

REGISTRATION FORM

Registration form for motor carriers of property (except household goods and passengers) operating in **intrastate commerce** in the state of Mississippi

APPLICANT:

Name: _____

D/B/A _____

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 REGISTRATION:

Renewal Registration

Certificate(s) _____

Permit(s) _____

New Carrier Registration

MOTOR CARRIER IDENTIFICATION NUMBERS:

FHWA/ICC No(s): _____

U.S. D.O.T. NO.: _____

FEIN/Social Security NO: _____

TYPE OF MOTOR CARRIER: (Check only one)

Individual

Partnership

Corporation

If corporation, give state in which was incorporated: _____

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.
(Penalty provisions subject to the laws of the registration state.)

Name (Printed) _____ Date _____

Signature _____ Title _____