODY TYPE	NUMBER OF VEHICLES		FROM WHOM LEASED OR PURCHASED	ESTIMATED COST	HOW FINANCED
	LEASED	OWNED			

I (WE) HAVE NO EQUIPMENT AND USE ONLY RENTAL EQUIPMENT AT THIS TIME.

INSURANCE AGREEMENT - B

Upon granting of the authority, it is hereby agreed that the necessary insurance, bond, or substitute security or qualification as self-insurer will be furnished to the Oregon Department of Transportation in compliance with Oregon revised statutes, chapter 825.

SIGNATURE OF OWNER, ALL PARTNERS, OR A CORPORATE OFFICER	DATE
SIGNATURE OF OWNER, ALL PARTNERS, OR A CORPORATE OFFICER	DATE
SIGNATURE OF OWNER, ALL PARTNERS, OR A CORPORATE OFFICER	DATE
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SIGNATURE OF OWNER, ALL PARTNERS, OR A CORPORATE OFFICER	DATE

CONSENT OF TRANSFER - A

INSTRUCTIONS: If requesting partial transfer of authority, state the exact authority to be transferred on a separate sheet, signed by transferor and attach to this page.	
REQUEST IS HEREBY MADE FOR	CERTIFICATE OF AUTHORITY NUMBER
<input type="checkbox"/> COMPLETE	<input type="checkbox"/> PARTIAL
<input type="checkbox"/> TRANSFER OF:	
FROM TRANSFEROR (CURRENT CERTIFICATE HOLDER) PLEASE PRINT	TO TRANSFEREE (APPLICANT) PLEASE PRINT
FROM TRANSFEROR (CURRENT CERTIFICATE HOLDER) PLEASE PRINT	TO TRANSFEREE (APPLICANT) PLEASE PRINT
FROM TRANSFEROR (CURRENT CERTIFICATE HOLDER) PLEASE PRINT	TO TRANSFEREE (APPLICANT) PLEASE PRINT
FROM TRANSFEROR (CURRENT CERTIFICATE HOLDER) PLEASE PRINT	TO TRANSFEREE (APPLICANT) PLEASE PRINT
FROM TRANSFEROR (CURRENT CERTIFICATE HOLDER) PLEASE PRINT	TO TRANSFEREE (APPLICANT) PLEASE PRINT

INSTRUCTIONS: Owner, all partners, or corporate officer must sign.		
SIGNATURE OF TRANSFEROR (CURRENT CERTIFICATE HOLDER)	TITLE	DATE
SIGNATURE OF TRANSFEROR (CURRENT CERTIFICATE HOLDER)	TITLE	DATE
SIGNATURE OF TRANSFEROR (CURRENT CERTIFICATE HOLDER)	TITLE	DATE
SIGNATURE OF TRANSFEROR (CURRENT CERTIFICATE HOLDER)	TITLE	DATE
SIGNATURE OF TRANSFEROR (CURRENT CERTIFICATE HOLDER)	TITLE	DATE

ADOPTION NOTICE - B

I (we) the undersigned transferee, hereby adopt, ratify and make my (our) very own in every respect as if the same had been originally issued and filed by me (us), all tariffs, time schedules, rules, notices, concurrences, traffic agreements, divisions, authorities, powers of attorney, or other instruments whatsoever, filed with the Oregon Department of Transportation by:	
NAME OF TRANSFEROR (CURRENT CERTIFICATE HOLDER)	DOING BUSINESS AS

By this notice, I (we) also adopt and ratify all supplements or amendments to any of the above tariffs, time schedules, etc., which have here to fore been filed with the Oregon Department of Transportation.	
SIGNATURE OF TRANSFEREE (APPLICANT)	SIGNATURE OF TRANSFEREE (APPLICANT)
SIGNATURE OF TRANSFEREE (APPLICANT)	SIGNATURE OF TRANSFEREE (APPLICANT)
SIGNATURE OF TRANSFEREE (APPLICANT)	SIGNATURE OF TRANSFEREE (APPLICANT)