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33 HAZEN DRIVE, CONCORD, NH 03305
TDD Access: Relay NH 1-800-735-2964

TRANSFER OR ASSIGNMENT OF HOUSEHOLD GOODS CARRIER OPERATIONS

Uniform Transfer or Assignment Application for Certificates and Permits authorizing operations between points and places in New Hampshire.

This form has been approved by the Department of Safety to apply for the Transfer or Assignment of Household Goods motor carrier authority.

Application must be printed legibly with ink or typed. Illegible applications will be returned. Please be complete. Use additional sheets if necessary. The information you provide will be used to evaluate your qualifications for the authority.

NOTE: Any representations made by members of the Bureau of Road Toll Operations staff should not be construed as granting the authority.

(1) Check **One**: Type of Carrier: _____ Common _____ Contract

Per RSA 359-T:18 (a), application fee is \$50. **Please make checks payable to:** State of NH-Road Toll Bureau

Application of: Legal Name _____

(State whether the applicant is a natural person, partnership or corporation)

Mailing Address Street & No. _____

City _____ State _____ Zip _____ Phone _____

If a partnership, give names and addresses of each member: (Use separate sheets if necessary)

Name _____ Address _____

Name _____ Address _____

If owned in part or controlled by out-of state interests, provide the name, address and types of business of each co-owner:

If a corporation, indicate date and state in which organized: Date _____ State _____

(2) Name of Household Goods Carrier transferring or assigning certificate or permit to you:
_____ Corresponding Certificate Number: _____

(3) Attach a copy of your certificate of registration issued by New Hampshire Secretary of State.

(4) Provide a full description of any commodities to be handled.

(5) Provide a statement of your assets and liabilities as of the date of this application.
(Note: This is not required if your company currently holds a Passenger Carrier certificate or permit.)

(6) State your experience or that of your officers and any other facts relevant to your ability to properly perform the service covered by this application. Provide a list of each vehicle to be used in the carriage of household goods including the VIN number, plate number, registration state, and load carrying capacity of each vehicle (include a separate sheet if necessary). Be sure to include information on any special license(s) held and any special equipment to be employed.

(7) Attach a certificate of insurance.

(Note: Insurance coverage requirements are outlined in Saf-C 9102.02 Certificate of Insurance.)

OATH

(10) Signature of applicant:

State of _____

County of _____

_____ makes oath and says that he or she is the
(Name of person signing application)

_____ of the _____: that
(Title of person signing application) (Name of applicant)

he is authorized to file with the Bureau of Road Toll Operations this application and the exhibits attached hereto; and that all of this application and exhibits are true and correct to the best of his knowledge and belief and that the Applicant is familiar with all Rules prescribed by the Bureau of Road Toll Operations and the States' Motor Carrier Safety rules. The above-prepared exhibits are true and correct to the best of my knowledge and belief. This application is signed under penalty of perjury.

Signed: _____
(Applicant)

Subscribed and sworn to before me, a _____ in and for the

State and County above named this _____ day of _____, year of _____.

Signed: _____
(Notary Public, Justice of the Peace)