NEW YORK STATE DEPARTMENT OF TRANSPORTATION
APPLICATION TO TRANSPORT PROPERTY EXCEPT HOUSEHOLD GOODS

Use this form to apply for authority to transport property except household goods,
ENTIRELY in New York State.

General information concerning the process and requirements for obtaining property authority
from the Department can be found at

If you want to transport property between two states, you must have authority from the
Federal Motor Carrier Safety Administration (FMSCA). Information on federal authority can
be obtained at http://www.fmcsa.dot.gov or by contacting 1-800-832-5660.

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.

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 PROPERTY EXCEPT 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) ___ ___ - ___ ___ ___ ___ ___.
   If you do not have a FEIN, list individual’s social security # ___ ___ - ___ - ___ ___ ___ ___ ___.

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. 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. 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): ______________________________
V. SAFETY:

1. Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past had a Federal Motor Carrier Safety Administration (FMCSA) safety fitness rating of unsatisfactory or are under a current or were under a federal out of service order?

☐ YES or ☐ NO.

If YES, please explain in detail the circumstances surrounding the rating and/or the order:

__________________________________________________________________________

__________________________________________________________________________

2. 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.
3. 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.