NEW YORK STATE DEPARTMENT OF TRANSPORTATION APPLICATION TO TRANSPORT HOUSEHOLD GOODS WITHIN NEW YORK STATE

General information concerning the process and requirements for obtaining household goods authority from the Department can be found at https://www.dot.ny.gov/divisions/operating/osss/truck/registration-licensing.

INSTRUCTIONS:

1. An original application must be submitted to NYSDOT, Office of Modal Safety and Security, 50 Wolf Road, POD 53, Albany, New York 12232-0879.
2. The filing of an application does not allow an applicant to operate. Operations that are started before authority is issued may result in denial of the application and/or the imposition of a $5,000 civil penalty.
3. Each question on the application form must be answered completely. Failure to do so may result in the rejection or delay of the application.
4. Please print legibly. If we cannot read your handwriting, your application will be returned to you.
5. If you need additional space to answer a question, please use a separate sheet of paper and identify the question that you are answering by including the name of the company and the Title and Section Number of the question you are answering on the separate sheet of paper.
6. An applicant may:
   a. Represent themselves,
   b. Be represented by an officer of the company,
   c. Be represented by a non-paid representative, or
   d. Be represented by either a paid representative who can be a NYS licensed attorney or a transportation practitioner who is licensed by the USDOT.
7. Applicant must operate a bona fide place of business in New York State. Bona Fide place of business is defined as a location where records of the carrier are maintained, where shippers can conduct business with the applicant, and where Department representatives can inspect the carrier’s records and meet with the carrier or its principals. This location must be operational during regular business hours, Monday through Friday. In addition, it is the Department’s interpretation of Section 192 of the Transportation Law that to retain authority to transport household goods a carrier must maintain a bona fide place of business in New York.
8. The applicant must meet specific experience requirements (see Fitness Section 1) and meet certain financial requirements (see Fitness Section 2). In addition, the applicant’s principals or key employees prior activity as or with a regulated or unregulated carrier, outstanding judgments, Notice of Violations and complaints will be considered in determining the applicant’s fitness, willingness and ability to comply with the Transportation Law, rules, regulations and orders of the Commissioner. Other business and transportation experience may also be considered in determining an applicant’s fitness.
9. If you have any questions related to your application, call (518) 457-6512. Applications not meeting the standards set forth herein will most likely be denied.

If you have any questions relating to your application, you can call 518-457-6512 or send an e-mail to operating.authority@dot.ny.gov.
NEW YORK STATE DEPARTMENT OF TRANSPORTATION
APPLICATION TO TRANSPORT HOUSEHOLD GOODS

PLEASE PRINT LEGIBLY

____________________________________________________
(Full Legal Name of Company)

USDOT Number (required): __________________________

I. BUSINESS TYPE:

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as “Appendix A.”

<table>
<thead>
<tr>
<th>Form of Business</th>
<th>Required Document to be Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Individual</td>
<td>None</td>
</tr>
<tr>
<td>□ Individual with a d/b/a</td>
<td>Certificate filed with the County Clerk</td>
</tr>
<tr>
<td>□ Partnership</td>
<td>Certificate filed with the County Clerk</td>
</tr>
<tr>
<td>□ Partnership with a d/b/a</td>
<td>Certificate filed with the County Clerk</td>
</tr>
<tr>
<td>□ NYS Limited Liability Company (LLC)</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ NYS LLC with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ NYS Corporation</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ NYS Corporation with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ NYS Limited Partnership (LP)</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ NYS LP with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ Foreign Corporation</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ Foreign Corporation with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
</tbody>
</table>

If the company is doing business under an assumed name, please list the assumed name below:

II. COMPANY’S INFORMATION:

1. Physical address where business records may be examined:

   Street -- A Post Office Box is not acceptable

   Municipality, State, Zip Code
2. Mailing address (if different from the physical address):

__________________________
Street or Post Office Box Number

__________________________
(Municipality, State, Zip Code)

3. Telephone Number: ____________________________

4. Fax Number: ____________________________

5. Cell Number: ____________________________

6. E-mail address: ____________________________

7. Website: ____________________________

8. Federal employer identification # (FEIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___ ___ ___.

9. Does the applicant or any of its owners or officers presently hold or has held a certificate or permit from NYSDOT? ☐ YES or ☐ NO

If YES, please list case number(s): ____________________________

10. Please provide the following information for the person who will be in charge of the day to day operations of the company and who can be contacted by NYSDOT staff:

   a. Name: ____________________________

   b. Title/Position: ____________________________

   c. Telephone Number: ____________________________

   d. Cell Number: ____________________________

   e. E-mail address: ____________________________

III. FEDERAL AUTHORITY AND REGISTRATION:

1. Does the applicant or any of its owners or officers hold authority or has ever held authority from the federal government? ☐ YES or ☐ NO

If YES, please list MC number(s): ____________________________
IV. OWNERS AND OFFICERS:

Please list names, percent of ownership and titles of all owners and officers:

<table>
<thead>
<tr>
<th>Name</th>
<th>% of Ownership</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

V. SAFETY:

Applicants must provide evidence of a USDOT safety rating that is conditional or satisfactory. Please certify below by checking the appropriate box:

☐ SAFETY CERTIFICATION RECEIVED FROM THE USDOT. I certify that I have received a satisfactory or conditional safety rating from the USDOT.

☐ SAFETY CERTIFICATION NOT YET RECEIVED FROM THE USDOT. If your operations are subject to the Federal Safety standards (you operate vehicles with a Gross Vehicle Weight Rating (GVWR) of over 10,000 pounds) as defined in USDOT regulations (49 CFR Parts 390-399), and you have not received a USDOT safety fitness rating of satisfactory or conditional, I certify as follows:

1. Has in place a system and an individual that is responsible for ensuring overall compliance with Federal motor carrier safety fitness regulations;
2. Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Material Transportation Regulations;
3. Has in place a driver safety training/orientation program;
4. Is familiar with and has in place a system for complying with USDOT regulations governing recording of accidents (49 CFR Part 390,15);
5. Is familiar with USDOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
6. Has in place policies and procedures consistent with USDOT regulations governing driving, and operational safety of motor vehicles, including driver’s hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396).

☐ EXEMPT FROM SAFETY CERTIFICATION. If you will operate only small vehicles (GVWR of 10,000 pounds or less which do not require hazardous materials placards) and thus are exempt by USDOT regulations from Federal safety fitness regulations, I certify that I am familiar with and will observe USDOT general operational safety fitness guidelines, as well as New York State laws and regulations relating to the safe operation of commercial motor vehicles.
VI. FITNESS

1. The applicant, principal or key employee of the applicant must submit satisfactory evidence of at least two years’ experience (W2’s or 1099’s) with a household goods carrier regulated by the New York State Dept. of Transportation, US Dept. of Transportation, or other State Regulatory Agency, and have knowledge of tariffs, rules and regulations, sales and estimating, claims and customer service and the loading and transportation of household goods.

Describe fully the transportation experience of the applicant, principal or key employees of the applicant. (if necessary, attach additional sheets and identify as “Appendix B.1”)

<table>
<thead>
<tr>
<th>Name of Applicant, Principal or Key Employee</th>
<th>Dates of Employment (Mo.Yr. to Mo./Yr.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>City and State</th>
<th>Title or Position</th>
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</table>

Duties (be detailed and specific)

| * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

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</table>

Duties (be detailed and specific)
2. Applicant must present evidence of sufficient assets to begin operations. These assets should include equipment suitable for the transportation of household goods and sufficient cash to meet start-up costs. If the applicant does not own appropriate equipment, additional cash assets must be available to purchase or lease such equipment. Show assets and liabilities below or attach additional sheets and identify as “Appendix C.1”

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$</td>
</tr>
<tr>
<td>Vehicles</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$___________</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

3. Describe the motor vehicle equipment owned or to be lease and operated by applicant in the service proposed. (If necessary, attach additional sheets and identify as “Appendix C.2”)

<table>
<thead>
<tr>
<th>Year &amp; Manufacturer</th>
<th>Type and Size</th>
<th>Owned by Applicant</th>
<th>To Be Leased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*Applicant must either own a commercial motor vehicle or enter into a long term least agreement prior to the issuance of a permanent certificate. Permanent certificates are issued after a successful probationary period, usually lasting one year.

4. (A) Has the applicant or any of its principals ever been convicted of a criminal offense?  

________Yes  ________No

(B) Has any license, franchise or certificate issued to applicant or any of its principals ever been suspended or revoked by the United States Government, this State or any other State of Territory?  

________Yes  ________No

(C) Are there any charges or outstanding judgments now pending against applicant or any of its principals before any court, regulatory body or government agency?  

________Yes  ________No

(D) If you answered yet to any of the above, please describe in detail below or on an attachment identified as “Appendix C2”

_________________________________________________________________________________
5. Are you involved in storage or warehousing operations?

__________Yes __________No

If yes, describe the location and square feet of the facility

________________________________________________________

AREA OF OPERATIONS

New Service Applicants Only

A probationary certificate to transport household goods will be granted to an applicant that is found fit, willing and able to provide such service. The statute (Section 192 of the Transportation Law) provides that a probationary certificate will be issued covering a base area consisting of the county or counties in which the applicant maintains a bona fide place of business and all contiguous counties on the one hand, and, on the other, all points in New York State. This probationary certificate entitles the holder to perform service directly for the consumer and also to provide long-haul service as an agent for another NYSDOT certificated household goods carrier. An applicant may ask for a smaller origin and/or destination territory if desired.

Indicate below the territory that you are applying for:

Carrier of household goods between the County/Counties of ________________________________

And all contiguous counties on the one hand, and on the other

________________________________________________________
(list destination counties or indicate “all points in the State”

Extension Applicants Only

A permanent certificate to serve a broader geographical area than is currently allowed under the applicant’s authority will be granted to an fit applicant, holding a permanent certificate, and in good standing with the Department, when such applicant can provide the the service proposed “will be required by the present of future public convenience and necessity”.

List the additional county or counties you would like to be able to serve________________________

________________________________________________________

Describe below why the proposed service is needed. Attach shipper affidavits or other evidence showing the need for the service.________________________________________________________
VII. VERIFICATION AND SIGNATURE OF THE OWNER:

FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this _____ day of ________________ 20__.

____________________________
PRINT NAME

____________________________________________
SIGNATURE

___________________________________________
TITLE

If you are representing yourself, you may disregard the following section.
If you are being represented by someone else, please complete the information below:

☐ NON-PAID REPRESENTATIVE ☐ PAID REPRESENTATIVE***

Name: ____________________________________________________________

Mailing Address: __________________________________________________

________________________________________________________________

Telephone Number: ________________  Cell Number: ________________

Fax Number: __________________________

Email Address: ____________________________________________________

Title (if officer of company): ________________________________________

*** A paid representative must either be a NYS licensed attorney or a transportation practitioner licensed by USDOT.