

ROBERT L. QUINN
COMMISSIONER OF SAFETY

STATE OF NEW HAMPSHIRE



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DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
BUREAU OF ROAD TOLL OPERATIONS
JAMES H. HAYES SAFETY BUILDING
33 HAZEN DRIVE, CONCORD, NH 03305
TDD Access: Relay NH 1-800-735-2964

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 _____
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Check **One**: Type of Carrier: _____ Common _____ Contract

Application of: Name _____

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

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 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 by 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.

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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)