DEPARTMENT OF SAFETY
ROAD TOLL BUREAU

Contact: (603) 271-2447

Application Checklist for Intrastate Operating Authority

1. Submit a check or money order for the appropriate amount (Common Carrier Authority-$50.00, Contract Carrier Authority-$50.00-application for both is a $100.00 fee), made payable to New Hampshire Department of Safety-Road Toll Bureau.

2. If you use a trade name, submit a copy of a certificate of registered trade name, issued by the New Hampshire Secretary Of State. The trade name should reflect the person/persons applying for authority (applicant name). If you are a corporation, submit a copy of good standing issued by the New Hampshire Secretary Of State.

3. Describe the commodities and routes or territories for which you are seeking authority.

4. If you are seeking common carrier authority, submit letters from a minimum of three persons explaining their personal knowledge of a need for the service in the area(s) for which you are seeking authority. If you are seeking contract carrier authority, submit a minimum of one letter from a shipper explaining his need for contract carrier service for which you are seeking authority, and stating his intention to employ your service.

5. If known to you, list the names and addresses of motor carriers whose operations will be in competition with those operations for which you are seeking authority.

6. Explain your ability to provide the service for which you are seeking authority.

7. Submit a schedule of proposed fares or charges (what you will charge for your service).

8. Submit a statement of assets and liabilities pertaining to your business.

-PLEASE SEE REVERSE SIDE-

9. Submit certificates of insurance required for the operations for which you are seeking authority. Pursuant to RSA 375-A: 8 " *No certificate or permit issued to a carrier under the provisions of this chapter shall remain in effect unless such carrier shall file with the department and keep in force a certificate of insurance in such form and in such reasonable amount as the department may require to adequately provide for the reasonable protection of the owner or owners of the property."*

For **Household Goods**, there shall be in force a cargo insurance policy or indemnity bond in the total amount of not less than $.60 per pound of registered load carrying capacity of any vehicle used in the applicant's business; **Passenger**, Insurance certificates accepted shall be a Form E-Uniform Motor Carrier Bodily Injury and property Damage Liability, or Certificate of Insurance.

The minimum amounts of insurance coverage shall be computed based on the following table:

Passenger Vehicle Seating Capacity (Inclusive)	For Bodily Injuries to or Death of any one person	For Bodily Injuries or Death in any one accident	Damage in any one accident to the property of others
1-7 passengers	$100,000	$700,000	$100,000
8-12 passengers	$100,000	$1,500,000	$100,000
13-20 passengers	$100,000	$5,000,000	$100,000
21-30 passengers	$100,000	$5,000,000	$100,000
Over 30 passengers	$100,000	$5,000,000	$100,000

10. Sign your application and have it notarized.

When the application is received by the Bureau and deemed complete, it is then forwarded to the Bureau of Hearings for a hearing to be scheduled. You will receive, by certified mail, a hearing date and a copy of the Order of Notice**. It is your responsibility to have this notice published in a statewide newspaper** (The Department of Safety recognizes the Manchester Union Leader as the only statewide publication in New Hampshire). At the hearing, you must provide the tear sheet or the affidavit as proof of publication.

Upon favorable outcome of the hearing, you will be required to obtain a Common Carrier license plate.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
James H. Hayes Safety Building
33 Hazen Drive, Concord NH 03305
Bureau of Common Carriers
(603) 271-2311

JOHN J. BARTHELMES
COMMISSIONER OF SAFETY

ROBERT L. QUINN
RICHARD C. BAILEY, JR
ASSISTANT COMMISSIONERS

NEW OPERATIONS

Uniform 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 following motor carrier authorities: Property Carrier, Household Goods Carrier, and Passenger Carrier.

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 Common Carriers staff should not be construed as granting the authority

Date: _____

(1)

Check **One:** Household Goods (RSA 375-A) $50.00 _____ Passenger (RSA 376) $50.00 _____

Check **One:** Type of Carrier: _____Common _____Contract

Application of: Name_____
(State whether person, partnership, corporation, etc.)

Street & No._____

City_____ State_____ Zip_____Phone_____

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

Name_____ Address_____

Name_____ Address_____

If a corporation, indicate date and state in which organized: Date_____ State_____

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

(2)

Attach a copy of certificate of registration issued by New Hampshire Secretary of State.

(3)

If you are seeking regular route common carrier authority, describe the commodity (ies) you propose to transport the routes over which you propose to transport and the terminal and intermediate and off route points you propose to serve.

If you are seeking irregular route common or contract carrier authority, describe the commodity (ies) you propose to transport and the areas within which or the points between which you propose to provide the transportation.

(4)

State clearly and concisely why the service covered by this application is or will be required be the present or future public convenience and necessity or is or will be consistent with the public interest, as is applicable.

(5)
List the names and addresses of all motor carriers known to you with whose services the operations described in this application are or will be directly competitive.

(6)
State your experience or that your officers and any other facts relevant to your ability to properly perform the service covered by this application. Include a description of the motor vehicle equipment to be used.

(7)
Attached a copy of your proposed fare or charges and related rules.

(8)
Attached a statement of your assets and liabilities as of the date of this application.
(Not required if you currently hold a certificate or permit.)

(9)
Attach a certificate of insurance.

OATH

(10)
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 Common Carriers 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 Common Carriers 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:_____

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)