

<p>P 371-H (Rev. 11/14)</p> <p>Authorized by the Motor Carrier Act, Act 254 P.A. 1933, as amended.</p>	<p>DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN PUBLIC SERVICE COMMISSION MOTOR CARRIER DIVISION P. O. Box 30221 Lansing, Michigan 48909</p>	
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## APPLICATION FOR AN INTRASTATE MOTOR CARRIER CERTIFICATE - HOUSEHOLD GOODS -

### General Information:

The Motor Carrier Act, 254 PA 1933, as amended, requires any person engaged in the transportation, by motor vehicle, of property for hire upon the public highways of this state, either directly or through any device or arrangement, to first obtain a certificate from the Public Service Commission. Persons who use motor vehicles to haul property for hire on the public roads of Michigan must know and obey Michigan trucking laws and Public Service Commission regulations. Filing of this form is mandatory. Violation of the Motor Carrier Act may result in a fine or revocation of operating authority.

In general, the term “household goods” is understood to include personal property that belongs to a person and that person's immediate family and comprises, but is not limited to, household furnishings, equipment and appliances, furniture, clothing, books, and similar property. This also includes **NEW** household furnishings, equipment and appliances from retail stores being delivered to homes.

### **INSTRUCTIONS: (READ ALL INSTRUCTIONS FULLY BEFORE COMPLETING APPLICATION.)**

1. Type or print legibly in ink. (These forms may be copied.)
2. This application will be evidence in any Commission proceeding to determine a grant of a certificate. If applicant is a corporation or other business entity, **the application must be signed and sworn to by an officer or owner of the company who is identified under item 6 of this application.**
3. If additional space is needed to fully respond to an item, attach a plain sheet of paper and enter the applicant's name, item number and information being continued.
4. Failure to provide the requested information may result in the return of your application.
5. Payment of a \$100.00 non-refundable application filing fee (in U.S. funds) by check or money order made payable to: “State of Michigan” must be included with this application. **Starter check, COMCHECK and credit/debit cards are not accepted.**
6. Applications for a Certificate of Authority must include the following:
  - a.) A complete copy of applicant's Articles of Incorporation or Organization, or a complete copy of applicant's Certificate to Conduct Business under an Assumed Name, or Articles of Co-partnership.
  - b.) A complete copy of applicant's Certificate to Transact Business in Michigan (if incorporated in a state other than Michigan). If needed, please contact the Michigan Corporation Division at (517) 241-6470.
7. A tariff must be on file with the MPSC if you plan to conduct household goods moves intrastate exceeding 40 miles. A contract must be on file with the MPSC if you intend to conduct contracted moves for retail stores regardless of distance. Call (517)284-8113 for details.
8. **INSURANCE FILINGS:**
  - The name appearing on your insurance filing must be identical to that shown on your application.
  - A **“Form E - UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE”** must be submitted by an applicant's insurance company before a certificate will be issued.
  - A **“Form H - UNIFORM MOTOR CARRIER CARGO CERTIFICATE OF INSURANCE”** must be submitted by an applicant's insurance company before a certificate will be issued.
  - Filings must be signed by the insurance company or branch office representative. The signature of an insurance agent or insurance agency personnel is not accepted.

Michigan's requirement for Public Liability and Property Damage Insurance minimum coverage is the same as required by Federal regulation under 49 C.F.R. 387.9.

**1. FREIGHT VEHICLES OF 10,000 POUNDS GVWR OR MORE:**

- (a) Property (non-hazardous) \$ 750,000
- (b) Property (hazardous) \$5,000,000

*Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks or hopper-type vehicles with capacities in excess of 3,500 water gallons, or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas or compressed gas, or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.*

- (c) Property (hazardous) \$1,000,000

*Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 171.101, but not mentioned in 1(b) or 2(b)*

**2. FREIGHT VEHICLES OF LESS THAN 10,000 POUNDS GVWR:**

- (a) Property (non-hazardous): \$ 300,000
- (b) Property (hazardous) \$5,000,000

*Any quantity of Class A or B explosives, any quantity of poison gas (Poison A); or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.*

- (c) Property (hazardous) \$1,000,000

*Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 171.101, but not mentioned in 1(b) or 2(b)*

**3. VEHICLES TRANSPORTING VEHICLES REGARDLESS OF GVWR:**

- (a) Property (hazardous) \$1,000,000

**Motor carriers that transport vehicles, as defined in 49 CFR 171.8 as HM (Hazardous Materials) and listed in 49 CFR 172.101, are considered a HM (Hazardous Materials) motor carrier, and must maintain the minimum level of financial responsibility regardless of the type of operation. This includes towing companies, new & used car transporters and dealers, repair facilities offering towing, repossessions, etc.**

**9. RETENTION OF RECORDS:**

**Retain a copy of the application and these instruction pages for your records.**

**10. PROCESSING:**

**Processing of a completed application takes approximately 90 - 120 days. Processing of a Temporary Authority request takes approximately 45 days with no approval guaranteed.** All applications include both permanent and temporary authority. Those qualifying for the issuance of a Temporary Authority will receive a certificate authorizing the temporary in the mail. A carrier **may not** commence intrastate operations until the certificate, decals and cab cards (if applicable) are issued. **To avoid processing delays, please insure that all questions are answered, required documents are included, and the application is properly signed and verified by the owner/officer of the company.**

**11. QUESTIONS, CALL MOTOR CARRIER DIVISION:**

On SAFETY, Part II of the Application, call (517) 284-8118 or 284-8119.  
On INSURANCE, call (517) 284-8120.  
On TARIFF FILINGS AND/OR CONTRACTS, call (517) 284-8113.  
For additional information on Parts I, III and IV, call (517) 284-8122.  
To obtain a USDOT number, call (888) 464-8736 or via the web at [www.safersys.org](http://www.safersys.org) .

**Additional Application Requirements: Part II, Item 14 - Safety Submissions**

**\*\*\*NOTE: WHERE ALL VEHICLES IN THE CARRIER FLEET HAVE A GVWR OF 10,000 POUNDS OR LESS - PROCEED TO PAGE 5 OF THIS DOCUMENT**

**CARRIERS OPERATING ONE OR MORE VEHICLES WITH A GVWR OF 10,001 LBS. OR MORE**

In conjunction with Part II, Item 14 of the Motor Carrier Application for MPSC Authority, the following documents are to be submitted with your application. Your application will not proceed to processing until all the following required documents have been received. Additional safety related documents may be requested while your safety review is in progress.

1. **Company Safety Policy – All Applicants**
2. **Copies of Driver Qualification Files – All Applicants**
3. **Drug and Alcohol Testing Policy - Required where:**
  - (A) *A CDL (Commercial Driver’s License) is required; or*
  - (B) *For any size vehicle that will be used to transport hazardous materials in a quantity which will require placarding*

The requirements of the Federal Motor Carrier Safety Regulations (FMCSR) were adopted by the Michigan Motor Carrier Safety Act and apply to all carriers conducting for-hire intrastate operations. Intrastate authority applicants must submit documentation of policies and procedures which demonstrates the companies knowledge of and compliance with the FMCSR.

Copies of the above documents will be required and reviewed with your application to determine compliance with FMCSR and Michigan safety requirements. Where our review results in question, identification of missing requirements, or the need for further clarification or documentation, personnel of the Motor Carrier Division will contact you, in writing, and request the additional materials.

Failure to submit the requested safety documents which comply with governing requirements will result in a recommendation of dismissal of the application to the commission based upon failure to meet required safety standards.

**1. Company Safety Policy**

While various publications, groups and web pages may provide samples of Safety Policies, copies of these samples will not be accepted as the applicant’s Safety Policy. The carrier safety policy must be in writing and be specific to the applicant’s operations.

The safety policy must include (at a minimum) information relative to each of the following categories:

**Vehicle Maintenance File (Specific FMCSR Part 396):** Establishment of the manner in which vehicles will be maintained through:

- Individual vehicle maintenance records;
- Daily Inspection – inspections of the vehicle performed at the end (post-trip) and beginning (pre-trip) of each day’s work;
- Periodic Maintenance – annual inspection of the vehicle, conducted once every 12 months; and
- What actions are to be taken following a Roadside Inspection by Enforcement Personnel?

**Driver Qualifications (Specific FMCSR Part 391):** This portion of your policy must set forth the requirements that apply to:

- Applicants for driver positions – what requirements must the applicant meet before being employed by your operation.

**Establishment, Use and Retention of Driver Qualification Files (Specific FMCSR Part 391)**

- Personnel employed as drivers - each carrier is required to establish a driver qualification (DQ) file for each driver employed. This DQ file must contain the documents required by Part 391. The DQ file is used by the carrier to support the carrier’s decision that a driver is qualified to drive when first employed, and continues to be qualified through periodic carrier reviews required under Part 391. A Safety Policy must reference what documents are to be included in the DQ file and what periodic updates are required by Part 391. Each DQ file shall be retained for as long as a driver is employed by that motor carrier and for three years thereafter.

**Driver Hours of Service (Specific FMCSR Part 395):** Carrier policy requirements must set forth how the driver’s hours of service will be controlled through:

- Maximum driving and on-duty time.

- Use, completion, review and retention of daily logs (logbook) where required; and
- A company system, including retention of accurate time records, to monitor those drivers involved in operations which are exempt from logbook maintenance (Including an explanation of logbook exemption).

**Procedures to be Followed in Case of Accident:** Your policy must set forth the actions to be taken at the time of the accident, including at the scene of the accident, as follow-up to the accident, and the manner in which an accident register (FMCSR Part 390.15(b)) will be maintained.

Each of these required areas must include information relative to:

1. What is to be done;
2. When (how often, what time frame, etc.);
3. How the requirement will be met (what has to be done, what forms have to be completed, etc.);
4. Where is the function to be performed;
5. Who is involved/responsible for the action;
6. Who will/is responsible for reviewing the completed action; and
7. Where and for how long will documentation be retained.

## **2. Copies of Driver Qualification Files**

Drivers Listed on Application: Where less than five (5) drivers are to be employed by the carrier, copies of the following documents from each driver's qualification file is to be submitted. Where five (5) or more drivers are employed, three drivers are to be selected, and copies of the following documents from each driver's qualification file are to be submitted with the application. Additional drivers or documents from a driver qualification file may be requested at a later date by the Motor Carrier Division.

1. A readable copy of the driver's application for employment;
2. A readable copy of the driver's MVR;
3. A readable copy of the valid Medical Examiner's Certificate and/or Waiver; and
4. A readable copy of the driver's CDL.

## **3. Drug and Alcohol Testing Policy - Required where: one or more of applicant's vehicles:**

***(A) A CDL (Commercial Driver's License) is required; or***

***(B) For any size vehicle that will be used to transport hazardous materials in a quantity which will require placarding (Specific FMCSR: Parts 40 and 382)***

Each carrier shall provide drivers with educational materials that explain the requirements of the FMCSR and the carrier's policies and procedures with respect to meeting these requirements. The drug and alcohol testing policy should state: how and when the required testing of drivers will be conducted in connection with pre-employment, random testing, reasonable cause testing, post-accident testing, return-to-duty testing, and follow-up drug and alcohol testing; the consequences for drivers engaged in substance use related conduct; the handling of test results, record retention and confidentiality.

The testing program may be administered by the carrier who meets and demonstrates FMCSR Sampling criteria or may be completed under contract with a Consortium/Third Party Administrator (C/TPA). A carrier administering its testing program should be able to prove that it has contracted with a qualified drug and alcohol collection facility, a certified laboratory, medical review officer, and substance abuse professional. **Carrier operations with only one (1) driver and operating one (1) or more vehicles having a G.V.W. of 26,001 pounds or more MUST CONTRACT WITH A C/TPA** for administration of the drug and alcohol testing program.

A carrier utilizing a C/TPA will have to prove that it has contracted with the C/TPA.

A Drug and Alcohol Testing Policy may be provided by a C/TPA which the carrier has joined. Its content should also be presented as a carrier policy, identifying the applicant and stating that the attached policy is incorporated and adopted by the applicant for use as its Drug and Alcohol Testing Policy.

**Should you have question pertaining to the submission and compliance requirements of the safety review portion of the application for intrastate for-hire motor carrier operating authority,** please contact a member of the Motor Carrier Division at (517)284-8118 or 284-8119.

**Additional Application Requirements: Part II, Item 14 - Safety Submissions**

**CARRIER OPERATIONS WHERE ALL VEHICLES IN THE CARRIER FLEET HAVE A GVWR OF 10,000 POUNDS OR LESS**

**In conjunction with Part II, Item 14 of the Motor Carrier Application for MPSC Authority, the following documents are to be submitted with your application.** Your application will not proceed to processing until all following required documents have been received. Additional safety related documents may be requested while your safety review is in progress.

- **Company Safety Policy – All Applicants**
- **Readable copy of the Motor Vehicle Records (MVR's) issued for its driver(s).**

Where our review results in question, identification of missing requirements, or the need for further clarification or documentation, personnel of the Motor Carrier Division will contact you, in writing, and request the additional materials.

While various publications, groups and web pages may provide samples of Safety Policies, copies of these samples will not be accepted as the carrier's Safety Policy. The carrier policy must be in writing and be specific to the carriers operations.

Failure to submit the requested safety documents which comply with governing requirements will result in a recommendation of dismissal of the application to the Commission based upon failure to meet required safety standards.

**Company Safety Policy**

Each carrier is required to establish a written safety policy, published under the carrier's name, which sets forth information of the carrier's rules and procedures of safety – how things will be done when working for the carrier. The policy is used to provide information of operations to not only the MPSC, but also to employees of the carrier. This policy should set forth **in each of the required areas:**

1. What is to be done;
2. When (how often, what time frame, etc.);
3. How the requirement will be met (what has to be done, what forms have to be completed, etc.);
4. Where is the function to be performed;
5. Who is involved/responsible for the action;
6. Who will/is responsible for reviewing the completed action.

The policy must address (at a minimum) the safety topics of:

- vehicle maintenance plans,
- vehicle operations and equipment use,
- driver qualifications,
- control of driver hours, and
- procedures to be follow in case of accident.

**Should you have question pertaining to the submission and compliance requirements of the safety review portion of the application for intrastate for-hire motor carrier operating authority,** please contact a member of the Motor Carrier Division at (517)284-8118 or 284-8119

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**APPLICATION FOR AN INTRASTATE MOTOR CARRIER CERTIFICATE  
- HOUSEHOLD GOODS -**

**For assistance with this application call (517) 284-8122**

**PART I. GENERAL INFORMATION**

1. MPSC Authority Number (if any): _____ MC Authority Number: _____  US DOT Number: _____ Federal Tax ID # (or Social Security # if Sole Prop) _____  Type of intrastate motor carrier operations applied for: (check one)  <input type="checkbox"/> Motor Carrier transporting household goods and general commodities other than hazardous materials. <input type="checkbox"/> Motor Carrier transporting household goods and general commodities including hazardous materials. <input type="checkbox"/> Motor Carrier transporting vehicles, household goods, and general commodities.
2. Applicant's name: _____  Mailing Address: _____  City: _____ State: _____ Zip Code: _____  Telephone Number: (____) _____ Fax Number: (____) _____  Email Address: _____
3. Name under which applicant will conduct business if different from # 2 above: (Include certificate of assumed name.)  _____
4. Type of facility from which Motor Carrier operations are to be conducted:  <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Terminal <input type="checkbox"/> Other: (Specify) _____  Facility location: <input type="checkbox"/> Same as stated in item 2 <input type="checkbox"/> As follows:  Physical Street Address: _____  City: _____ State: _____ Zip Code: _____  Telephone Number: (____) _____ Fax Number: (____) _____
5. Provide the name of the person responsible for safety at your company:  Name _____ Address: _____ Title _____ Phone (____) _____ Fax (____) _____

6. Type of business: (Check A, B or C.)

A.  Sole Proprietorship (A copy of the Certificate of Assumed Name from the County Clerk must be submitted):

B.  Partnership (A copy of the Articles of Partnership must be submitted): (List the partners below)

\_\_\_\_\_  
\_\_\_\_\_

C.  Closely Held Corporation       Public Corporation       Limited Liability Company  
(Michigan Companies must enclose Articles of Incorporation or Organization and, if not a Michigan corporation, a Certificate to Conduct Business in Michigan and Articles of Incorporation.)

The companies owners and officers are:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

7. Attorney or Agent to whom correspondence in this application should be directed if any:

Name: \_\_\_\_\_ Bar No. (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

8. Prior experience in the motor carrier industry:

Owner or operation of authority number: MPSC # \_\_\_\_\_ MC# \_\_\_\_\_

What was your position with the identified motor carrier(s)?

Owner - Time in position: \_\_\_\_\_ Years       Safety/Permits Manager - Time in position: \_\_\_\_\_ Years

Other - please describe: \_\_\_\_\_ Time in position: \_\_\_\_\_ Years

Employment in various motor carrier operations while serving in the following positions (please specify):

Driver - Time in position: \_\_\_\_\_ Year       Safety/Permits Manager - Time in position: \_\_\_\_\_ Years

Other - please describe: \_\_\_\_\_ Time in position: \_\_\_\_\_ Years

Other - please describe: \_\_\_\_\_ Time in position: \_\_\_\_\_ Years

Other business experience (provide description and length of time): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART II - SAFETY/FITNESS INFORMATION**

(For assistance with this Part, call (517) 284-8118 or 284-8119)

The Motor Carrier Division conducts a safety fitness analysis of each application for a Motor Carrier Certificate pursuant to the Order of the Commission in File No. T-1281, (Jan. 11, 1995), Order Implementing Safety Rating System. The review process requires the completion of all of the following questions and submission of requested documents.

9. By verifying and signing this application on the last page, the applicant certifies:

- a) that it will comply with the Motor Carrier Act as amended, and the rules and regulations of the Michigan Public Service Commission;
- b) that the character and condition of the vehicles to be used is such that they may be operated safely upon the public highways;
- c) all vehicles 10,001 pounds or greater have passed a vehicle inspection within the preceding 12 months pursuant to the requirements of the Motor Carrier Safety Act, Public Act 181 of 1963, as amended, and that the applicant will systematically inspect, repair and maintain all vehicles under its control.

10. Safety and Fitness Issues:

Within the past three years, has applicant, its owner(s), or principal(s), been involved in any State or Federal court proceedings, compliance reviews, out of service or shut down orders related to the safety or fitness of the applicant, its owner(s) or principal(s), to conduct motor carrier operations?  YES  NO

If yes, provide the following information:

Jurisdiction:	Case No. /Year:	Case outcome:
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

11. List all **ACCIDENTS\*** within the preceding 12 month period. **If none, check box**

An "ACCIDENT" is an occurrence involving a commercial motor vehicle operating on a public road in interstate or intrastate commerce which results in:

- (i) A fatality; or
- (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- (iii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other motor vehicle.

DATE	LOCATION CITY/STATE	DRIVER'S NAME	NUMBER OF INJURIES	NUMBER OF FATALITIES	VEHICLES TOWED

(ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY.)

12. List the types of vehicles and the gross vehicle weight rating (**G.V.W.R.\***) of each type of vehicle to be operated under this certificate:

**\* G.V.W.R. means the value specified by the manufacturer as the loaded weight of a single vehicle. (49 CFR 383.5.) This can be found on the door tag on the driver's side inside door frame.**

<b>Vehicle Information: (Specify the complete vehicle information including Make, Model, Year &amp; Serial/VIN # of each vehicle you intend to use)</b> (ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY.)	<b>List the exact GVWR as indicated on the door tag.</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**\*\*SUBMIT COPIES OF CURRENT ANNUAL INSPECTIONS ON ALL POWER UNITS AND TRAILERS INTENDED FOR USE UNDER THIS AUTHORITY\*\***

13. List the names of drivers who will be operating under this certificate and the date of hire. If more than 10 drivers, list only the first ten alphabetically. This includes the owner/operator.

Driver:	Date of Hire:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**14. Attach a copy of Applicant's Safety Policy & Procedures.** (See Instructions for Safety Submission)  
 This should address inspection of vehicles, maintenance of vehicles, reporting of accidents, driver qualifications & files, use of log books and/or timekeeping, driver training, and any other information that specifically indicates that the applicant operates, or will operate, in accordance with the safety regulations. **Satisfactory completion of all safety requirements is required for issuance of a temporary authority.**

**PART III – AUTHORITY REQUESTED:**

15. Authority Requested. Check all that apply.

- Local Household Goods Moves (Local Moves = 40 miles or less from point of origin to point of destination)
- Statewide Household Goods Moves (Statewide Moves = any move exceeding 40 miles from point of origin to point of destination)
- Household Goods Moves through the use of Portable Storage Units (PODS)
- Household Goods Moves through a Continuous Contract with a Specific Shipper

**CONTRACT CARRIER (Answer Questions 16 - 18)**

This section is to be completed only if you are a contract carrier. "Contract Carrier" is defined as any person providing motor vehicle transportation upon the highways of this state for a series of shipments under continuing agreement of not less than 1 year with a person which agreement provides for the assignment of motor vehicles exclusively for each such person while the vehicle is in service of such person and which agreement is designed to meet the distinct needs of each such person.

16. Applicant certifies that the services proposed under this authority will be provided under a  YES  NO **continuing agreement** of not less than one (1) year.  
If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_

17. Applicant certifies that **the agreement** provides for the assignment of motor vehicles exclusively for each shipper(s) while serving such shipper(s).  YES  NO  
If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_

18. Applicant certifies that **the contractual agreement** provides that the Applicant's service under the proposed authority is designed to meet the distinctive needs of the shipper(s).  YES  NO  
Indicate the name of the Shipper that the contractual agreement is with: \_\_\_\_\_  
**(A copy of the Contractual Agreement must be submitted with this application.)**  
Describe the distinctive needs of the shipper and how applicant will serve those needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(NOTE: Examples of distinctive needs and specialized services include custom designed equipment to accommodate shipper facilities or freight transport, unique loading features, freight "in-transit" care, expedited service, "on-call" service, drivers having independent access to shipper facilities, computerized freight billing and tracking, uniformed drivers, etc.)

**PART IV - VERIFICATION**

**PLEASE NOTE: If the motor carrier is a corporation or a limited liability company, an officer is required to verify and sign this application. If a sole proprietorship, the owner is required to verify and sign this application. If a partnership, one of the partners is required to verify and sign this application.**

By signing and submitting this application, Applicant attests and certifies that all statements made herein are true.

**19. Verification:**

I, \_\_\_\_\_, representing \_\_\_\_\_  
(Typed or printed name) (Carrier/Company Name)

being duly sworn upon oath, verify under penalty of perjury that the facts asserted in the foregoing Application are true and correct. If representing a company, corporation, or organization, I further certify that I am authorized and qualified to submit this information.

Signature of Applicant: \_\_\_\_\_

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

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

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

Subscribed and sworn to before me, a Notary Public in and for the County of \_\_\_\_\_, acting in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

Notary's signature: \_\_\_\_\_

Notary's name: \_\_\_\_\_  
(Typed or printed.)

Expiration of Commission: \_\_\_\_\_

**20. MAILING INSTRUCTIONS: Mail the original completed application, appendix (if any), required attachments, and check or money order in payment of application fee to:**

To Mail (including Priority Mail):

**Department of Licensing and Regulatory Affairs  
Michigan Public Service Commission  
Motor Carrier Division  
P. O. Box 30221  
Lansing, Michigan 48909**

To Present In Person or for Overnight Delivery:  
(other than United States Postal Service Priority Mail)

**Department of Licensing and Regulatory Affairs  
Michigan Public Service Commission  
Motor Carrier Division  
7109 West Saginaw Hwy  
Lansing, Michigan 48917**