



STATE OF CONNECTICUT
 DEPARTMENT OF TRANSPORTATION
 BUREAU OF PUBLIC TRANSPORTATION
 OFFICE OF FISCAL & ADMINISTRATION
 P.O. BOX 317546
 NEWINGTON, CT 06131-7546
 (860) 594-2916

**2002
 INTRA**

**HOUSEHOLD GOODS MOTOR CARRIERS
 INTRASTATE PERMIT APPLICATION
 OPERATING UNDER AUTHORITY OF THE
 CONNECTICUT DEPARTMENT OF TRANSPORTATION**

MOTOR CARRIER IDENTIFICATION NUMBERS

U.S. DOT MC No(s) : _____

Conn. DOT Number (C) : _____

FEIN or Social Security Number: _____

APPLICANT

NAME: _____

D/B/A _____

Telephone Number: _____ FAX Number: _____

PRINCIPAL PLACE OF BUSINESS ADDRESS ¹

Street _____

City _____ State _____ Zip _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE

Street _____

City _____ State _____ Zip _____

TYPE OF REGISTRATION

- New Carrier Registration - The motor carrier has not previously registered.
- Annual Registration - The motor carrier is renewing its annual registration.
- Supplemental Registration - The motor carrier is adding additional vehicles or states of travel after its annual registration.

TYPE OF MOTOR CARRIER

(CHECK ONE)

- Individual
- Partnership
- Corporation

If corporation, give state in which incorporated: _____

List name of partners or officers:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

PROOF OF PUBLIC LIABILITY SECURITY (INSURANCE)

(Check only one block)

- The applicant or its insurance company will file a copy of its proof of public liability security. (Form E or other acceptable proof)
- The applicant or its insurance company has filed a copy of its proof of public liability security with the state and the insurance coverage as stated on that form remains in effect.

ADDRESS & POLICY
 NUMBER OF INSURANCE
 COMPANY PROVIDING
 BODILY INJURY AND
 PROPERTY DAMAGE
 LIABILITY COVERAGE

INSURANCE COMPANY _____

MAILING ADDRESS _____

POLICY NUMBER _____

¹A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.

APPROVED SELF-INSURANCE OR OTHER SECURITIES

[] Insurance order attached for new carrier registration.

(Check one when completing for annual registration.)

[] The self-insurance plan or other security is still in force and effect and the carrier is in full compliance with all conditions imposed by the FCC Order.

[] The motor carrier is no longer approved under a self-insurance or other security plan and the motor carrier will file, or cause to be filed, a certificate of public liability surety will be filed with this application in the registration State.

PROCESS AGENT

Please indicate Process Agent for Connecticut, if applicable.

NAME _____

ADDRESS _____

**** FOR USE DURING THE PERIOD JANUARY 1, 2002 THROUGH DECEMBER 31, 2002 ****

CALCULATE COST BY 1. Permit fee is \$17.50
No. of permits _____ x \$17.50 ea = \$ _____

for use by CDOT
personnel only

ID # _____

PLEASE MAKE PAYMENT TO; TREASURER
STATE OF CONNECTICUT

I HEREBY APPLY FOR IDENTIFICATION PERMIT(S) FOR VEHICLES I INTEND TO OPERATE OVER CONNECTICUT HIGHWAYS BETWEEN JANUARY 1, 2002 THRU DECEMBER 31, 2002. I ALSO CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT AS, OR ON BEHALF OF, THE ABOVE MOTOR CARRIER. (STATE PENALTIES AS PRESCRIBED BY LAW)

NAME (Printed) _____ TITLE _____

SIGNATURE _____ DATE _____