



ANNUAL INTRASTATE PERMIT RENEWAL APPLICATION
FOR HOUSEHOLD GOODS MOVERS
OPERATING UNDER AUTHORITY OF THE
CONNECTICUT DEPARTMENT OF TRANSPORTATION

MOTOR CARRIER IDENTIFICATION NUMBERS

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 (CHECK ONE)

New Carrier Registration Plate Nos. _____

Annual Registration Renewal Plate Nos. _____

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: _____

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

PROOF OF PUBLIC LIABILITY SECURITY (INSURANCE)

(CHECK ONLY ONE BLCOK)

- The applicant or its insurance company will file a copy of its proof of public liability security. (Form E)
- 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. (Proof of most recent active insurance in force must be on file within the last three years).

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

INSURANCE COMPANY _____
 MAILING ADDRESS _____
 POLICY NUMBER _____

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 which 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, 2009 THROUGH DECEMBER 31, 2009 ****

CALCULATE COST BY 1. Permit fee is \$17.50
 Number of permits _____ x \$17.50 each = \$ _____

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, 2009 THROUGH DECEMBER 31, 2009. 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 _____