

**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/MC 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 you were incorporated: \_\_\_\_\_

**TYPES OF AUTHORITY:**

Transporter of property by Restricted Motor Carrier

a. Non Hazardous Material

b. Hazardous Material

**INSURANCE INFORMATION TO OPERATE AS A RESTRICTED MOTOR CARRIER:**

Restricted Motor Carriers transporting commodities between points in the State of Mississippi:

**1. LIABILITY COVERAGE**

(a)  Non-Hazardous materials

**NOTE: Must maintain \$750,000 in liability insurance**

(b)  Hazardous materials as defined in 49 C.F.R. Part 387, requiring \$1,000,000 in liability insurance

(c)  Hazardous materials as defined in 49 C.F.R. Part 387, requiring \$5,000,000 in liability insurance

**2. CARGO INSURANCE**

(a)  Liability for loads of three (3) tons and under \$ 5,000

(b)  Liability for loads of more than three (3) tons \$ 10,000

**AGENT FOR PROCESS BOC-3 FORM:**

For applicants domiciled out of the State of Mississippi

BOC-3 Form Attached

**MISCELLANEOUS:**

Do you have interstate authority?

YES

NO

If so, please attach a copy of your receipt. **(For out-of-state carriers only)**

**SERVICE DESCRIPTION:**

Complete this service description.

To operate as a \_\_\_\_\_  
(Restricted Motor Carrier)

In intrastate commerce, transporting \_\_\_\_\_  
(Product or Products)

I certify I have access to and familiar with all applicable regulations of the Mississippi Department of Transportation (MDOT) and the United States Department of Transportation, relating to the safe operation of commercial vehicles and the safe transportation of property to be transported and I will comply with these regulations. I understand that the Mississippi Department of Transportation (MDOT) will conduct a safety audit on my company and has access to all equipment, land, buildings and records at all reasonable times.

**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 \_\_\_\_\_

Date \_\_\_\_\_