OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
3930 FAIRVIEW INDUSTRIAL DRIVE SE
SALEM OR 97302-1166

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.

OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
3930 FAIRVIEW INDUSTRIAL DRIVE SE
SALEM OR 97302-1166

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

☐ INDIVIDUAL OWNERSHIP ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY (LLC) ☐ CORPORATION STATE OF INC: FEIN ☐ OTHER

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:

☐ PAGE 2, TERRITORY - HOUSEHOLD GOODS ONLY

☐ PAGE 3 & 3A, FINANCIAL INFORMATION

☐ PAGE 4A, LIST OF EQUIPMENT

☐ PAGE 4B, INSURANCE AGREEMENT

IN ADDITION, FOR TRANSFER OF CERTIFICATE:

☐ PAGE 5A, CONSENT OF TRANSFER

☐ PAGE 5B, ADOPTION NOTICE

CERTFICATION

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.

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 B0XES)

- ☐ 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

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
SIGNATURE OF OWNER, ALL PARTNERS, OR A CORPORATE OFFICER	DATE
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 ☐ COMPLETE ☐ PARTIAL ☐ TRANSFER OF:	CERTIFICATE OF AUTHORITY NUMBER
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)