CALIFORNIA PUBLIC UTILITIES COMMISSION

Rail Safety and Carrier

Division

TRANSFER HOUSEHOLD GOODS PERMIT APPLICATION PACKET

GRAY DAVIS, *Governor*

STATE OF CALIFORNIA

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298

Dear Transferee:

Enclosed you will find the necessary forms to apply for the transfer of a household goods carrier permit from the California Public Utilities Commission.

A checklist, immediately preceding the application, indicates the forms you must complete to acquire the permit. (Forms should be attached to the application in the order presented on the checklist). Information/instruction sheets generally appear on colored pages and should be kept for your records.

It is you responsibility to ensure that your application is signed (if a partnership, all partners must signed, or if a corporation, an officer of the corporation) and attachments are completed accurately before you return them to your regional office or the Commission's main office in San Francisco. (Instructions and examples are provided to assist you in filling out some of the more complicated forms).

Incomplete applications and/or incorrect information will delay the approval (and may cause the denial) of your permit. Be consistent in how you show your name on all forms and related documents.

The most common cause for a delay in permit approval is the lack of insurance certification. When applying for the required insurance (PL&PD , Cargo and Workers' Compensation) or any required bonds, take a copy of your application to your insurance broker. Your name, as it appears on insurance certificates, must be EXACTLY the same as it appears on your application form or the certificate(s) will be rejected and your application delayed. If you are a corporation make sure that all of your documents show the exact name of the corporation as shown in your articles of incorporation.

If you are required to enroll in the Department of Motor Vehicles (DMV) Pull Notice Program (see A Guide to Form TL706-1), you should apply to the DMV for a Requester Code Number immediately. **Your permit will not be approved without this number, and it may take DMV several weeks to issue it to you.**

Before returning your application, make a copy of the completed application and attachments for your records. If any problems arise it will be easier to resolve them if you have your own copies for reference.

License Section
Rail Safety and Carriers Division

AGENCIES TO CONTACT

Below is a listing of governmental agencies, State and Federal, you should contact if you plan to perform transportation services in any of the specified areas. The local telephone numbers for theses agencies are listed in the Government Section of your telephone book.

State of California

Call Department of Motor Vehicles to obtain DMV license, pull notice & registration information

If you operate a commercial vehicle interstate between California and one or more other states, OR

If you operate a commercial vehicle between points within California (intrastate).

Call State Board of Equalization to obtain a fuel permit

If you operate a vehicle powered with fuel other than gasoline.

Call Department of Transportation to obtain permits & routing information

If you operate oversize or overweight vehicles or loads over the state highway system.

Federal Government

Call Internal Revenue Service for highway use tax information

If you are the registered owner of a commercial vehicle that is operated on public roads, OR

If you operate a highway vehicle powered by fuel other than gasoline.

Call Department of Transportation Federal Highways Division

If you operate a commercial vehicle between states.

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

TRANSFER OF HOUSEHOLD GOODS CARRIER PERMIT

ISSUED BY THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA TO ENGAGE IN THE TRANSPORTATION OF HOUSEHOLD GOODS FOR-HIRE OVER THE PUBLIC HIGHWAYS OF THE STATE OF CALIFORNIA

Those who use motor vehicles to haul household goods for-hire on public roads in California must know and obey State trucking laws and Public Utilities Commission regulations.

The following contains basic P.U.C. licensing information. Further information may be obtained by calling the License Section in San Francisco at (415) 703-2063 or by contacting one of the P.U.C.'s Regional Offices listed. Written correspondence may be addressed to: Public Utilities Commission, License Section, 505 Van Ness Avenue, San Francisco, CA 94102-3290.

A permit may be obtained through transfer to operate as a household goods carrier.

A filing fee (NOT REFUNDABLE) of $150 (estate fee of $25) is required at the time of application. An incomplete application will delay the processing and, if not corrected, will constitute cause for denial of the application.

Ordinarily the Commission will not require a public hearing in connection with the issuance of permits. However, the Commission will not issue a permit unless satisfied from the contents of the application and/or from an informal interview with the applicant that a permit should be issued. **NOTE: The transferor may not transfer a revoked authority.**

Permit Definition

> 5109. "Household goods carrier" includes every corporation or person, their lessees, trustee, receivers or trustees appointed by any court whatsoever, engaged in the transportation for compensation or hire as a business by means of a motor vehicle or motor vehicles being used in the transportation of used household goods and personal effects over any public highway in this state.

Permit Requirements

FINANCIAL RESPONSIBILITY

In order to qualify for a permit, you must establish financial responsibility to perform the service within the scope of your proposed operation. The Commission staff will make a determination whether you qualify based upon the financial information you submit on Forms TL706-F1 (Balance Sheet), TL706-F2 (45-Day Required Working Capital) and TL706-F3 (Projected Profit and Loss Statement).

> Balance Sheet (TL706-F1): you cannot owe others more than you own.
>
> 45-Day Required Working Capital (TL706-F2): you must have adequate working capital for 45 days based on your total available cash and/or current liquid assets readily convertible to cash.
>
> Projected Profit and Loss Statement (TL706-F3): your revenue, based on the Certificate of Support (TL706-E), must be greater than expenses over a stated initial period (not less than 90 days, but not more than one year).

Permit Requirements (continued)

INSURANCE REQUIREMENTS

Public Liability and Property Damage - General Order Series 100 requires all household goods carriers to secure and maintain on deposit with the Commission evidence of adequate bodily injury and property damage liability protection covering motor vehicles operated or to be operated.

Workers' Compensation - Public Utilities Code Section 5135.5 requires all household goods carriers to secure and maintain on deposit with the Commission evidence of workers' compensation insurance covering all its employees.

Cargo Liability - General Order Series 136 requires all household goods carriers to secure and maintain on deposit with the Commission evidence of cargo insurance in the amount of twenty thousand dollars ($20,000)(per shipment). This General Order also contains rules concerning liability for loss and damage of used household goods.

SURETY BOND REQUIREMENTS

Protection of Subhaulers and Lessor Employees - General Order Series 102 requires the filing of a surety bond with the Commission in the amount of fifteen thousand dollars ($15,000) before any carrier may engage the service of a subhauler or lease equipment from an employee as a lessee. This General Order also contains other regulations pertaining to subhauling and the leasing of equipment from employees.

Protection of Collect on Delivery (C.O.D.) Shipments - General Order Series 84 requires the filing of a surety bond with the Commission in the amount of not less than two thousand ($2,000) before any carrier may lawfully handle C.O.D. shipments. This General Order also contains other regulations pertaining to the handling of Collect on Delivery Shipments.

RATES

The Commission issues a maximum rate tariff for the transportation of used household goods which contain rates, rules and regulations applicable to these permitted carriers. Any tariffs required must be purchased by the carrier before operations subject to the tariff may be performed (TL706-C).

EQUIPMENT

All household goods carriers must submit a list of equipment that will be operated in their proposed transportation service. This information, updated on an annual basis, will be submitted to the California Highway Patrol and the carrier's insurance company in compliance with Chapter 916 of the PUC Enforcement Act.

SAFETY REQUIREMENTS

D. 90-12-091 outlines the highway safety requirements that all household goods carriers must implement for their transportation operations. In addition to a preventive maintenance program, all carriers must provide on-going safety education and training programs, participate in the pull notice program and abide by the regulations contained in the California Vehicle Code and Title 13 of the California Code of Regulations.

Other Related Information

TRANSPORTATION RATE FUND FEES AND UNIFORM BUSINESS LICENSE TAXES

All household goods carriers transporting property for compensation subject to regulation by the Commission are required to: 1) file quarterly revenue reports on forms provided by the Commission; 2) pay a $15 administrative fee plus a percentage of their gross operating revenues; and 3) pay the appropriate uniform business license tax. You will receive notification of these reports after your permit is granted.

TEMPORARY SUSPENSION OF OPERATING AUTHORITY AT REQUEST OF CARRIER

Household goods carriers may request a temporary suspension of their operating authority for a period not to exceed one year (voluntary suspension) when their equipment is temporarily taken out of for-hire service. Carriers requesting temporary suspension must file a written request (TL661) with the Commission and pay a $50 fee. Operating authority may be suspended for a period not to exceed one year.

TERMINATION OF OPERATING AUTHORITY

Any permitted operating authority not exercised for a period of one (1) year (including periods of voluntary suspension) shall lapse and terminate.

TRANSFER OF PERMITS

No permit shall be sold, leased, assigned or otherwise transferred or encumbered by the holder thereof without first securing authorization from the Commission. Application requesting authorization to transfer a permit (TL707) must be accompanied by a filing fee of one hundred fifty dollars ($150). Application forms to transfer permits will be furnished upon request.

REGIONAL OFFICE ADDRESSES AND PHONE NUMBERS

LOS ANGELES	320 W. 4th Street, Suite 500, 90013	(213) 576-7108
SACRAMENTO	770 "L" Street, Suite 1050, 95814	
SAN DIEGO	1350 Front Street, Room 4006, 92101	(619) 525-4217

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION CHECKLIST

Use this checklist to determine which forms should accompany your application. Complete all necessary forms and have your insurance broker arrange the filing of all necessary insurance/bond forms with the Commission. Forms should be attached to the application in the order presented on the checklist.

Application (To be completed by all applicants)

- ☐ **Application Form TL 706-HHG** for household goods carriers
- ☐ Statement of Residence Form TL706-A

Attachments (All applicants must complete the following forms unless noted otherwise)

- ☐ **If a partnership,** Partnership Agreement Form TL706-B or attach a copy of Partnership Agreement.
- ☐ **If a corporation,** attach a copy of the Articles of Incorporation and/or Certificate of Qualification/Status.
- ☐ **If a limited liability company,** attach a copy of the Articles of Organization.
- ☐ Request for Tariffs Form TL706-C.
- ☐ Report of Equipment Form TL706-D.
- ☐ Certificate of Support Form TL706-E.
- ☐ Balance Sheet Form TL 706-F1.
- ☐ Working Capital Form TL706-F2.
- ☐ Profit and Loss Statement Form TL 706-F3.
- ☐ Release of Information Form TL706-G.
- ☐ Highway Safety Requirements Form TL 706-I.
- ☐ Workers' Compensation Declaration Form TL706-K.
- ☐ Certification of Household Goods Carrier Form TL706-L.
- ☐ Notice of Election of Operating Authority Form TL 706-N.
- ☐ Driver Statement Of Applicant Form TL739-A
- ☐ Fictitious Business Name Statement Filing w/County Clerk and Proof of Publication (see enclosed regulations).
- ☐ Carrier Profile Form CHP 362 (NOTE: Do not send this to the CHP as the form instructs. Include it with your application to the CPUC.)

Insurance (Insurance/surety company file the following authorized insurance/bond forms with the Commission)

- ☐ Insurance Requirements: All applicants must have their insurance company file a Public Liability and Property Damage insurance certificate (TL 676) with the PUC.
- ☐ If hiring employees: insurance company must file a Workers' Compensation insurance certificate (TL938 or SCIF10260) with the CPUC.
- ☐ If handling C.O.D. shipments: surety company must file a C.O.D. surety bond (TL833) with the CPUC.
- ☐ If using subhaulers: surety company must file Subhauler surety bond (TGL679) with the CPUC.
- ☐ Insurance company must file a Cargo insurance certificate (TL672) with the PUC.

NOTE: ALL INSURANCE CERTIFICATES AND SURETY BONDS MUST SHOW THE <u>EXACT NAME(S)</u> OF THE APPLICANT(S) AS IT APPEARS ON THE APPLICATION FORM.

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA 240
APPLICATION TO TRANSFER A HOUSEHOLD GOODS CARRIER PERMIT

File No. T- FOR PUC USE ONLY

IMPORTANT--A FILING FEE OF $150 MUST ACCOMPANY THIS APPLICATION AND IS NOT REFUNDABLE. PAYMENT TO THE COMMISSION SHOULD BE MADE BY CHECK OR MONEY ORDER. (Estate fee $25.)

APPROVAL IS REQUESTED FOR THE TRANSFER OF PERMIT INDICATED BELOW. (IF TRANSFEROR IS DECEASED AND THE TRANSFEREE IS THE HEIR OR LEGATEE, THE ESTATE FILING FEE IS APPLICABLE.)

PLEASE TYPE OR PRINT

PART I: STATEMENT OF OWNERSHIP

1. Transferor is: File No. T-_____

☐ **Individual:** _____
First Middle Last Name

☐ **Partnership:** _____
(List all partners-use additional sheet if necessary. All partners must sign all forms.)

☐ **Limited Liability Company:** _____
(Show exact name as registered with the California Secretary of State)

☐ **Corporation:** _____
(Show exact name as registered with the California Secretary of State)

Doing Business as (DBA):_____

Physical Address:_____
Street Address City County State Zip Code

Mailing Address if different from above:_____
Street Address City County State Zip Code

Phone: (____) _____
Area Code Phone No.

2. Transferee ☐ HAS ☐ HAS NOT been previously licensed by this Commission. If so, T number is/was_____

3. Transferee is:

☐ **Individual:** _____
First Middle Last Name

☐ **Partnership:**_____

_____
(List all partners-use additional sheet if necessary. All partners must sign all forms.)

☐ **Limited Liability Company:** _____
(Show exact name as registered with the California Secretary of State)

☐ **Corporation:** _____
(Show exact name as registered with the California Secretary of State)

Doing Business as (DBA):_____

Note: Any entity doing business under one or more fictitious names shall, with respect to each fictitious name comply with Sections 17900-17930 of the California Business and Professions Code entitled "Fictitious Business Names." To show compliance therewith, **household goods permit** applicants must file with this Commission certified copies of any certificate and affidavits on file with the clerk of the county in which the principal place of business of the applicant is situated.

Physical Address: _____
Street Address City County State Zip Code

Mailing Address if different from above: _____
Street Address City County State Zip Code

Phone: (____) _____
Area Code Phone No.

IF A PARTNERSHIP, a copy of the partnership agreement shall be attached to this application. If a partnership agreement has already been filed, the application shall make specific reference thereto and the date the filing was made. If there is no written partnership agreement, complete Form TL706-B and attach application.

PARTNERSHIP AGREEMENT: ☐ ENCLOSED ☐ NO AGREEMENT

FORM TL706-B: ☐ ENCLOSED

PARTNERSHIP AGREEMENT PREVIOUSLY FILED: ☐ YES ☐ NO

IF YES, DATE FILED: _____ T-NO.: _____

IF A LIMITED LIABILITY COMPANY, exact name is: _____

Date of Organization: _____ Organized in State of _____

IF A CORPORATION, exact corporate name is: _____

Date of Incorporation: _____ Incorporated in State of _____

NAME OF OFFICERS	TITLE	ADDRESS	NO. OF SHARES

If transferee is a California Corporation or Limited Liability Company, a certified copy of its Articles of Incorporation/ Organization shall be attached to the application. If already filed with the Public Utilities Commission, make specific reference to the prior proceeding and the date of filing. If corporation/organization is more than one year old, provide a Certificate of Status.

If the Corporation or LLC was organized and exists under the laws of a state other than California, a Certificate of Qualification must be obtained from the California Secretary of State, which must be filed with the Articles of Incorporation/ Organization when submitted.

ARTICLES OF INCORPORATION OR ORGANIZATION/CERTIFICATE OF QUALIFICATION/STATUS:

☐ **ENCLOSED** ☐ **PREVIOUSLY FILED**

IF PREVIOUSLY FILED: PROCEEDING NO.: _____ **DATE FILED:** _____

4. Statement of Residency: Complete Form 706-A and attach to application.

5. Transferee Business Affiliation:

   (a) Transferee is associated or affiliated with the following shippers, receivers or carriers by reason of common ownership, control or management (Own part or all of the company, hold a responsible position in the company or guide the operations of the company, directly or indirectly.).

   (Please list and indicate if partnership, company or corporation.)

   NAME **PARTNERSHIP, COMPANY OR CORPORATION**

   _____

   _____

   _____

   _____

   (b) ☐ No affiliation exists.

6. Transferee ☐HAS ☐HAS NOT an operating authority from the Interstate Commerce Commission.
   If so, MC/EX Number is _____

PART II: SCOPE OF OPERATIONS PROPOSED AND INSURANCE REQUIREMENTS

1. Request For Tariff: Complete Form TL706-C and attach to application.
2. Equipment to be Operated: Complete Form TL706-D and attach to application.
3. Certification of Support: Form TL706-E must be completed by your shipper or overlying carrier and attached to application **(Not required unless subhauling).**

4. General Highway Safety Requirements: Complete Form TL706-I and attach to application.
5. Owner Operator Questionnaire: Complete Form TL706-J and attach to application.
6. Workers' Compensation Form: Complete Form TL706-K and attach to application.
7. Carrier Profile Information: Complete CHP Form 362 and attach to application.
8. Transferee ☐ WILL ☐ WILL NOT handle C.O.D. shipments requiring the filing of a surety bond of not less than **$2,000,** as required by General Order 84 series.
9. Transferee ☐ WILL ☐ WILL NOT lease equipment from employees requiring the filing of a surety bond of not less than **$15,000,** as required by General Order 102 series.
10. Transferee ☐ WILL ☐ WILL NOT engage subhaulers requiring the filing of a surety bond of not less than **$15,000,** as required by General Order 102 series.
11. Transferee shall deposit evidence of adequate bodily injury and property damage insurance as required by General Order 100 series. A permit will not be issued without insurance being on file with the Commission. Minimum public liability and property damage insurance coverage in $250,000/$500,000/$100,000 or a combined single limit of $600,000.

Name(s) appearing on all certificates of insurance must be exactly the same as the applicant's name(s) as listed in Part 1, No. 2 of this application.

Name and address of insurance broker or agent is:_____
Insurance Broker/Agent

_____
Street Address City State Zip Code Area Code/Telephone No.

12. Transferee shall deposit evidence of cargo insurance as required By General Order 136 Series. A permit will not be issued without cargo insurance being on file with the Commission.
13. A. Transferee will be required to:
    (1) Demonstrate possession of sufficient knowledge, ability, integrity and financial resources to perform the service within the scope of this application.
    (2) Prove knowledge and ability to engage in business as a household goods carrier by examination prescribed by the Commission.
    B. Transferee ☐ WILL ☐ WILL NOT operate as an independent contractor subhauler only.
    C. Transferee proposes to initiate operations consisting of ☐ hourly and piece rate, and/or ☐ distance rate movements.
    D. A written examination will be administered to determine transferee's ability to initiate the proposed service. Transferee wishes to take the examination ☐ immediately, ☐ within 30 days or ☐ between 30-60 days, after the filing of the application. If a passing score is not obtained, a subsequent examination cannot be given for three (3) months.
    E. State the name and position (owner, partner, officer, manager) of the person who is to take the examination prescribed by the Commission:

_____
Name

_____
Title

14. Certification of Household Goods Carrier: Complete Form TL706-L and attach to application.

PART III: FINANCIAL RESPONSIBILITY

1. Complete Form TL706-F1 (Balance Sheet), Form TL706-F2 (Required Capital Worksheet), Form TL706-F3 (Projected Profit and Loss Statement) and attach to the application.
2. The Financial information you submit may be verified by the Commission staff. Please complete Release of Information Form TL706-G and attach to the application.

A CHANGE OF TRANSFEREE OR TYPE OF PERMIT WILL REQUIRE ANOTHER APPLICATION AND FILING FEE

Transferor:

The transfer of the permit does not become effective until the Commission officially authorizes the transfer. Until then, you, as a permit holder, are required to comply with all Commission rules and regulations, including the filing of quarterly reports of gross operating revenue and responding to Commission information requests. If all matters pertaining to the transfer are not completed within 60 days this application may be denied.

Transferee:

Before purchase, you should check with the Commission to determine the status of the permit and whether the transferor owes any money to the Commission. The permit will not be transferred until all money due the Commission has been paid. File this application promptly. Any for-hire operations conducted prior to Commission authorization are unlawful and may subject applicant to fine and imprisonment.

As transferor, I (we) understand the above and agree to the transfer of my (our) permit if transferee fulfills all requirements of the Commission.

Date: _____ _____

Signature of Transferor(s)

CERTIFICATION

As transferees, I (we) understand the above, and I (we) certify (or declare), under penalty of perjury, that the representations appearing in said application and in any PUC forms attached thereto (including any accompanying financial schedules, statements or projections) are, to the best of my (our) knowledge and belief, true, correct and complete, based on all the information required to be included therein, of which I (we) have any knowledge, and these representations are made in good faith. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf. I (we) further certify (or declare), under penalty of perjury, that a final judgement has not been entered against the applicant(s) pursuant to Section 3716.2 of the Labor Code (workers' compensation violations).

Date: _____ _____

Signature of Transferee(s)

If transferee is a corporation:

_____

Signature of Corporate Officer

_____

Title of Corporate Officer

NOTICE

The filing of this application does not in itself constitute authority to engage in for-hire trucking operations. Any for-hire operations conducted prior to Commission authorization are unlawful and may subject applicant to fine and imprisonment.

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
STATEMENT OF RESIDENCE

The Public Utilities Code Section 5135 provides that a household goods carrier operating authority shall not be issued unless it has been shown that applicant meets one of the following residency requirements: 1) ***If an individual***, applicant shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; 2) ***If a partnership***, the partner having the largest percentage interest in the partnership shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; or 3) ***If a corporation or limited liability company(LLC)***, applicant shall be a domestic corporation or be qualified to transact business in the State of California as a foreign corporation at the time of filing the application.

COMPLETE THE APPLICABLE CERTIFICATION:

INDIVIDUAL: I, _____, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

_____
STREET ADDRESS CITY COUNTY ZIP CODE

PARTNERSHIP: I, _____, partner having the largest percentage interest, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

_____
STREET ADDRESS CITY COUNTY ZIP CODE

I, _____, one of the equal partners have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application (Any one of the equal partners may complete the certification) at:

_____
STREET ADDRESS CITY COUNTY ZIP CODE

CORPORATION OR LLC: _____,
(Name of Corporation or LLC), is qualified to transact business in the State of California on the date of this application.

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the residence requirements stated above; that I (we) have completed the applicable certification; and that this completed certification is true and correct.

Date: _____ _____

Signature of Applicant(s)

If applicant is a corporation: _____

Signature of Corporate Officer

_____

Title of Corporate Officer

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
PARTNERSHIP AGREEMENT

This partnership agreement form must be attached to the original application when a partnership agreement has not been previously reduced to writing.

If the liability of any partner, or partners, to that portion of the public with whom the partnership transacts any of its business is intended to be a limited liability, the certificate required of limited partnerships by Section 15502 or 15621 of the Corporations Code must be executed and recorded and a copy thereof filed with this Commission in lieu of this form.

LIST THE FOLLOWING INFORMATION FOR EACH PARTNER

NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
AREA CODE PHONE NUMBER	AREA CODE PHONE NUMBER
PERCENTAGE INTEREST	PERCENTAGE INTEREST

Use additional sheets if necessary

List the name(s) of the partner(s), who will be available to explain the operations and procedures of the partnership business and supply any requested records to authorized Commission representatives:

_____

_____

If there has been an agreement whereby a partner(s) is (are) to assume specific responsibilities such as management, etc., list the name(s) of such partner(s), and his (their) duties:

Name	Responsibility

List the name(s) of any partner(s), who will not take an active part in the actual conduct of the partnership business:

_____

_____

CERTIFICATION

We certify (or declare), under penalty of perjury, that we have read and understand the partnership agreement stated above and that the foregoing is true and correct.

Date: _____

_____

_____

_____

_____

ALL PARTNERS MUST SIGN

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
REQUEST FOR TARIFFS

HOUSEHOLD GOODS CARRIER PERMIT -- You must purchase MAX4 and the Distance Table, unless your operations will be exclusively as a subhauler or as a "local" mover (piece rate and/or hourly rate movements only), in which case you only need MAX4.

PAYMENTS TO THE COMMISSION MUST BE MADE BY CHECK OR MONEY ORDER

Check Here	Tariff	Commodities and Mileage Table	Price
	MAX4	Used household goods	6.50
	Distance Table	Constructive highway mileage (Required for use with Distance rates under Max4	30.00

Total Charge $ _____

CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Date: _____ _____

Signature of Applicant(s)

If applicant is a corporation: _____

Signature of Corporate Officer

_____

Title of Corporate Officer

Mail purchased materials to: _____
Name

_____
Street Address

_____
City State Zip Code

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
REPORT OF EQUIPMENT TO BE OPERATED

NAME	T (FOR PUC USE ONLY)
ADDRESS	
CITY STATE ZIP CODE	
AREA CODE AND TELEPHONE NUMBER ( )	

PLEASE LIST ALL VEHICLE INFORMATION REQUESTED BELOW FOR ALL FOR-HIRE EQUIPMENT (INCLUDING LEASED VEHICLES) TO BE OPERATED BY YOU.

DO NOT LIST: Service trucks, passenger cars, fork lifts or equipment used exclusively off highways.

PLEASE USE THE APPROPRIATE 2-LETTER ABBREVIATION FOR THE STATE OF REGISTRATION. (e.g. - CA for California)
PLEASE SEE ADJOINING PAGE FOR EQUIPMENT AND BODY CODES. (USE ONE LINE FOR EACH UNIT OF EQUIPMENT.)

STATE	LICENSE PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)	EQUIP CODE	BODY CODE

Attach sheet(s) for additional vehicles if necessary.

EQUIPMENT CODES	BODY CODES
0 = POWERED UNIT (ALL TYPES) 1 = TRAILER (ALL TYPES)	TRAC = POWER UNITS WHICH ARE USED PRIMARILY TO PULL TRAILERS HHGV = HOUSEHOLD GOODS VANS VAN = ALL OTHER VANS FB = FLATBEADS MISC = ALL EQUIPMENT UNITS THAT DO NOT FIT ANY OF THE ABOVE CATEGORIES

CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Date: _____ _____

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer

PUBLIC UTILITIES COMMISION OF THE STATE OF CALIFORNIA

CERTIFICATE OF SUPPORT OF APPLICATION FOR HOUSEHOLD GOODS OPERATING AUTHORITY

THIS FORM IS ONLY REQUIRED OF SUBHAULERS

The undersigned states that (s)he, or the corporation, association or partnership which (s)he represents, agrees to support the application filed by:

_____
(NAME OF APPLICANT AS SHOWN ON APPLICATION FORM)

for a Household Goods Carrier Permit.

Applicant's proposed service is supported as follows:

1. Points and/or areas: _____
(LIST POINTS/AREAS TO BE SERVED)

2. Total volume of household goods to be shipped or received in first year: _____
(INDICATE BY USUAL SIZE OF SHIPMENT PER COMMODITY)

3. Accessorial services to be provided: _____
(DESCRIBE)

4. Rates and charges to be paid for:

   (a) Transportation of household goods: _____

   Approximate gross dollar figure to be paid in first year: _____

   (b) Accessorial services: _____

   Approximate gross dollar figure to be paid in first year: _____

5. The undersigned is a ☐ Shipper or ☐ Prime Carrier. If a prime carrier, complete information below:

Complete carrier information below:	
CAL PUC NO.:	
AUTHORITY(S) HELD	
BONDING COMPANY & ADDRESS	
SUBHAUL BOND NUMBER	EFFECTIVE DATE

CERTIFICATION

By signing and submitting this Certificate of Support, the undersigned individually and on behalf of the corporation, association, or partnership (s)he represents, certifies that (s)he intends to employ the services of applicant.

By signing and submitting this Certificate of Support, the undersigned certifies that (s)he is aware (s)he may be called upon to testify on applicant's behalf at a public hearing to verify his/her intention to utilize applicant's service.

Should the support for this application be withdrawn or changed in whole or in part, the undersigned agrees immediately to so inform the California Public Utilities Commission, Attn: License Section, 505 Van Ness Avenue, San Francisco, CA 94102.

The undersigned hereby states that (s)he is duly qualified and authorized to make this certification of support.

Date: _____ _____
NAME OF BUSINESS

_____ _____
(SIGNATURE) (TITLE)

_____ _____
(PRINT NAME) (PHONE NUMBER)

_____
STREET ADDRESS CITY STATE ZIP CODE

Financial Reports

Balance Sheet	TL706-F1
Working Capital	TL706-F2
Profit and Loss Statement	TL706-F3
Release of Information	TL706-G

INSTRUCTION SHEET FOR FORM TL706-F1

PART I ASSETS (Assets include everything you own with cash value):

CURRENT ASSETS

A. Cash - Money you have on hand. Include cash at home, today's checking and savings account balances.

B. Accounts Receivable - Money owed to you for goods and/or services. Check your files for bills outstanding.

C. Notes Receivable - Money owed to you and documented by promissory notes.

D. Inventory of Materials and Supplies - Goods on hand for resale, tires and other supplies used in the business.

E. Other Current Assets.

a) Stocks, Bonds, Other Securities - U.S. Savings Bonds, Treasury issues, other money market & stock market investments. Check your records for documentation of current holdings. Current market value for some types of securities may be found in newspaper financial pages; for others, contact your broker.

b) Cash Surrender Value Life Insurance - Investment or equity built up in your whole or straight life insurance policy. (Term life insurance has no cash surrender value.) Find the cash surrender value from the chart on your policy.

c) Rebates/Refunds - Money owed to you for refundable deposits, sales or tax refunds or rebates. Check your files for receipts and current 1040 income tax forms.

OTHER ASSETS

F. Value of Land and Building - Any land and/or structures affixed to land. Also, legal rights you may have in resources in the land; growing crops, water, mineral, etc. For an estimate of the current market value, you may contact a local real estate agent or hire a professional appraiser.

G. Value of Truck & Other Equipment - Trucks, trailers, mobile homes, motorcycles, campers, boats & airplanes. Vehicle dealers & some libraries carry special price books such as the Kelley Blue Book for new & used autosellers.

PART II LIABILITIES (What you owe; your debts):

A. Accounts Payable - Total balance of what you owe today on bills for goods & services (such as doctor bills) & credit card & store accounts. A credit card company or store usually lists the account's total balance due on the monthly statement mailed to you. If you do not have these records, contact the credit department of firms where you have accounts.

B. Notes Payable - Total balance due on cash loans, both secure & unsecured. Contact the office where you received the loan if you don't have these figures.

C. Balance Due on Motor Equipment - Total balance due on equipment used in for-hire operations.

D. Contracts Payable - Total remaining balance on installment credit contracts for goods such as a car, furniture, appliances, or services of some one working for you under contract. To figure the total amount due, multiply your monthly payment by the number of months remaining on the contract.

E. Other Liabilities -

a) Taxes - Federal & state income or property taxes due as of today (including any past due taxes). Do not list property taxes if they are automatically included with your mortgage payments. Self-employed people should include any Social Security taxes due. Check your income tax or property tax statements.

b) Real Estate Loans - Balance you owe on deeds of trust (mortgages) on your property. Contact the office where you received the loan if you don't have these figures. Also, list any liens on property that you are liable for and must pay.

c) Miscellaneous - Court-ordered judgements of payments you must make, lawsuit settlements, past due accounts, etc.

PART III NET WORTH (Net worth equals your assets less your liabilities):

EACH OF THE ABOVE CATEGORIES MAY VARY SIGNIFICANTLY FROM APPLICANT TO APPLICANT.

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
BALANCE SHEET

FINANCIAL STATUS AS OF: _____
Date

Line No.	ITEM	AMOUNT
	PART I ASSETS	
1.	Cash (on hand & in bank) _____	
2.	Accounts Receivable _____	
3.	Notes Receivable _____	
4.	Inventory of Materials & Supplies _____	
5.	Other Current Assets (specify) (i.e., U.S. Savings Bonds, etc.)	
	_____ _____	
	_____ _____	
	_____ _____	
6.	Total Current Assets (Add lines 1 thru 5)	$ _____
7.	Value of Land & Buildings _____	
8.	Value of Motor & Other Equipment _____	
9.	Value of Shop Equipment _____	
10.	Miscellaneous (specify)	
	_____ _____	
	_____ _____	
11.	Total Assets (Add lines 7 thru 10)	$ _____
	PART II LIABILITIES	
12.	Accounts Payable _____	
13.	Notes Payable _____	
14.	Balance Due on Motor Equipment _____	
15.	Other Liabilities (specify) _____	
	_____ _____	
	_____ _____	
16.	Total Liabilities (Add lines 12 thru 15)	$ _____
17.	**NET WORTH** (Line 11 minus Line 16)	$ _____

CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Date: _____

_____
Signature of Applicant(s)

If applicant is a corporation:

_____
Signature of Corporate Officer

_____
Title of Corporate Officer

INSTRUCTION SHEET FOR FORM TL706-F2

In order to evaluate the capital required for applicant's proposed operation, applicant must provide:

a) Total available cash and/or current assets readily convertible to cash **(PART I)** (see TL706-F1, line 6) and

b) The amount of capital required to initiate and sustain the operation for **45 days (PART II).**

PART I CURRENT ASSETS

Current Assets include:

A. Cash - Money you have on hand. Include cash at home, today's checking and savings account balances.

B. Accounts Receivable - Money owed to you for goods and/or services. Check your files for bills outstanding.

C. Notes Receivable - Money owed to you and documented by promissory notes.

D. Inventory of Materials and Supplies - Goods on hand for resale, tires and other supplies used in the business.

E. Other Current Assets.

PART II EXPENSES

Working capital required would be that amount necessary to offset the costs incurred in the following categories of expense:

A. Labor Expenses

Working capital shall be sufficient to meet all labor costs including salary and wage obligations for the applicant's employees as well as all required payments for employee health and social welfare benefit programs (Workers Compensation Insurance, Unemployment Insurance, Health and Welfare, Pensions and Social Security).

B. Equipment Fixed Expenses

Working capital shall be sufficient to meet the costs of all payments for: (1) equipment (including down payment, unless previously paid; (2) vehicle liability and damage insurance; and (3) required licenses, weight and highway use fees.

C. Equipment Operating Expenses

Working capital shall be sufficient to meet the necessary expenses incurred in operating the vehicle in performance of the service proposed including the purchase of fuel and oil. The actual costs of operating equipment will vary according to the type of fuel used (gas or diesel), the type of equipment used and the nature of the operation.

Applicants must determine the cost of fuel, the average miles per gallon to be expected from each type of equipment, the cost of oil per quart and the number of miles driven per quart of oil. Determine these costs by dividing the applicable cost per gallon or quart by the number of miles operated per unit to develop an appropriate operating cost per mile for fuel and oil consumption. Applicant must then determine what his anticipated operated miles will be during the first 45 days of operation and multiply this mileage figure times the operating cost per mile to estimate the working capital required to cover equipment operations.

D. Overhead Expenses

Working capital shall be sufficient to cover all necessary overhead expenses which will be incurred in performing the proposed operations. These expenses include such items as: (1) stationery, desks, business machines; (2) utility bills; and (3) office and terminal expenses (payments, rent, lease, etc.).

E. Contingency Expenses

Working capital shall be sufficient to provide for any contingency expenses that may arise during the first 45 days of operation. These contingencies may include but are not limited to deductible portions of insurance, emergency repairs of minor mechanical problems, petty cash allowances for bridge tolls, weighing fees, living expenses, etc.

EACH OF THE ABOVE CATEGORIES MAY VARY SIGNIFICANTLY FROM APPLICANT TO APPLICANT.

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
FORTY-FIVE DAYS REQUIRED WORKING CAPITAL WORKSHEET

Line No.	ITEM		AMOUNT
	PART I CURRENT ASSETS		
1.	Total available cash and/or current assets readily convertible to cash.		$
	PART II EXPENSES		
	A. LABOR (EMPLOYEES, SUBHAULERS, ETC.)		
2.	Wages or Salaries		
3.	Health & Welfare Payments		
4.	Pension Payments		
5.	Workers Compensation Insurance		
6.	Unemployment Insurance		
7.	Social Security Payments		
8.	Other (specify) _____		
9.	Subtotal (Add lines 2 thru 8)		$
	B. EQUIPMENT FIXED EXPENSES		
10.	Monthly Payment (purchase, lease, etc.)		
11.	Down Payment (Leave blank if paid)		
12.	Insurance (PL, PD and Material Damage)		
13.	Registration and License Fees		
14.	Weight Fees		
15.	Highway Use Taxes		
16.	Other (specify) _____		
17.	Subtotal (Add lines 10 thru 16)		$
	C. EQUIPMENT OPERATING EXPENSES		
	Fuel		
18.	Cost Per Gallon		
19.	Miles Per Gallon		
20.	Cost Per Mile (Line 18 ÷ 19)		
	Oil		
21.	Cost Per Quart		
22.	Miles Per Quart		
23.	Cost Per Mile (Line 21 ÷ Line 22)		
24.	Subtotal (Line 20+Line 23)		
25.	Estimated Miles		
26.	Estimated Operating Expense (Line 24 x Line 25)		$
	D. OVERHEAD EXPENSES		
27.	Supplies (Stationery, Furniture, etc.)		
28.	Utilities (including installation charges)		
29.	Office or Terminal (rents, payments, leases, etc.)		
30.	Other (specify) _____		
31.	Subtotal (Add lines 27 thru 30)		$
	E. CONTINGENCY EXPENSES		
32.	Deductible Portion of Insurance		
33.	Other (specify) _____		
34.	Subtotal (Add lines 32 and 33)		$
35.	**TOTAL REQUIRED WORKING CAPITAL (ADD LINES 9, 17, 26, 31, AND 34) (LINE 35 SHOULD BE EQUAL TO OR LESS THAN LINE 1.)**		$

CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Date: _____

_____

Signature of Applicant(s)

If applicant is a corporation:

_____

Signature of Corporate Officer

_____

Title of Corporate Officer

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
PROJECTED PROFIT AND LOSS STATEMENT

For a time period of _____
(Not less than 90 days but not more than one year)

Line No.	ITEM	AMOUNT
	PART I INCOME	
1.	Estimate Revenues	$ _____
	PART II EXPENSES	
2.	Preventive Maintenance _____	
3.	Repairs _____	
4.	Tires & Tubes _____	
5.	Safety Education and Training Program _____	
6.	Mechanics Wages _____	
7.	Driver and Helper Wages	
8.	Drivers, helper and Mechanic _____	
	Welfare and Pensions _____	
9.	Fuel & Oil Expenses _____	
10.	Vehicle Leases _____	
11.	Other Transportation Expenses _____	
12.	Rent _____	
13.	Office Wages and Benefits _____	
14.	Other Office Expenses _____	
15.	Legal and Accounting _____	
16.	Insurance, PL & PD _____	
17.	Insurance, Workers' Compensation _____	
18.	Insurance, Cargo Loss _____	
19.	Depreciation _____	
20.	Payroll Taxes _____	
21.	Fuel & Oil Taxes _____	
22.	Vehicle Registrations _____	
23.	P.U.C. Fees & Taxes _____	
24.	Other Taxes & Licenses _____	
25.	Interest _____	
26.	Total Expenses (Add Lines 2 through 25)	$ _____
27.	**NET PROFIT (OR LOSS)* (Line 1 minus Line 26)**	$ _____

* If a net loss is shown, please explain how the loss will be paid. If the loss is to be paid out of funds currently available, please complete the verification form.

CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THE PROPOSED SERVICE WILL BE FINACIALLY ABLE TO OPERATE SAFELY.

Date: _____ _____

Signature of Applicant(s)

If applicant is a corporation: _____

Signature of Corporate Officer

_____

Title of Corporate Officer

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
RELEASE OF INFORMATION AUTHORIZATION

The undersigned authorizes the California Public Utilities Commission to obtain such verification or further information as it may require concerning information on the financial condition set forth in the application filed by the undersigned for operating authority. As regards the verification of bank records, such verification shall be limited to the particular accounts and/or items listed below by the applicant and shall be limited to a period of time commencing on the date of the signing of the application and ending on the date of the granting or the rejection of the application; but in no event shall the period for the verification of bank records extend beyond 60 days from the date of the signing of the application. The undersigned has the right to revoke this authorization at any time. The undersigned agrees that any documents submitted for the purpose of demonstrating financial condition shall remain with the Commission whether or not the authority is granted.

BANK RECORDS: **Verification of bank records (bank statement, letter from bank, etc.) must accompany this form.**

NAME OF BANK	LOCATION/PHONE NO.	TYPE OF ACCOUNT (Checking, Savings, Loan)	ACCOUNT NO.'	AMOUNT

Date: _____

_____
Signature of Applicant(s)

If applicant is a corporation:

_____
Signature of Corporate Officer

_____
Title of Corporate Officer

CONSENT TO OBTAIN INFORMATION

(Must be completed by non-applicant spouse of married applicant)

I authorize the Public Utilities Commission to obtain whatever information about my financial condition that it considers necessary and appropriate for purposes of evaluating the financial condition of my spouse as an applicant for operating authority. As regards the verification of bank records, my authorization is limited to the accounts and/or items listed below and is limited to a period of time commencing on the date of the signing of the application and ending on the date of the granting or the rejection of the application; but in no event shall the period for the verification of bank records extend beyond 60 days from the date of the signing of the application. I understand that I have the right to revoke this authorization at any time.

BANK RECORDS: **Verification of bank records (bank statement, letter from bank, etc.) must accompany this form.**

NAME OF BANK	LOCATION/PHONE NO.	TYPE OF ACCOUNT (Checking, Savings, Loan)	ACCOUNT NO.	AMOUNT

Date: _____

_____
Signature of Spouse

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
WORKERS' COMPENSATION DECLARATION FORM

This space for CPUC use only	YOUR FILE NUMBER
	PSG_____
	or
	MTR_____

When you fill out this form, remember that the term "employee" includes clerical persons as well as drivers and any other persons employed in your carrier operations.

If your business is an OUT OF STATE CORPORATION, please note that you are not subject to the workers' compensation laws of California unless you have employees who reside in California. If you have employees who reside in California, check "B" below; if not check "A".

If you employ persons in your carrier operations in any manner that makes you subject to the workers' compensation laws of California, you must promptly file with the Commission a certificate of workers' compensation insurance coverage or a certificate of consent to self-insure issued by the Director of Industrial Relations.

Check one of the following (read both before choosing):

A. ☐ I DO NOT HAVE ANY EMPLOYEES. If I hire employees in the future, I will submit an amended Workers' compensation Declaration Form to the Commission and contact my insurance company at once and have the required certificate of coverage mailed to the Commission. **NOTE TO HOUSEHOLD GOODS APPLICANTS: If you check this box, you must attach a written explanation of how you will conduct operations without employees.**

B. ☐ I DO have employees. (This box also applies to applicants for a permit or certificate who do not now have employees, but will employ workers upon commencement of operations.) I will contact my insurance company and have the required certificate of coverage mailed to the Commission. I understand that the Commission will not issue or reinstate a permit or certificate until it receives my certificate of coverage.

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the above requirement regarding workers' compensation and that I (we) am (are) able to and will comply with it. I (we) certify (or declare), under penalty of perjury, that the foregoing is true and correct.

Date: _____

_____
Signature of Applicant(s)

_____
Signature of Corporate Officer

_____
Title of Corporate Officer

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
DRIVER STATEMENT OF APPLICANT

MTR-_____

NAME OF APPLICANT: _____

I (we) certify that I (we) and/or any drivers employed by me (us) hold valid California driver licenses authorizing the operation of the vehicles to be utilized, or will hold such licenses before conducting any operations. The driver license(s) to be used is/are as follows (to be verified by PUC):

Driver's Name	California Driver License No.	Expiration Date	FOR DMV USE ONLY	
			CLASS OF LICENSE	STATUS

ATTACH SHEET(S) FOR ADDITIONAL DRIVERS IF NECESSARY

If applicant(s) or drivers hold other authorization required to legally operate the highway equipment to be utilized in these proposed operations, state the nature of such authorization.

_____

_____

_____

_____ _____

Signature of owner, partner, corporate officer, or managing member of LLC **Date**

_____

Title of person signing above

TL739-A (Rev. 4/09)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

CERTIFICATION OF HOUSEHOLD GOODS CARRIER PERMIT APPLICANT

Section 5135 of the Public Utilities Code requires the Commission to issue a household goods carrier permit only to those applicants who it finds have demonstrated that they possess, among other things, sufficient integrity and responsibility to perform the service within the scope of their application. It states that the Commission may refuse to issue a permit if it is shown that an "applicant or an officer, director, partner or associate" of the applicant has (1) committed any act constituting dishonesty or fraud, (2) committed any act which, committed by a permit holder would be grounds for a suspension or revocation of the permit, (3) misrepresented any material fact on the application, or (4) committed a felony, or crime involving moral turpitude (including misdemeanor).

Section 5135 also requires the Commission to submit the fingerprints of each applicant's "owner, partner, officer, and director" to the California Department of Justice (DOJ), and allows the DOJ to transmit the fingerprints to the FBI for a national criminal history record check. It allows the Commission to use any information obtained to determine the applicant's qualification for a permit.

After you submit your application, the License Section will send you the necessary forms and information for each owner, partner, officer, director or associate to take to an authorized agency to be fingerprinted. DO NOT ATTEMPT TO BE FINGERPRINTED UNTIL YOU RECEIVE THESE MATERIALS FROM THE LICENSE SECTION. In the meantime, each owner, partner, officer, director and associate must complete and sign the certification on the reverse.

IMPORTANT NOTICE

Each owner, partner, officer, director, and associate is required to complete and sign a separate copy of the certification on the reverse. (Employees are exempt.) Make as many copies as needed, or download from www.cpuc.ca.gov/PUC/transportation or request additional copies from the License Section at licensing@cpuc.ca.gov, or (800) 877-8867.

Any false statement or misrepresentation made by any person on this form, or any of its attachments, or any part of the application, can and will be considered in determining whether the applicant possesses sufficient integrity and responsibility to be a California household goods carrier, and may be deemed grounds for refusal to issue a household goods carrier permit. (Public Utilities Code §5135).

CERTIFICATION OF APPLICANT (Continued)

Each owner, partner, officer, director, and associate must complete and sign a separate copy of this certification.

I certify (or declare) under penalty of perjury that:

A. I am not legally prohibited from engaging in operations as a Household Goods Carrier*.

B. The trucking equipment operated will be maintained in good repair and will be operated in a safe and lawful manner in accordance with Rules and Regulations of the Department of the California Highway Patrol, Title 13 of the California Code of Regulations and Public Utilities Commission Rules and Regulations.

C. **Check one:** I ☐ have ☐ have not committed any act, whether a felony or misdemeanor, in California or any other state, constituting dishonesty or fraud*.

D. **Check one:** I ☐ have ☐ have not committed any act, whether a felony or misdemeanor, in California or any other state, which, committed by a permit holder, would be grounds for a suspension or revocation of the permit*.

E. **Check one:** I ☐ have ☐ have not misrepresented any material fact on this application.

F. **Check one:** I ☐ have ☐ have not committed any felony in California or any other state.

G. **Check one:** I ☐ have ☐ have not committed a crime involving moral turpitude* (whether a felony or misdemeanor) in California or any other state.

If the first ("have") box is marked in response to C, D, E, F, or G above, the person signing this form must attach and sign a full explanation for all such acts. Such attachments shall be deemed to be a part of the application and, as such, subject to the penalties provided under the perjury laws of the State of California.

I certify (or declare) under penalty of perjury, that I have read and understand the above certifications and that they are true and correct.

Signature	**Print Name**
Date	**Print Title**

* If you are unsure whether an act you committed meets this criterion, check "have", and attach and sign a full explanation.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

MOTOR CARRIER PROFILE

CHP 362 (Rev. 1-05) OPI 062
Available at www.chp.ca.gov under Publications/Forms

If your company already has a CA number issued by the CHP and this Motor Carrier Profile is submitted to update your organization's information, enter your CA number here:
CA-

Detailed instructions begin on page 3.

Driver license numbers, California corporation numbers, and Federal Employer Identification Numbers are used to prevent misidentification with other persons or organizations with similar names. In the case of an organization which is a "motor carrier of property" as defined in Vehicle Code Section 34601, some of the information supplied on this profile will be shared with the Department of Motor Vehicles. It is the policy of the California Highway Patrol to issue no more than one CA number to a person, regardless of how many "doing business as" names the person may have.

The California Highway Patrol (CHP) recommends that upon completion of this Motor Carrier Profile, you make a copy for your records prior to mailing the original to the CHP.

Mail completed Motor Carrier Profile to your nearest CHP Motor Carrier Safety Unit. If you receive special instructions to mail this profile to another CHP office, please mail as requested in those instructions (see page 3 for addresses).

PART 1. LEGAL NAME *Complete for individual, Partnership, Corporation or Limited Liability Company (one only)*

☐ **Individual** (Sole Proprietorship):
(Indicate "Doing Business As" names in Part 5)

☐☐ - ☐☐☐☐☐☐☐
Federal Employer Identification Number (EIN)
(If none, leave blank - **do not enter Social Security Number**)

First Name | Middle Initial | Last Name | ***Required*** → Driver License No. | Driver License State

☐ **Partnership**
☐ **Corporation** (Public agencies and non-profit organizations, check this box whether incorporated or not)
- ☐ State or Local Government Agency
- ☐ Non-Profit Organization (Check only if qualified for tax exemption under Section 501(c) of the Internal Revenue Code)

☐ **Limited Liability Company (LLC)**

☐☐ - ☐☐☐☐☐☐☐
Legal Name of Company or Organization (See also Part 5, Doing Business As) | Federal Employer Identification Number (EIN)

Corporation, Partnership, or Certificate of Qualifications No. issued by ***California*** Secretary of State: ☐ - ☐☐☐☐☐☐
Letter — Numbers only

Principal Executive Officer:

First Name | Middle Initial | Last Name

PART 2. PRINCIPAL PLACE OF BUSINESS

Physical Address: _____
Street Address | City | State | Zip Code

Mailing Address (if different): _____
Street Address or PO Box | City | State | Zip Code

Business Telephone No. (____) ____ - _____

CHP USE ONLY
County Code _____ CHP Location Code _____ BIT APP Y/N:

Fleet Mileage in California (Total fleet intrastate and interstate miles in California for most recent full calendar year.)
_____ (miles) for calendar year _____ (year)

PART 3. EMERGENCY CONTACTS

Persons the California Highway Patrol should attempt to contact in the event of an emergency involving one of your organization's vehicles or drivers

Name	Day Telephone with Area Code ( )	Night Telephone with Area Code ( )
Name	Day Telephone with Area Code ( )	Night Telephone with Area Code ( )

PART 4. TYPES OF OPERATION *(Check all that apply. This will assist CHP in mailing new information to your firm only when appropriate.)*

IMPORTANT! Read the descriptions of each item beginning on page 4 before checking its box, especially items A and N.

- ☐ A. Truck (see instructions)
- ☐ B. Hazardous Materials Carrier
- ☐ C. Hazardous Materials Shipper
- ☐ D. Hazardous Waste Transporter
- ☐ E. Flammable Liquid Cargo Tank
- ☐ F. Bus w/o Operating Authority (public transit or private bus)
- ☐ G. Tour Bus (CPUC or ICC authority)
- ☐ H. School Bus
- ☐ I. School Pupil Activity Bus
- ☐ J. Youth Bus
- ☐ K. General Public Paratransit Vehicle
- ☐ L. Farm Labor Vehicle
- ☐ M. Vehicle or combination described in VC 34500 (k)
- ☐ N. MCP Only (see instructions)

PART 5. DOING BUSINESS AS *(Doing Business As names on file with Secretary of State, or Fictitious Business Name on file with County)**

Doing business in California as _____

Doing business in California as _____

Doing business in California as _____

*Attach additional sheets if necessary.

PART 6. OPERATING AUTHORITIES & IDENTIFICATION NUMBERS

Federal identification numbers:

USDOT _____ MC _____ MX _____ IRP _____ (IRP Base State: ____)

California identification numbers:

Cal-T (Household goods carriers only) T- _____ PSG (For-hire passenger carriers only) PSC _____ TCP _____

PART 7. CALIFORNIA TERMINALS *(Attach additional sheets if necessary, providing same information for each terminal)*

CALIFORNIA TERMINAL DBA and STREET ADDRESS (Terminal DBA must match a DBA in Part 5)	CITY	ZIP CODE	Local Phone No. (w/ Area Code)	Driver Records at This Address?	Vehicle Records at This Address?	CHP USE ONLY
Doing Business As Address				☐Y ☐N	☐Y ☐N	Area Subarea
Doing Business As Address				☐Y ☐N	☐Y ☐N	Area Subarea
Doing Business As Address				☐Y ☐N	☐Y ☐N	Area Subarea
Doing Business As Address				☐Y ☐N	☐Y ☐N	Area Subarea
Doing Business As Address				☐Y ☐N	☐Y ☐N	Area Subarea

If the CHP needs to clarify any of the information your organization has supplied on this profile, who in your organization should be contacted by telephone for assistance?

Name (Type or print) _____ Day Telephone

Date this Carrier Profile prepared (information current as of): ____/____/____

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Instructions for Completing Carrier Profile Information - CHP 362

CHP 362C (Rev 3-94) OPI 062

The Carrier Profile Information form is used to create or update a carrier file in the California Highway Patrol's (CHP) Management Information System of Terminal Evaluation Records (MISTER). When a carrier file is created, the carrier is assigned a California identification number (CA number) which is used to identify all CHP records of that carrier.

Please complete the form according to these instructions and return it (together with any other forms and required fees) as follows:

➤ *IMPORTANT!*

If you received the CHP 362 from the Public Utilities Commission (PUC) as part of an application for operating authority, for-hire carrier registration, or private carrier registration, return the completed CHP 362 with the rest of the application package to the PUC using the address supplied for this purpose by the PUC. If you send the CHP 362 directly to the CHP, processing of your application to the PUC will be delayed.

If you received the CHP 362 from the CHP as part of an application for any CHP-issued license, return the completed CHP 362 to the particular CHP office that issues that license, as directed on the license application.

In all *other* cases, return the completed CHP 362 to:

CALIFORNIA HIGHWAY PATROL
Commercial Records Unit
P. O. Box 942898
Sacramento, CA 94298-0001

Failure to return the CHP 362 to the correct office will result in delays in processing both your PUC and your CHP application(s).

Please read these instructions carefully. Enter all information completely and legibly. If you have questions about this form, you may call the CHP Commercial Records Unit for assistance at (916) 322-7157 or 1-800-735-2929 (TT/TDD) weekdays, between 8:00 AM and 4:30 PM, Pacific Time.

Please type or clearly print all information. The following instructions match the numbered spaces on the CHP 362.

GENERAL INFORMATION

1. **NEW.** If your company does not have a CA number, and this is the first time your company has completed a Carrier Profile Information form, enter an "X" in this box. Be certain about this, or your company may appear twice in CHP records.

2. **CHANGE.** If you already have a CA number, but there has been a change in the information called for on the CHP 362 since the last time the form was completed, enter an "X" in this box. Enter your CA number, company name, date prepared (Box 43) and **only the information that has changed**. Leave all other boxes blank. (When you complete this form, keep a copy for your records. It may assist you if further changes occur in the future.)

3. **CA NUMBER.** If you marked the "New" box, leave blank. If this is a "Change", enter your assigned CA number in this space.

4. **COMPANY NAME.** Enter the full legal name of the company.

5. **TELEPHONE NUMBER.** Company telephone number, including area code.

6. **IF THIS IS A NAME CHANGE.** If the company has changed its name since the last time this form was completed, enter the old name, written exactly like it was before.

7. **FEDERAL/STATE/LOCAL GOVERNMENT.** Enter an "X" in this box only if you are a government agency. This category does not include persons or companies under contract to government agencies.

8-12. **DOING BUSINESS AS (DBA).** If the company operates under other names (DBAs) enter the names in spaces 8 through 11. (For example: Sam Henry Dirt Moving could have DBAs such as S.H. Dirt Moving or Sam H. Dirt Moving) If there are more than four DBA names, enter an "X" in the "Yes" box (number 12), and list the rest of the names in the spaces on the back of the form. If there are no more DBA names, enter an "X" in the "No" box.

13. **FLEET MILEAGE & YEAR.** Write the year for which the mileage estimate is given, and enter an "X" in the box that best represents your California mileage for the year you have indicated.

14. **MAIN OFFICE STREET ADDRESS.** Enter the street address where the main office of the company is located. For small companies, this could be a private residence if that is where business mail is received.

15. **CITY.** Enter the city or community name for the address shown on line 14.

16. **STATE.** Enter the 2-letter abbreviation for the state, for example, CA for California.

17. **ZIP CODE.** Enter the full 9 digits.

18. **MAILING ADDRESS.** If the company mailing address is different from the street address (such as a P.O. box), enter the mailing address on this line.

19-21. **CITY, STATE, & ZIP CODE.** If you entered a mailing address on line 18, enter the city, state and zip code for the mailing address in these spaces.

OPERATING AUTHORITIES

22-23. **CALIFORNIA PUC NUMBERS.** Enter only your company's number. If your company holds passenger (bus) authority from the PUC, "X" the appropriate box in the "PSG" space (#23) to indicate whether it is Charter Party authority (TCP) or Passenger Stage authority (PSC). If you have both charter party and passenger stage authority, "X" both boxes. If none, leave blank. If you use (or operate under) another company's or individual's PUC operating authority, DO NOT enter their numbers.

24-27. **ICC NUMBERS.** If your company has ICC operating authority, enter an "X" in the appropriate MC or MX box, then enter the number to the right of the MC or MX boxes. Enter the primary number first. If none, leave blank. If you use (or operate under) another company's or individual's ICC operating authority, DO NOT enter their numbers.

28 & 30. **I.R.P. NUMBER.** If your company has an International Registration Plan or a prorate registration account, enter the California account number and enter the 2-letter abbreviation for your base state in space 30.

29. **US DOT NUMBER.** If your company has been assigned a U.S. Department of Transportation (Census) number, enter it in this space.

31. **TYPE OF OPERATION.** Check all boxes that apply to your operation or the type of commodities that you transport. "Hazardous materials shipper" means a company or individual who never transports hazardous materials, but does ship hazardous materials by contract or common carrier.

32-33. **LEGAL OWNER.** Enter the name(s) of the legal owner(s) of the company.

EMERGENCY CONTACT PERSONS

34. Enter the first and last name of the first person in your company whom the CHP should attempt to contact in the event of an emergency involving a vehicle marked with your DOT, ICC, PUC or CA number.

35-36. Enter the day and night telephone numbers for the person identified on line 34.

37-39. Enter the name and day and night telephone numbers for an alternate person whom the CHP should attempt to contact in case the person named on line 34 is unavailable.

CALIFORNIA TERMINAL INFORMATION

A "terminal" is any place where a vehicle is regularly garaged, maintained, or is operated or dispatched from. This may include a private business, or in some cases, a private residence. Persons who are required to keep log books or other time records, records of physical examinations, copies of drivers' public DMV records, and other driver records must register with the CHP the address (terminal) where the records are available for inspection (Reference: California Vehicle Code Sections 34501 and 34501.10)

40. For each terminal location in California, complete the following items:

DRIVER RECORDS. Check the "Yes" box if driver records are available for inspection at this address or check the "No" box if the driver records are not available for inspection at this address.

VEHICLE RECORDS. Check the "Yes" box if vehicle maintenance records are available for inspection at this address or check the "No" box if the maintenance records are not available for inspection at this address.

TERMINAL STREET ADDRESS. Enter the street address (not a post office box number) for the company's terminal in California. If there is only one terminal, and that terminal's address is the same as the company address in lines 14 through 17 above, leave blank. If there are two or more terminals, enter all terminal addresses starting at line 40, including the one whose address is the same as lines 14 through 17.

CITY AND ZIP CODE. Enter the city and the Zip Code for this terminal. (If you left space 40 blank, leave these spaces blank.)

41. **OTHER TERMINAL INFORMATION AND ADDRESSES.** If the company has a second terminal in California, enter the information on this line, with the city and five digit Zip Code in the proper spaces.

42. **ADDITIONAL TERMINALS.** If there are more than two terminals in California, check the "Yes" box after "ADDITIONAL TERMINALS?" and enter the rest of the terminal information and addresses in the spaces provided for that purpose on the back of the form. If there are no more company terminals in California, check the "No" box.

43. **DATE PREPARED.** Enter the date this form was completed.

44-47. **FOR CALIFORNIA HIGHWAY PATROL USE ONLY**

REVERSE OF CHP 362:

48-53. Space for additional DBAs.

54-77. Space for additional terminal listings.

DIRECTIONS FOR COMPLETING
MOTOR CARRIER PROFILE, CHP 362 (Rev. 1-05)

CA- If your company already has a CA number issued by the California Highway Patrol (CHP), enter it in the box at the top of page 1, to prevent issuance of another one. Display of a CA number on commercial motor vehicles is required only under certain circumstances, so some motor carrier personnel may not be aware their company already has a CA number. If in doubt, contact your nearest CHP Motor Carrier Safety Unit.

Redding..... Voice (530) 225-2098
2485 Sonoma Street Fax (530) 246-1264
Redding CA 96001-3026

Vallejo..... Voice (707) 648-4180
1551 Benicia Road Fax (707) 649-4766
Vallejo CA 94591-7568

Los Angeles..... Voice (323) 644-9557
437 N. Vermont Avenue Fax (323) 953-4827
Los Angeles CA 90004-3512

San Luis Obispo..... Voice (805) 549-3261
4115 Broad Street Suite B-10 Fax (805) 541-2871
San Luis Obispo CA 93401-7992

Rancho Cordova..... Voice (916) 464-2090
11336 Trade Center Drive Fax (916) 638-0216
Rancho Cordova CA 95742-6219

Fresno..... Voice (559) 445-6992
4771 W. Jacquelyn Avenue Fax (559) 276-9449
Fresno CA 93722-6438

San Diego..... Voice (858) 650-3655
9330 Farnham Street Fax (858) 637-7159
San Diego CA 92123-1216

San Bernardino..... Voice (909) 806-2414
847 E. Brier Drive Fax (909) 885-0981
San Bernardino CA 92408-2820

USE FOLLOWING OFFICES BY SPECIAL INSTRUCTION ONLY.
UNAUTHORIZED USE WILL DELAY PROCESSING OF YOUR APPLICATION.

Commercial Records Unit (042) Voice (916) 375-2810
PO Box 942898 Fax (916) 375-2830
Sacramento, CA 94298-0001

Attn:

Commercial Vehicle Section (062) Voice (916) 445-1865
PO Box 942898 Fax (916) 446-4579
Sacramento, CA 94298-0001

Attn:

PART 1. LEGAL NAME: One choice only—check Individual, Partnership, Corporation (which for this purpose includes associations and public agencies), or Limited Liability Company. Trusts hold property but do not operate businesses. Therefore, even if your company's assets are held by a trust, enter the ownership information of your company under one of the four categories below.

INDIVIDUAL: If operating as an individual without employees and you have no Federal Employer Identification Number (EIN), no entry is required in the EIN boxes. Do not enter your Social Security Number as an EIN. Valid driver license number and state are required and the application cannot be processed without it. A valid California identification card number issued by Department of Motor Vehicles (DMV) is also acceptable. Please enter your proper legal name, not a nickname.

PARTNERSHIP: All requested information is required, to prevent duplication of records. Businesses held as community property and operated jointly by family members (husband and wife, parent and child, etc.) are not partnerships unless legally organized as such, with an EIN assigned to the partnership. If not legally organized as a partnership, enter as an individual under one person's name and that person's driver license number, and that person's EIN if applicable.

CORPORATION: All requested information is required, to prevent duplication of records. Corporation number is normally stamped on upper corner of Articles of Incorporation in California. If a foreign corporation, a Certificate of Qualifications number issued by the California Secretary of State is required instead. Information regarding legal status as a state or local government agency, or as a non-profit organization under federal regulations, is requested to prevent misdirected mailings and misapplication of motor carrier safety regulations, requirements for licenses, or fees for various related programs.

LIMITED LIABILITY COMPANY: All requested information is required, to prevent duplication of records.

PART 2. PRINCIPAL PLACE OF BUSINESS: A single location designated by the motor carrier, normally its headquarters, where records required by federal motor carrier safety regulations will be maintained, if applicable, and records of drug and alcohol testing required by Section 34520 of the Vehicle Code will be made available for inspection. Telephone number should be the normal daytime business number for the company. Provision is made elsewhere on the Motor Carrier Profile for emergency and other telephone numbers. Do not write in the box marked "CHP USE ONLY."

Fleet mileage in California - All mileage accumulated in California by vehicles identified in Part 4, whether operated in intrastate or interstate service. For this purpose there is no need to separate intrastate mileage from total in-state mileage (some of which could be part of interstate trips), as it will be used by the CHP solely for safety regulation purposes.

PART 3. EMERGENCY CONTACTS: Responsible individuals at the company-wide level of your organization whom the CHP should attempt to contact in the event of an emergency involving your firm's vehicles or drivers. These should be management or supervisory personnel, as they may receive information requiring confidential treatment within your firm or organization. *Do not include a pager number if its use requires a Personal Identification Number (PIN) or other access information, as the CHP's system has no means to store that additional information.* CHP recommends that this information be kept current by notifying your nearest Motor Carrier Safety Unit (page 3) of any permanent changes in personnel who are on-call for emergencies involving CHP-regulated commercial motor vehicles. Your organization can also designate two emergency contacts for each California terminal listed in Part 7 by notifying your local Motor Carrier Safety Unit in writing, identifying two persons or offices with a day and night telephone number for each. Emergency circumstances may not always result in CHP using this source of information to contact your organization, but keeping this information current is recommended so that the CHP can rely on it if necessary. This is also a reason to ensure the identification numbers in Part 6 are accurate and complete, and represent *your* organization, *not* one to which you may be leased or contracted.

PART 4. TYPES OF OPERATION: A. Truck - Any truck of 3 or more axles with a gross vehicle weight rating (GVWR) of more than 10,000 pounds; any truck *tractor* regardless of number of axles or GVWR; and any truck used to tow a trailer where the overall length of the truck and trailer coupled together exceeds 40 feet. **B. Hazardous Materials Carrier** - Any truck, including pickups, used to transport any amount of hazardous materials. **C. Hazardous Materials Shipper** - An individual or company who offers hazardous materials for transportation by common carrier, contract carrier, or motor carrier of property, and never transports hazardous materials in any amount on vehicles owned, rented, leased or otherwise controlled by the shipper. **D. Hazardous Waste Transporter** - An individual or company that transports hazardous wastes as defined in California or federal regulations.. **E. Flammable Liquid Cargo Tank** - Any tank greater than 120 gallons capacity which is used to transport liquids having a flash point of less than 100 degrees Fahrenheit, other than in the regular fuel tank of the vehicle. **F. Bus Without Operating Authority** - Any vehicle of more than 10-passenger capacity including the driver, which is operated without compensation from the passengers, such as church and other private buses, and also includes public transit buses operated by city or county transit agencies. **G. Tour Bus (CPUC or ICC Authority)** - Any commercial bus subject to regulation by the California Public Utilities Commission or the Surface Transportation Board (successor agency to the former Interstate Commerce Commission). **H. School Bus** - The traditional yellow school bus specifically certified by the CHP for transportation of students attending public or private schools. **I. School Pupil Activity Bus** - A commercial or transit bus specifically certified by the CHP for use in transporting school students on school-sanctioned trips to and from school-related activities, but not including home-to-school or school-to-home route service. **J. Youth Bus** - A small bus specifically certified by the CHP for service in transporting students between school and non-school related activities. **K. General Public Paratransit Vehicle** - A vehicle operated by or under contract to a transit agency in dial-a-ride, subscription, or route-deviated service, and certified specifically by the CHP for transportation of school students to and from schools. **L. Farm Labor Vehicle** - A passenger vehicle or truck specifically certified by the CHP for use in transporting farm laborers. **M. Vehicle or combination described in Vehicle Code Section 34500 (k)** - Any commercial motor vehicle with a GVWR of 26,001 or more pounds, or any combination of vehicles consisting of a commercial motor vehicle of any GVWR and a trailer with a GVWR greater than 10,000 pounds ("Trailer" for this purpose does not include camp trailers, trailer coaches, or utility trailers). **N. MCP Only** - Do not check this box if you checked any of the other boxes in Part 4; this category includes only vehicles not already included in categories A through M that fit the following description: (1) any *motor vehicle* (including automobiles and motorcycles) which is used to transport property for hire, or (2) any *truck* not already included in categories A through M which has a GVWR of more than 10,000 pounds and which is used to transport property privately (not for hire). Operators of these vehicles are subject to the **Motor Carrier Permit (MCP)** program administered by the DMV, but are not subject to regulation by the CHP in matters other than compliance with the MCP program of the DMV. Firms engaged solely in the transportation of household goods should check box A and should *not* check box N.

PART 5. DOING BUSINESS AS (DBA): Enter all lawful business names used in California by this person (businesses not involving the use of regulated vehicles in Part 4 may be excluded). A company with a different EIN is a different entity, and requires its own CA number and Motor Carrier Profile. This information is not requested for any purpose relating to tax issues. EINs are requested solely to positively identify separate entities without requiring them to supply comprehensive proof of legal identity. Organizations sharing the same EIN shall share the same CA number, although they may continue to be identified by separate DBA names.

PART 6. OPERATING AUTHORITIES & IDENTIFICATION NUMBERS: Certain types of carriers are not required to *display* their assigned CA number if they are already displaying valid numbers assigned to them by other specified regulatory agencies. In order to cross reference your organization's other numbers to its CA number, the CHP needs to know what the other numbers are. **USDOT:** The number assigned by the Federal Highway Administration and displayed on vehicles as "USDOT 000000." This number is *not* the same thing as the ICC number. Many commercial motor vehicle operators have both numbers, and should list both in this Part. **MC:** The number assigned to your firm by the former Interstate Commerce Commission or its successor agency, the Surface Transportation Board of the Federal Highway Administration. This number is often shown on documents as "MTR 000000," and on vehicles as "MC 000000" with the zeros replaced by the number assigned to a company. ***Do not list a number that is assigned to a motor carrier to which your company is leased or subcontracted.*** **MX:** Similar to MC numbers, but are assigned to carriers based in Mexico and operating in the United States. **Cal-T:** The number assigned to intrastate household goods carriers in California by the California Public Utilities Commission (CPUC). On and after January 1, 1998, these numbers are no longer valid for any type of motor carrier other than household goods carriers. **PSG:** A number assigned by the CPUC to intrastate for-hire passenger carriers (other than taxi services), which are preceded by the prefix "TCP" or "PSC," displayed on vehicles as "TCP 0000A" or "PSC 0000" (or both) with the zeros representing the number assigned to the carrier by the CPUC, and the "A" representing a CPUC-assigned alphabetic character indicating a specific type of passenger carrier. **IRP:** The International Registration Plan identification number assigned by the appropriate agency in your state (DMV for California-based carriers).

PART 7. CALIFORNIA TERMINALS: All business locations from which vehicles described in Part 4 are dispatched or operated in intrastate service, or in initiating, completing, or continuing the movement of an interstate load. It may include facilities owned by another business, such as a warehouse to or from which loads are transported and where the commercial motor vehicle is normally parked when not in use. "Terminal" may also include the private residence of an owner-operator or other small business utilizing commercial motor vehicles, if that is where the firm conducts business. **Terminal DBA and Street Address:** The DBA name is used at that location, if different from the name identified in Part 1, and the *physical* address of each location. **City:** City or community name only. State is not necessary, as only locations within California need be listed. **Local Phone No.:** The telephone number at which management personnel for that terminal can be contacted during normal business hours. **Zip Code:** The postal zip code of the terminal's physical location, whether or not the company receives mail there. The CHP uses this information to determine which CHP office serves that area. **Driver Records at This Address?** - Check "Y" if records relating to commercial motor vehicle drivers are kept at this location, such as driver qualification files, DMV driving records, and drivers' time records. Check "N" if this location is not where such records are kept. **Vehicle Records at This Address?** - Check "Y" if commercial motor vehicle inspection and maintenance records are kept at this terminal for the vehicles based there, such as drivers' daily vehicle inspection reports, company safety inspection records, scheduled maintenance records, repair records. Check "N" if this location is not where such records are kept. **CHP USE ONLY:** CHP uses this column to add geographical coding to indicate this terminal's location.

The ultimate goal of the CHP's inspection programs is the reduction of human suffering and property loss resulting from commercial motor vehicle at-fault accidents. This Motor Carrier Profile is an important tool in the CHP's effort to direct inspection resources where they are needed most, and to reduce the cost of regulation to both the regulated community and the state. Although it is detailed, time spent now in completing it carefully will be repaid by allowing the CHP to correctly identify entities to which mailings should be directed, to quickly notify your organization of an emergency involving your commercial vehicles or drivers, and to identify entities which require more or less contact from the CHP, depending on the nature of their businesses and their safety experiences over time.

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Before completing this form, refer to "A Guide to Filling Out Form TL706-I"

I. GENERAL HIGHWAY SAFETY REQUIREMENTS

The Commission shall not issue or authorize the transfer of any carrier authority except upon a showing before the Commission and a finding by the Commission that the applicant or proposed transferee meets and certifies compliance to all of the following requirements:

(1) Is financially and organizationally capable of conducting an operation that complies with the rules and regulations of the Department of the California Highway Patrol governing highway safety.

(2) Is committed to observing the hours of service regulations of state and, where applicable, federal law, for all persons, including employees and subhaulers, operating vehicles in transportation for compensation under the certificate or the permit.

(3) Has a preventive maintenance program in effect for its vehicles used in transportation for compensation that conforms to regulations of the Department of California Highway Patrol in Title 13 of the California Code of Regulations.

(4) Participates in a program to regularly check the driving record of all persons, whether employees or subhaulers, operating vehicles used in transportation for compensation requiring a class A or class B driver's license under the certificate or the permit.

(5) Has a safety education and training program in effect for all persons, including employees and subhaulers, operating vehicles used in transportation for compensation.

(6) Will maintain its vehicles used in transportation for compensation in a safe operating condition and in compliance with the Vehicle Code and with regulations contained in Title 13 of the California Code of Regulations relative to motor vehicle safety.

(7) Has provided the Commission the physical address of an office or terminal where documents supporting the factual matters specified in the showing required by this section may be inspected by the Commission and the Department of the California Highway Patrol.

II. PREVENTIVE MAINTENANCE PROGRAM

Note: Each prime carrier shall make reasonable efforts to ensure that its subhaulers comply with required preventive maintenance and inspection of vehicles.

A. Attach a copy of your preventive maintenance schedule and the form(s) you will be suing to record preventive maintenance completed. (See Samples I. A., B. and C.)

B. Attach a copy of the driver's daily vehicle condition report form that you will use. (See Sample II.)

II. SAFETY EDUCATION AND TRAINING PROGRAM

A. Describe your safety education and training program. (See samples III. A., B. and C.)

Attach copies of any written materials you will use. If you have enrolled or are enrolling yourself, employee-drivers or subhaulers in a safety program provided by another organization, attach documents showing that fact and identify the program. If you or your employees or subhaulers have completed such a program, attach documents of proof.

B. Will employee-drivers be enrolled in this program? _____

C. Will subhaulers be enrolled in this program? _____

IV. DEPARTMENT OF MOTOR VEHICLES' DRIVER SAFETY REGULATIONS

You must provide the Commission with a Requester Code Number which is assigned by the DMV when a pull notice account is established with that department. If you are already participating in the pull notice program, please enter your requester code number and the number of class A and class B drivers listed with DMV in the spaces below. If you are not yet participating in the pull notice program, you may apply by calling DMV at (916) 657-6346.

REQUESTER CODE NUMBER	**NUMBER OF CLASS A OR CLASS B EMPLOYEE-DRIVERS LISTED WITH DMV**	**NUMBER OF CLASS A OR CLASS B SUBHAULER-DRIVERS LISTED WITH DMV**
_____	_____	_____

V. ORGANIZATION REQUIREMENTS

Name of person(s) in your business responsibility for highway safety: _____

_____

V. CERTIFICATION

I (we) certify that I (we) have read and understand the requirements in Sections I. through VI. above and that I am (we are) able to and will comply with each of them; and that the information I (we) have provided on this form, and in the attachments, is true and correct to the best of my (our) knowledge and belief. I (we) certify (or declare), under penalty of perjury, that the foregoing is true and correct.

Date: _____ _____

Signature of Applicant(s)

If applicant is a corporation:

_____

Signature of Corporate Officer

_____

Title of Corporate Officer

A GUIDE TO FILLING OUT FORM TL 706-I

KEEP THIS GUIDE FOR YOUR FILES.
DO NOT RETURN IT WITH YOUR APPLICATION.

I. GENERAL HIGHWAY SAFETY REQUIREMENTS

Items 1 through 7 generally explain the safety rules that you are expected to know and abide by in order to obtain authority from the Commission to operate.

II. PREVENTIVE MAINTENANCE PROGRAM

A. Attach to form TL706-I a copy of your preventive maintenance schedule and the form(s) you will be using to record completed maintenance work. (Note: The preventive maintenance program is not required if the vehicles used have less than 3 axles and have less than 10,001 pounds gross vehicle weight.)

1. The form you use must include a list of the items to be serviced or inspected, the mileage or time interval when the maintenance will be performed, and a place for recording maintenance actually performed. (See Samples I A., B. and C. Your local CHP Motor Carrier Safety Unit will send you one free copy of these forms.)

2. Your maintenance schedule must have a minimum inspection schedule of 90 days for items listed below:

   a. Brake adjustment

   b. Brake system components and leaks.

   c. Steering and suspension systems.

   d. Tires and wheels.

   e. Vehicle connecting devices

These items should be inspected more often if necessary to ensure safe operation. Any other categories, components or parts may have an inspection interval longer than 90 days, but no longer than 20,000 miles or 4 months, whichever comes sooner, unless you explain why the mileage or time exceeding these limits is reasonable.

You must perform preventive maintenance frequently enough to ensure that your vehicles are in safe and proper operating condition at all times. Vehicles which are out of service for periods longer than 90 calendar days are not required to be inspected at 90 day intervals if they are inspected before operation on the highway.

B. Attach to form TL706-I a copy of the driver's daily vehicle condition report form that you will use. (See Sample II)

III. SAFETY EDUCATION AND TRAINING PROGRAM

As a ***minimum***, a carrier safety education and training program shall cover the following subjects, as set forth in the ***California Commercial Driver Handbook***, published by the Department of Motor Vehicles:

- Commercial Driver License Program, Qualifications, and Sanctions
- Commercial Driver License Test
- Inspecting Your Vehicle
- Basic Control of your Vehicle
- Size and Weight of Vehicles and Loads
- Transporting Cargo
- Air Brakes
- Combination Vehicles
- Hazardous Materials

A. If you develop your own safety education and training program, provide a description of all materials to be used and an explanation of the program.

You may purchase a commercially available program if you wish. A few of these programs are mentioned below. If you adopt the safety education and training program of a shipper or other carrier, you must provide a copy of that program.

You must explain how you intend to use the program that you choose. For example, state: how many hours of training there will be; how often training will be given; that drivers will be given the material that they are required to read; etc. (See Sample III A., B, and C.) Training and education must be provided at least twice a year. If written or video materials will be used for training, they must be reviewed with employees at least twice a year. You must keep records of training and drivers who participate in the training.

Acceptable safety materials include the DOT Federal Motor Carrier Safety Regulations Pocketbook (Call (916) 498-5050 or (909) 653-2299 for sales information) and the Department of Motor Vehicles Commercial Driver Handbook available at DMV office. (See Sample IV)

If you purchase any of the following materials to fulfill the requirements for a safety education and training program, attach a copy of the receipt to form TL706-I to prove you have purchased the material.

1. California Trucking Association (CTA) Safety and Maintenance Kit.
2. American Trucking Association (ATA) Driver Training and Safety Videos.
3. California Dump Truck Owners Association (CDTOA) Preventive Maintenance and Driver Training & Safety Kits.
4. Trucking Support Services Team, Inc. (TruSST) Safety Kit.

If you purchase a program from a safety consultant, you must attach to form TL706-I a copy of the receipt from him listing the materials you purchased. A program should include:

DOT Federal Motor Carrier Safety Regulations Pocketbook

Department of Motor Vehicles Commerical Driver Handbook

BOOKLETS:

Vehicle Inspection	Cornering Techniques
Driving Grades	Drivers
Drugs/Drinking	Night Driving
Backing	Sharing the Highway
Controlling/Brakes	Skid Control
Extreme Driving Conditions	Preventive Maintenance
Flatbeds	Terminal/Yard Procedures
Defensive Driving	Trailers
Emergency Maneuvers	Your Daily Log

IV. DEPARTMENT OF MOTOR VEHICLES' DRIVER SAFETY REGULATIONS

Before the Commission will issue a certificate or permit, you must show evidence that you will regularly check the driving records of employees and subhaulers driving vehicles requiring a class A or class B license. You must check the driving records of employees by participating in the DMV's pull notice program. You must check the driving records of subhaulers by listing those drivers in your periodic report request to the DMV. (See Vehicle Code Section 1808.1(c).

To participate in the pull notice program and to receive information on how to request periodic reports, call DMV at (916) 657-6346.

A NOTE FROM THE CALIFORNIA HIGHWAY PATROL

In addition to the above listed safety requirements, motor carriers operating or directing the operations of the following vehicles *must* participate in the Biennial Inspection of Terminals (BIT) Program.

Trucks with 3 or more axles and a gross vehicle weight rating over 10,000 lbs.

Truck tractors

Trailers or semi-trailers used in combination with the above vehicles

Any truck, or any combination of a truck and any other vehicle transporting hazardous materials in an amount that requires placarding

Any 2 axle truck with a gross vehicle weight rating exceeding 10,100 lbs. towing trailers resulting in combination lengths over 40 feet.

This program requires a fee paid inspection of each terminal every two years.

To find out what happens during the BIT program inspection, get the California Highway Patrol Motor Carrier Safety Compliance Handbook, HPH 84.6. Single copies of this handbook are available for a nominal charge at all Highway Patrol Area Offices or Division of Motor Carrier Safety Units (See below for local telephone numbers and addresses). Carriers should also obtain a copy of the California Vehicle Code (available at Department of Motor Vehicle Offices) and a copy of Title 13, California Code of Regulations, available from:

Barclays Law Publishers
Attention: Client Services
P.O. Box 3066
South San Francisco, CA 94083

(415) 244-6611

CHP Motor Carrier Safety Units

1.	**2485 Sonoma Street, Redding, 96001**	**(916) 225-2715**
2.	**11336 Trade Center Drive, Rancho Cordova, 95741**	**(916) 464-2090**
3.	**1551 Benicia Road, Vallejo, 94591**	**(707) 648-4180**
4.	**4771 W. Jacklyn, Fresno, 93722**	**(209) 445-6992**
5.	**437 N. Vermont Avenue, Los Angeles, 90004**	**(213) 664-1108**
6.	**13211 Garden Grove Blvd., Suite 100, Garden Grove, 92643**	**(714) 558-4224**
7.	**4115 Broad Street, Suite B-10, San Luis Obispo, 93401**	**(805) 549-3261**
8.	**847 E. Brier Drive, San Bernardino, 92408**	**(909) 383-4811**

KEEP THIS GUIDE FOR YOUR FILES
PLEASE *DO NOT* RETURN THIS GUIDE
WITH YOUR APPLICATION.

Department of California Highway Patrol

TRUCK AND/OR TRACTOR MAINTENANCE & SAFETY INSPECTION

CHP 108 (Rev 1-90) OPI 062

*Inspection of these items required by 34505.5 CVC

Carrier's name

Year | Make

		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE	
		JAN		FEB		MARCH		APRIL		MAY		JUNE		JULY		AUG		SEP		OCT		NOV		DEC	
		OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF
INTERIOR AND EXTERIOR	1. Fire extinguisher and reflectors—secured—marked																								
	2. Horn—defrosters, gauges and speedometer																								
	3. Mirrors and supports																								
	4. Windshield wipers—window cracks, condition																								
	5. Check all lights—turn signals—reflectors, mud flaps																								
	6. Check electrical wiring—condition and protection																								
	7. Check batteries—water terminals and cable																								
	8. Warning devices—air, oil and temperature, vacuum *																								
ENGINE AND ELECTRIC	9. Radiator and water hoses—condition—leaks																								
	10. Belts—compressor(s), fan and water pump *																								
	11. Air lines—leaks, condition and protection																								
	12. Fuel tanks—lines—pump, condition and protection																								
	13. Manifold and flange gaskets—muffler and condition																								
	14. Engine mounts, oil and fuel leaks																								
	15. Clutch adjustment and free play																								
	16. Throttle and linkage, air filter																								
	17. Generator/alternator, starter, brushes and wiring																								
BRAKES	18. Tractor protection valve—breakaway test *																								
	19. Brakes—lining, drums, and adjustment—near cam over, pedal ht.-hyd. *																								
	20. Hoses, and tubing condition—protection, hyd., brake reservoir level *																								
	21. Air leaks and 1-minute brake application test, vacuum loss *																								
	22. Air governor adjustment—minimum 85—maximum 130 *																								
	23. Identify number 1 air tank—drain—test check valve *																								
	24. All tank secure, drains operable, drain tanks *																								
	25. Check tires wheels nuts and studs, cracked, secure and inflation, tread *																								
	26. Parking brake—condition and adjustment *																								
	27. Emergency stopping system—labeled, operable *																								
	28. Release after loss of service air—test anti skid lamp *																								
CHASSIS	29. Check steering gear and mounting—free lash *																								
	30. Steering arms, drag links and tie rod ends *																								
	31. Fifth wheel condition and mounting *																								
	32. Springs, shackles and U-bolts—torque arms *																								
	33. Check frame, cross members, cracks, etc.																								
	34. Drive shaft and universal joints																								
	35. Transmission, differential—mounting and seals																								
	36. Wheel seals leaks, hydraulic brake system leaks *																								
	37. Clean under carriage																								

INSPECTOR'S SIGNATURE(S) AND DATE(S) OF INSPECTION

January	April	July	October
February	May	August	November
March	June	September	December

*Inspection of these items required by 34505.5 CVC

...ator's name

Year | Make

TRAILERS

		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE		MILEAGE	
		JAN		FEB		MARCH		APRIL		MAY		JUNE		JULY		AUG		SEP		OCT		NOV		DEC	
		OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF	OK	DEF
38. Lights—stop, tail, turn—reflectors																									
39. Air leaks—break system	*																								
40. Air leaks—dump system																									
41. Cracks in body and sub frame																									
42. Brakes—adjustment—drums—near cam over	*																								
43. Springs—U bolts—torque arm																									
44. Drawbar—hitch and safety cable—check strand wear	*																								
45. Fifth wheel on pull trailer																									
46. Tires wheel—nuts and studs	*																								
47. Fifth wheel pin wear—safety lock	*																								
48. Emergency relay valves, tank mounting	*																								
49. Tarps																									
50. Electrical connections—lead wire																									
51. Air lines—between trailers, gladhands, rubbers	*																								
52. Mud flaps, fenders																									

INSPECTOR'S SIGNATURE(S) AND DATE(S) OF INSPECTION

January	April	July	October
February	May	August	November
March	June	September	December

I.B.

LUBRICATION AND INSPECTION REPORT

vious mileage

Summaries of A, B, and C Inspections on First Page

.EAGE OR OURS	ACCOMPLISHED		LUBRICATION	OIL CHANGE	OIL ADDED	OIL FILTER	TRANSMISSION	DIFFERENTIAL	WHEEL BEARING	BATTERIES	BRAKE ADJUSTMENTS	TIRE PRESSURE	A	B	C	MILEAGE OR HOURS	ACCOMPLISHED		LUBRICATION	OIL CHANGE	OIL ADDED	OIL FILTER	TRANSMISSION	DIFFERENTIAL	WHEEL BEARING	BATTERIES	BRAKE ADJUSTMENTS	TIRE PRESSURE	A	B	C
	DATE	BY															DATE	BY													

UNIT NUMBER

MAKE

MODEL

YEAR

LICENSE NUMBER

SAMPLE

REPAIRS

SAMPLE

DRIVER'S VEHICLE INSPECTION REPORT

Check Any Defective Item and Give Details Under "Remarks."

DATE: _____

TRUCK/TRACTOR NO.: _____

- ❑ AIR COMPRESSOR
- ❑ AIR LINES
- ❑ BATTERY
- ❑ BRAKE ACCESSORIES
- ❑ BRAKES
- ❑ CARBURETOR
- ❑ CLUTCH
- ❑ DEFROSTER
- ❑ DRIVE LINE
- ❑ ELECTRICAL CONNECTIONS
- ❑ ENGINE
- ❑ EXHAUST SYSTEM
- ❑ FIFTH WHEEL
- ❑ FRONT AXLE
- ❑ FUEL SYSTEM
- ❑ HEATER
- ❑ HORN
- ❑ INSTRUMENTS & GAUGES
- ❑ LIGHTS
  - Head-Stop
  - Tail-Dash
  - Turn Indicator
- ❑ MIRRORS
- ❑ ON-BOARD RECORDER
- ❑ RADIATOR
- ❑ REFLECTORS
- ❑ REAR END
- ❑ REFLECTORS
- ❑ SAFETY EQUIPMENT
  - Fire Extinguisher
  - Flags-Flares-Fuses
  - Spare Bulbs & Fuses
  - Spare Seal Beam
- ❑ SPRINGS
- ❑ STARTER
- ❑ STEERING
- ❑ TACHNOGRAPH
- ❑ TIRES
- ❑ TRANSMISSION
- ❑ WHEELS
- ❑ WINDOWS
- ❑ WINDSHIELD WIPERS
- ❑ OTHER (Describe)

TRAILER(S) NO.(S): _____

- ❑ BRAKE CONNECTIONS
- ❑ BRAKES
- ❑ COUPLING CHAINS
- ❑ COUPLING (KING) PIN
- ❑ DOOR
- ❑ HITCH
- ❑ LAN[illegible]G GEA[illegible]
- ❑ LIG[illegible]TS[illegible]LL
- ❑ RO[illegible]F
- [illegible]NGS
- ❑ TIE DOWNS
- ❑ TIRES
- ❑ WHEELS
- ❑ OTHER (Describe

REMARKS:

SAMPLE

❑ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE:

❑ ABOVE DEFECTS CORRECTED (ATTACH WORKORDER SHOWING WORK TO BE DONE AND PARTS AND MATERIALS USED)

❑ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC SIGNATURE: _____ DATE: _____

(Example of an independent owner operator application)

II. PREVENTIVE MAINTENANCE PROGRAM

A. Attach a copy of your preventive maintenance schedule and the form(s) you will be using to record preventive maintenance performed. (See Samples I. A., B., and D.)

B. Attach a copy of the driver's daily vehicle condition report form that you will use. (See Sample II)

III. SAFETY EDUCATION AND TRAINING PROGRAM

A. Describe your safety education and training program (See Samples III A., B., and C.)

I have acquired the California Commercial Drivers Handbook and the DOT Federal Motor Carrier Safety Regulations Pocketbook. I will review the material every six months and keep abreast of any changes in requirements. Photocopies of covers of Commercial Drivers Handbook and the DOT Federal Motor Carrier Safety Regulations Pocketbook attached.

Or: I have enrolled in the following program: (See Attached receipt/ enrollment confirmation and copies of materials to be used in the course.)

Attach a copy of any written materials you will use. If you have enrolled or are enrolling yourself, employee-drivers or subhaulers in a safety program provided by another organization and such documents showing the facility identity the program if you or your employees or subhaulers have completed such a program, attach documents of proof.

B. Will employee-drivers be enrolled in this program? NO

C. Will subhaulers be enrolled in this program? NO

SAMPLE

(Example of a prime carrier with employee/subhauler application)

II. PREVENTIVE MAINTENANCE PROGRAM

A. Attach a copy of your preventive maintenance schedule and the form(s) you will be using to record preventive maintenance performed. (See Samples I. A., B., and D.)

B. Attach a copy of the driver's daily vehicle condition report form that you will use. (See Sample II)

III. SAFETY EDUCATION AND TRAINING PROGRAM

A. Describe your safety education and training program (See Samples III A., B., and C.)

We have purchased the ATA Driver Training and Safety Videos and shall use them and the DOT Federal Motor Carrier Safety Regulations Pocketbook and the DMV California Commercial Driver Handbook in quarterly review seminars for all employee-drivers and subhaulers. We shall require all prospective employees and subhaulers to pass an in-house course before hiring/contracting them. (See attached copies of receipts and materials to be used in the course.)

Attach a copy of any written materials you will use. If you have enrolled or are enrolling yourself, employee-drivers or subhaulers in a safety program provided by another organization and such documents showing the name and identity the program if you or your employees or subhaulers have completed such program, attach documents of proof.

B. Will employee-drivers be enrolled in this program? YES

C. Will subhaulers be enrolled in this program? YES

SAMPLE

SAFETY EDUCATION AND TRAINING PROGRAM

Each new driver to receive:

1. A classroom course, four hours long, consisting of at least these subjects:
    a. Driver's attitude
    b. Rules of the road
    c. Techniques for avoiding or minimizing accidents
    d. Defensive driving strategies
    e. Handling emergency and hazardous driving conditions
    f. Fuel conservation practices
    g. Preventive maintenance

2. Behind the wheel defensive driving course, two hours long, including:
    a. Defensive driving techniques
    b. Vision control techniques
    c. Backing techniques
    d. Cornering techniques
    e. Emergency maneuvers
    f. Written evaluation

3. In addition to the above, all drivers will attend a monthly safety meeting one hour long. Drivers' input on safety problems will be discussed. New regulations will be explained and discussed. Procedures such as preventive maintenance, safety checks, and hours of service regulations will be explained and discussed.

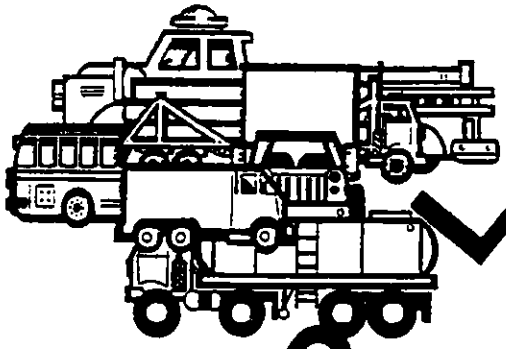
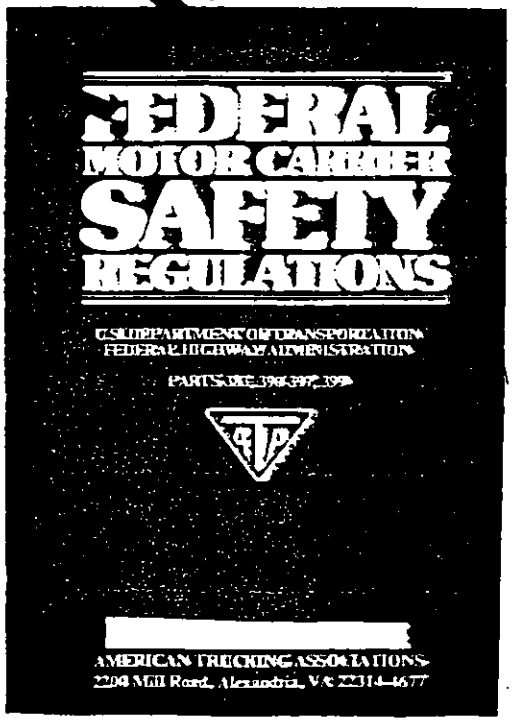
4. If untoward tickets or accidents occur with an individual, an eight hour intensive training course will be given consisting of:
    a. Defensive driving techniques
    b. Attitude
    c. Vision control techniques
    d. Backing techniques
    e. Drugs/drinking
    f. Emergency maneuvers
    g. Cornering techniques
    h. Night driving
    i. Skid control
    j. Preventive maintenance
    k. Written evaluation

SAMPLE

I.V.

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CALIFORNIA COMMERCIAL DRIVER HANDBOOK



SAMPLE