

OFFICIAL USE ONLY

Amount Received \_\_\_\_\_  
Processed By \_\_\_\_\_ Date Processed \_\_\_\_\_



USDOT NO. \_\_\_\_\_  
PIN \_\_\_\_\_  
SUB NO. \_\_\_\_\_

# TDF 1<sup>(09-15)</sup> APPLICATION FOR INTRASTATE MOTOR CARRIER LICENSE

1. USDOT Number \_\_\_\_\_ FEIN/SSN \_\_\_\_\_  
Applicant \_\_\_\_\_  
Doing business as (trade name if any) \_\_\_\_\_

2. Addresses and Contact Information

<b>Mailing Address 1</b> c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. (____) _____ Fax No. (____) _____ Email _____	<b>Mailing Address 2</b> c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. (____) _____ Fax No. (____) _____ Email _____
---	---

<b>Carrier's Physical Address or Location</b> Street _____ City, State, Zip _____	Carrier's Contact Person _____ Telephone # (____) _____ Domicile County _____
---	---

3. Type of Applicant     SOLE PROPRIETORSHIP     CORPORATION     PARTNERSHIP     OTHER

4. Principal Place of Business State (PPB) \_\_\_\_\_  
Is Applicant properly registered with the Oklahoma Secretary of State?     YES     NO  
If PPB State is not Oklahoma, provide:

<b>Proposed/Actual Major Oklahoma Terminal or Home Office</b> Street _____ City, State, Zip _____	<b>Oklahoma Process Agent</b> Name _____ Street _____ City, State, Zip _____
---	---

5. Type of Proposed Operations     FOR HIRE     PRIVATE

(Check all that apply.) <b>For Hire Carrier</b>	(Check all that apply.) <b>Private Carrier</b>
PROPERTY (Not Deleterious, Hazardous or Passengers) <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted <input type="checkbox"/> 10,001 GVWR or under DELETERIOUS <input type="checkbox"/> Deleterious Substances (also requires TDF 14) HAZARDOUS MATERIALS (may also require Haz Waste application) <input type="checkbox"/> Hazardous Materials \$1 million <input type="checkbox"/> Hazardous Materials \$5 million PASSENGERS (Vehicle Seating Capacity) <input type="checkbox"/> 6 passengers or less <input type="checkbox"/> 7 to 9 passengers <input type="checkbox"/> 10 to 15 passengers <input type="checkbox"/> 16 passengers or more	PROPERTY (Not Deleterious, Hazardous or Passengers) <input type="checkbox"/> Property DELETERIOUS <input type="checkbox"/> Deleterious Substances (also requires TDF 14) HAZARDOUS MATERIALS (may also require Haz Waste application) <input type="checkbox"/> Hazardous Materials \$1 million <input type="checkbox"/> Hazardous Materials \$5 million

6. Does the applicant conduct interstate operations (across state lines)?     YES     NO    Is the applicant registered in the UCR program?     YES     NO

7. Does the applicant intend to operate vehicles with a GVWR, GCWR, loaded weight or registered weight over 26,000 pounds?     YES or     NO

8. Quantity of Identification Devices.    Stamps \_\_\_\_\_    9. Rule Book Serial No. \_\_\_\_\_

The Applicant hereby declares that it has knowledge of and understands the rules of the Oklahoma Corporation Commission governing transportation by motor carriers and private carriers; that said rules and regulations will be observed and complied with fully in the exercise of any and all rights acquired through the permission to operate as hereby applied for; and that under penalty of perjury, all statements and representations appearing in the foregoing application and all addendums are based upon my knowledge of the matters referred to and are true and correct.

Applicant's Signature \_\_\_\_\_  
Applicant's Title \_\_\_\_\_  
Attorney's Signature (if any) \_\_\_\_\_

**OKLAHOMA CORPORATION COMMISSION**  
**TRANSPORTATION DIVISION**  
**P.O. BOX 52000 OKLAHOMA CITY, OK 73152-2000**  
**JIM THORPE OFFICE BUILDING 2101 N. LINCOLN BLVD. ROOM 312 73105-4904**  
**TELEPHONE (405) 521-2251 FAX NO. (405) 521-2916 INTERNET ADDRESS <http://www.occeweb.com>**  
OAC 165:30-3-1; OAC 165:30-15-4

Please keep a copy of this completed application in your office. In the event we have any questions about your application and contact you, it will be helpful as a reference tool. Please make your check or money order payable to the Oklahoma Corporation Commission. All fees may be remitted in one check / money order. The application must be signed. **ORIGINAL APPLICATION MUST BE FILED WITH ALL ATTACHMENTS.** Application must be submitted with **\$100 filing fee** plus additional fees as shown below. Please print or type application.

1. *Applicant* must be a legal entity (individual, corporation, partnership, etc.). A DBA (doing business as) may be indicated, but application cannot be filed in a trade name only. If a partnership, the Applicant must reflect the names of each of the partners. The Applicant's USDOT number must be listed on this application. If the USDOT number is not yet issued, a copy of the completed MCS-150 mailed to FMCSA must be attached. An Applicant operating solely intrastate must apply for an intrastate USDOT number at <https://www.fmcsa.dot.gov>. The Applicant's FEIN or individual's SSN must be listed.
2. *Mailing Address 1* is the location to which all correspondence is to be mailed. Permit service, attorney's office, carrier's address, or other location may be listed. If the address listed in *Mailing Address 1* is NOT the carrier's address, the carrier's address MUST be listed in the Mailing Address 2 column. *Carrier's Physical Address or Location* is the carrier's actual physical location. If you have an out-of-state address, do not provide *Domicile County*.
3. For *Type of Applicant*, choose your organization type.
4. If your organization is other than a Sole Proprietorship and your principal place of business is Oklahoma, you must be properly filed with the Oklahoma Secretary of State's office (405) 521-3911 and a copy of the certificate of incorporation or similar paper must be submitted with this application. If your organization is other than a Sole Proprietorship and your principal place of business is other than Oklahoma, you must provide the address of your proposed or actual major Oklahoma terminal or home office along with either name and address of your Oklahoma Process Agent or a copy of your BOC-3 Process Agent Listing.
5. In the *Type of Proposed Operations* section, please check all that apply. Minimum liability insurance limits are based upon your type of operations. See "Liability Insurance" below. If more than one category is marked, the highest liability insurance limit is required.
6. If you operate a commercial motor vehicle transporting interstate (across state lines) shipments, you are subject to the Unified Carrier Registration Program. A "commercial motor vehicle" is defined as a self-propelled vehicle used on the highway in interstate commerce principally to transport passengers or cargo, if the vehicle: (a) has a gross vehicle weight rating or gross vehicle weight of 10,001 pounds or more; (b) is designed to transport 10 or more passengers (including the driver); or (c) is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. Section 5103 and transported in a quantity requiring placarding under regulations prescribed by the U.S. Secretary of Transportation.
7. If you intend to operate vehicles with a gross vehicle weight rating (GVWR) as specified by the manufacturer, gross combination weight rating (GCWR), loaded weight or registered weight thereof over 26,000 pounds; or placarded amounts of hazardous materials, you will be subject to federal safety regulations, even if your vehicles are solely intrastate.
8. If you intend to transport 15 or more passengers, you will be subject to federal safety regulations, even if your vehicles are solely intrastate.
9. Please list the number of identification devices (stamps) you wish to request. One device is required for each vehicle. Please remit **\$7.00** for each identification device. Additional identification devices may be ordered throughout the year using application TDF 16 or a written letter.
10. If you have the rule book in your possession, you must list its serial number. Every intrastate motor carrier must possess a current OCC Chapter 30 rule book. Rule books are available at a cost of **\$10** per rule book or you may download the document from our website. If you purchase a rule book, notices of rule changes will be provided to you.
11. Acceptable signatures on this application are as follows: (1) Sole proprietorship - sole proprietor; (2) Partnership - one of the partners; (3) Corporation - one of the officers or directors; (4) Limited liability company - the manager. An attorney or agent may sign in lieu of the applicant, but a copy of the power of attorney must be attached to the application.

**Liability Insurance** - An insurance filing (typically a **Form E**) must be filed with this office as proof of liability insurance. The name, address and liability limits must EXACTLY match the information shown on the front of this application. You may need to contact your insurance agent to inform the insurance company to provide the insurance filing to this office. (Agents do not typically provide the required filing.) Liability insurance requirements are combined single limits as follows:

- Property (for hire)
  - Unrestricted - \$750,000
  - Restricted (Sand, rock, gravel, asphaltic mixtures and similar road building materials; Unprocessed forestry products; Unprocessed agricultural commodities; Ordinary livestock) - \$350,000
  - Under 10,000 pounds GVWR - \$300,000
- Property (private carrier) - \$350,000
- Deleterious substances (non hazardous) - \$750,000:
- Passenger Carrier - utilizing vehicles having a seating capacity of 6 passengers or less - \$100,000; 7 to 9 passengers - \$750,000; 10 to 15 passengers - \$1,000,000; 16 or more passengers - \$5,000,000. **Seating capacity includes the driver.**
- Hazardous materials as defined in and as required by OAC 165:30-3-11 and 49 CFR Part 387.

# ATTACHMENT "A"

**PART 1 LEGAL ENTITY INFORMATION** (other than an individual/sole proprietorship)

Date of Incorporation \_\_\_\_\_

State of Incorporation \_\_\_\_\_

**Attach copy of document/cover page filed with the Secretary of State or Partnership agreement.**

Name of Officer/Partner	Title of Officer/Partner	Address of Officer/Partner

**PART 2 OPERATIONAL INFORMATION**

Mark the type of commodities anticipated to be most generally transported. Check all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Courier Service<br><input type="checkbox"/> Livestock, ordinary<br><input type="checkbox"/> Sand, rock, gravel<br><input type="checkbox"/> Unprocessed agricultural or forestry products<br><input type="checkbox"/> Manure<br><input type="checkbox"/> Automobiles/motor vehicles<br><input type="checkbox"/> Beer and alcoholic beverages<br><input type="checkbox"/> Boats<br><input type="checkbox"/> Bio-medical waste<br><input type="checkbox"/> Cement and fly ash<br><input type="checkbox"/> Coal/coke | <input type="checkbox"/> Deleterious substances<br><input type="checkbox"/> Driveaway/towaway<br><input type="checkbox"/> Electric transmission & communications equipment<br><input type="checkbox"/> Feed and feed ingredients<br><input type="checkbox"/> Garbage, refuse, trash<br><input type="checkbox"/> Groceries, processed food, frozen food<br><input type="checkbox"/> Household goods, new<br><input type="checkbox"/> Household goods, used<br><input type="checkbox"/> Houses<br><input type="checkbox"/> Lumber, building and construction materials | <input type="checkbox"/> Hazardous Materials<br>(Complete Part 4 Hazardous Materials.)<br><input type="checkbox"/> Mobile homes, portable buildings<br><input type="checkbox"/> Oilfield/heavy equipment and articles/large objects<br><input type="checkbox"/> Paper and paper products<br><input type="checkbox"/> Passengers<br>Specify largest vehicle seating capacity, including driver _____<br><input type="checkbox"/> Retail commodities<br><input type="checkbox"/> Other<br>Describe _____ |
|---|--|--|

### PART 3 HAZARDOUS MATERIALS

- If you left all Hazardous Materials options blank in question 5 of the application itself, you may skip this section.
- If you answer “No” to questions 2 and 3 of the Safety Summary Report, you may skip this section. (The Safety Summary Report is Part 5 of this Attachment A.)

Mark the Division/type of hazardous materials anticipated to be most generally transported - (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Div 1.1 Explosives (with mass explosion hazard)                       | <input type="checkbox"/> Div 5.1 Oxidizer  |
| <input type="checkbox"/> Div 1.2 Explosives (with projection hazard)                           | <input type="checkbox"/> Div 5.2 Organic peroxide  |
| <input type="checkbox"/> Div 1.3 Explosives (with predominantly fire hazard)                   | <input type="checkbox"/> Div 6.1 A (Poison Liquid which is a PIH Zone A)   |
| <input type="checkbox"/> Div 1.4 Explosives (with no significant blast hazard)                 | <input type="checkbox"/> Div 6.1 B (Poison Liquid which is a PIH Zone B)   |
| <input type="checkbox"/> Div 1.5 Very insensitive explosives; blasting agents                  | <input type="checkbox"/> Div 6.1 Poison (Poisonous liquid with no inhalation hazard)   |
| <input type="checkbox"/> Div 1.6 Extremely insensitive detonating substances                   | <input type="checkbox"/> Div 6.1 Solid (meets the definition of a poisonous solid)   |
| <input type="checkbox"/> Div 2.1 Flammable gas   | <input type="checkbox"/> Div 6.2 Infectious substance (Etiologic agent)  |
| <input type="checkbox"/> Div 2.1 LPG (Liquefied Petroleum Gas)                                 | <input type="checkbox"/> Class 7 Radioactive material  |
| <input type="checkbox"/> Div 2.1 Methane Gas   | <input type="checkbox"/> HRCQ (Highway Route Controlled Quantity of Radioactive material)  |
| <input type="checkbox"/> Div 2.2 Non-flammable compressed gas                                  | <input type="checkbox"/> Class 8 Corrosive material  |
| <input type="checkbox"/> Div 2.2 A (Anhydrous Ammonia)   | <input type="checkbox"/> Class 8 A (Corrosive liquid which is a PIH Zone A)  |
| <input type="checkbox"/> Div 2.3 A (Poison Gas which is Poison inhalation Hazard (PIH) Zone A) | <input type="checkbox"/> Class 8 B (Corrosive liquid which is a PIH Zone B)  |
| <input type="checkbox"/> Div 2.3 B (Poison Gas which is PIH Zone B)                            | <input type="checkbox"/> Class 9 Miscellaneous hazardous material  |
| <input type="checkbox"/> Div 2.3 C (Poison Gas which is PIH Zone C)                            | <input type="checkbox"/> Elevated Temperature Material (Meets definition in 49 CFR 171.8 for an elevated temperature material)   |
| <input type="checkbox"/> Div 2.3 D (Poison Gas which is PIH Zone D)                            | <input type="checkbox"/> Infectious Waste (Meets definition in 49CFR 171.8 for an infectious waste)                              |
| <input type="checkbox"/> Class 3 Flammable and combustible liquid                              | <input type="checkbox"/> Marine Pollutants (Meets definition in 49 CFR 171.8 for a marine pollutant)                             |
| <input type="checkbox"/> Class 3 A (Flammable liquid which is a PIH Zone A)                    | <input type="checkbox"/> Hazardous Sub (RQ) (Meets definition in 49 CFR 171.8 of a reportable quantity of a hazardous substance) |
| <input type="checkbox"/> Class 3 B (Flammable liquid which is a PIH Zone B)                    | <input type="checkbox"/> Hazardous Waste (Meets definition in 49 CFR 171.8 of a hazardous waste)                                 |
| <input type="checkbox"/> Combustible Liquid (Refer to 49 CFR 173.120 (b))                      | <input type="checkbox"/> ORM (Meets definition in 49 CFR 171.8 of Other Regulated material)                                      |
| <input type="checkbox"/> Div 4.1 Flammable solid   |  |
| <input type="checkbox"/> Div 4.2 Spontaneously combustible material                            |  |

Note: Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101)

### INTRA / INTER HAZARDOUS MATERIALS CARRIERS/SHIPPERS – IS YOUR COMPANY REGISTERED WITH RSPA?

Please refer to 49 CFR, Part 107.601 regarding the applicability of registration of persons who offer or transport hazardous materials. If your company meets the criteria listed, call Research and Special Programs Administration (RSPA) of the Federal Highway Administration at (202) 366-4109 for the appropriate application forms or download from <https://hazmatonline.phmsa.dot.gov/services/>.

**PART 4 EQUIPMENT LISTING / TERMINAL & DOCK FACILITIES**

List the following information for all vehicles (power units) and equipment (trailers) to be operated under the license. Attach additional pages if necessary. A computer printout listing the power units/equipment/trailers information required may be submitted.

**POWER UNITS**

Vehicle I.D. Number (VIN)	Year	Make	Type*	Describe Type	GVWR or Capacity	Tag No	State	Owned(O) or Leased(L)

\* Type of power unit such as Straight Truck (ST), Truck Tractor (TT), Pickup (PU), Limousine, Taxi, Car, etc. If "Other", please describe in the column called "Describe Type."

**EQUIPMENT / TRAILERS**

Vehicle I.D. Number (VIN)	Year	Make	Type*	GVWR or Capacity	Tag No	State	Owned(O) or Leased(L)

\* Type of Equipment or Trailers such as Gooseneck, Flatbed, Box, Belly Dump, Pole Trailer, etc.

**DESCRIPTION OF TERMINAL or DOCK** If your company does not maintain a terminal, dock or motor pool facility, please list the physical address (physical location) where vehicles are parked when not in use.

---



---

**PART 5 SAFETY SUMMARY REPORT**

1. Does applicant intend to operate vehicles with a GVWR or GCWR over 26,000 pounds?  YES or  NO
2. Does applicant intend to transport hazardous materials requiring placarding?  YES or  NO
3. Does applicant intend to transport hazardous waste requiring a uniform manifest?  YES or  NO
4. Are your company's CDL drivers employees and/or owner/operators?  
 Employees  Owner/Operators  Do not have CDL drivers
5. Provide applicant's USDOT safety rating:  
 No safety rating  Unsatisfactory  Conditional  Satisfactory  Do not know

**APPLICANT CERTIFICATION - SAFETY**

The applicant certifies the federal motor carrier safety regulations, as adopted by the State of Oklahoma, will be observed and complied with fully in the exercise of any and all rights acquired through the permission to operate as hereby applied for.	Initials

**APPLICANT CERTIFICATION - SIZE AND WEIGHT SUMMARY REPORT**

The applicant certifies the size and weight law as set forth by the State of Oklahoma, will be observed and complied with fully in the exercise of any and all rights acquired through the permission to operate as hereby applied for.	Initials