

DOCKET _____

APPLICATION
(Including Exhibits)

For a **Certificate of Convenience and Necessity** as a Contract Carrier of Property or Passengers by motor carrier under the provisions of the Motor Carrier Regulatory Act of 1938

APPLICANT:

Name: _____

Trade Name (if used): _____

Name and Address if Corporate Officers or if Partnership, name of all partners:

Telephone Number _____ Fax Number _____

PRINCIPLE PLACE OF BUSINESS ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE:

Street: _____

City: _____ State: _____ Zip: _____

TYPE OF BUSINESS:

Property (household goods) Passengers

DESCRIPTION OF ROUTES OR TERRITORY REQUESTED:

ATTORNEY:

If applicant is represented by an attorney, give name and address. **If not, write "None".**

EXHIBITS:

- A. State Highway Map
1. Show the above requested route or territories
 2. If applicable, show applicant's present routes
- B. A complete description of all operating rights presently held from this department. Identify by a certificate and/or permit number(s) and motor carrier docket number(s) If not applicable, write none. _____
- C. A complete list of all vehicles and trailers to be used in this operation or vehicles to be purchased showing:
1. Name of Manufacturer
 2. Vehicle Identification Number
 3. Year Model
 4. Type
 5. Capacity in tons or if a bus, load capacity
 6. Condition of vehicles
- D. A general description of all property to be devoted to this operation other than vehicles and trailers indicated above. Include the following:
1. Buildings
 2. Maintenance equipment
 3. Service equipment
 4. Office furniture and fixtures
- E. A full true and correct financial statement listing all assets and liabilities of petitioner as of: _____. (previous fiscal year)
- F. A detailed time schedule of operations for applicants who plan to transport passengers
- G. A Certificate of Binder from a licensed insurance agent stating that public liability and property damage insurance will be filed with the Department of Transportation immediately upon receipt of notice of favorable consideration of this application from the Department of Transportation.
- H. A list of the existing qualified motor carriers serving the route or territory proposed to be served by applicant that will be affected by the proposed service.
- I. A copy of signed contract entered into between parties together with schedule of charges and the rules and other provisions applicable to service thereof.

**Applicant understands that the filing of this application
DOES NOT in itself constitute authority to operate.**

Application and filing fee may be mailed or hand delivered to the following address:
Mississippi Department of Transportation
Motor Carrier Division/6607
412 E. Woodrow Wilson
Jackson, MS 39216

WHEREFORE, YOUR APPLICANT PRAYS THAT THE ABOVE APPLICATION BE GRANTED AS SET FORTH ABOVE.

Dated this ____ day of _____, _____
(Date) (Month) (Year)

(Name of Applicant)

By: _____

STATE OF _____

COUNTY OF _____

Being duly Sworn,
(Name of Affiant)

States that Petitioner files this application as (indicate relationship to Applicant, owner or proprietor, title as officer or other authorized representative) _____, that, in such capacity is qualified and authorized to file and verify such application, that Petitioner, has carefully examined all the statements and matters contained in the application including the exhibits thereto, and that all such statements made and matters set forth therein are true and correct to the best of Petitioner's knowledge, and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support there of in every particular, and that he had made diligent inquires to determine the names of all competitors as required in Paragraph No. 14 and as shown on Exhibit "H" attached hereto.

(Signature)

Subscribed and sworn to before me _____

In and for the state and County above named, this ____ day of ____ 20____.

(Notary Public)

(SEAL)

My Commission Expires: _____