



**STATE OF CONNECTICUT**  
**DEPARTMENT OF TRANSPORTATION**  
**BUREAU OF PUBLIC TRANSPORTATION**  
**2800 BERLIN TURNPIKE, P.O. BOX 317546**  
**NEWINGTON, CT 06131-7546**

Application for New Household Goods Mover

APPLICATION NO. \_\_\_\_\_

**Please type or print.** The fee noted next to the type of application being completed must accompany this application. The fee must be cash, check or money order payable to "Treasurer, State of Connecticut". Application fee is **non-refundable**. **DO NOT MAIL CASH.** Please ensure that all applicable sections are completed as failure to do so may result in delayed processing or a returned application. If additional space is needed for any item, attach on separate sheet of paper. The information should be submitted to the following address:

Connecticut Department of Transportation  
 Regulatory and Compliance Unit  
 2800 Berlin Turnpike  
 Newington, CT 06131-7546

APPLICATION FOR AUTHORITY TO OPERATE AS A MOTOR COMMON CARRIER  
 FOR THE TRANSPORTATION OF HOUSEHOLD GOODS. (\$177.00)

---

(Please complete the information below in its entirety.)

**Section I.**

- 1) APPLICANT \_\_\_\_\_  
 (Name of individual, Partnership, Corporation, or Limited Liability Company)
- 2) TRADE NAME (if applicable) \_\_\_\_\_
- 3) MAILING ADDRESS \_\_\_\_\_
- 4) CITY/STATE/ZIP \_\_\_\_\_
- 5) PHYSICAL ADDRESS (if different) \_\_\_\_\_
- 6) DOT CERTIFICATE OR PERMIT NUMBER (if applicable) \_\_\_\_\_

In accordance with and under the provisions of Connecticut state, Section 13b-389, the above-named applicant hereby make s application for authority to transport for hire by motor vehicle as a motor common carrier household good over irregular routes upon calls received at its headquarters located at \_\_\_\_\_

(Headquarter location)

**SECTION II.**

Specify the number/type of vehicles for which a permit is sought and the seating capacity of each.

**\*Do NOT complete if registering for FHA Authority (option A above)**

Vehicle Year	Vehicle Make	Vehicle Type	Seating Capacity	Vehicle Registration Number

1. Does the applicant have the appropriate insurance policies, limits of coverage and effective dates on above vehicles? \_\_\_\_\_  
 (Please submit a copy of said information together with application.)

2. Has applicant had any motor vehicle accidents while operating a motor vehicle?  Yes  No  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Is applicant a sole proprietor, a partnership, a corporation, or a limited liability company?  
 \_\_\_\_\_ (If Corporation or limited liability company, please submit a copy of Articles or Incorporation or Articles of Organization together with this application.)

List the name(s) and residential address(es) of individual (s) seeking authority, including all partners (if partnership), principal officers (if corporation), members (if limited liability company)

NAME	TITLE	RESIDENTIAL ADDRESS

4. Has applicant (s) ever been convicted of any crime or offense other than motor vehicle violation in the past ten (10) years?  Yes  No If yes, provide approximate dates and give details including any resulting police, court, or criminal process. (Attach separate sheet if more space is required.)

**This applies to every owner, partner, officer, or person owning over 10% of stock of a corporation or members of a limited liability company.**

---

---

---

---

---

---

---

---

**(Criminal Conviction History Report is required for each individual listed in the application)**

5. Would service be performed in connection with any other business?  Yes  No

If yes, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have any of the partners, officers, or members of the applicant ever had their operators license revoked or suspended?  Yes  No

If yes, by what state? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If you are represented by an attorney/representative, please give name, address, and telephone number. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the applicant (s) had any motor vehicle accidents while operating a motor vehicle?  
 Yes  No

If yes, state the approximate date and give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has your, your partner (s), any officer's or member's operator's license ever been revoked or suspended?  Yes  No

If yes, by what state, give reason, approximate date and length of suspension. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please fill out the attached balance sheet to indicate the current financial position of the applicant(s). The balance sheet must have been prepared within the last six months.

### **Section III. FINANCIAL CHECKLIST**

Please complete the following balance sheet by providing the requested information concerning start-up costs of the proposed business to indicate the current financial position of the applicant. The balance sheet must have been prepared within the last six months. If you have additional assets and liabilities, please list on a separate sheet of paper and include with application.

1. REAL ESTATE – If the business will own real estate, please provide the purchase price, amount of down payment, number and amount of mortgage payments.
2. OFFICE SPACE – If the business will rent or lease an office, please provide monthly cost.
3. MOTOR VEHICLES – If the applicant will own motor vehicles, please provide the purchase price, amount of down payment, number and amount of payments. If vehicles will be rented or leased, please provide the number and amount of payments. For used vehicles, provide printout from NADA or Kelly Blue Book for market value.
4. EQUIPMENT – If the business will require any specialized equipment please provide an explanation of the type and cost of the equipment and the proposed method of payment.
5. INSURANCE – Please provide the cost and coverage of liability and bodily injury insurance to operate the proposed vehicles. Also, the cost of workmen's compensation and any other policies which may be required. Include and explanation of how you intend to pay for the insurance.
6. PAYROLL – Please provide the estimated monthly payroll of the employees of the business.
7. PURCHASE PRICE – If you are buying an existing business, please provide the purchase price and proposed method of financing.
8. OTHER EXPENSES – Please provide the type and cost of any additional start-up expenses of which you are aware, and an explanation of how you intend to pay for them.
9. LOANS/NOTES PAYABLE – Provide the amount of principal, interest rate, number and amount of payments of any loans or notes made to the business.
10. CASH – Provide an explanation of all cash funds available to the proposed business. Attach a copy of the bank book, checking account statement, certificate of deposit, bank reconciliation, etc., showing name and balance including dispersed funds.
11. CASH ON HAND – Attach a notarized affidavit explaining the source of any cash not held in a bank.
12. OTHER FUNDS – Attach relevant documents and notarized statement explaining the source of any other funds.

**DOT REGULATORY AND COMPLIANCE FISCAL ANALYSIS**  
**BALANCE SHEET**

DATE: \_\_\_\_\_

**ASSETS**

Cash	
Accounts Receivables	
Material & Supplies	
Motor Vehicles	
Real Estate	
Other Assets (describe below)	
<b>TOTAL ASSETS</b>	

**LIABILITIES & CAPITAL**

Accounts Payable	
Notes Payable	
Other Liabilities (describe below)	
<b>TOTAL LIABILITIES</b>	
Individual or Partner Capital Account	
Capital Stock	
Additional Paid-in Capital	
Retained Earnings	
<b>TOTAL CAPITAL</b>	
<b>TOTAL LIABILITIES AND CAPITAL</b>	

Please describe other assets and liabilities, if applicable \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

CERTIFICATE NO. \_\_\_\_\_

**NOTICE OF SOCIAL SECURITY OF FEDERAL EMPLOYEE IDENTIFICATION**

Pursuant to Connecticut General Statute 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employee Identification Number with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Service. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please fill out the following information completely:

APPLICANT: \_\_\_\_\_

INDIVIDUAL SOCIAL SECURITY NUMBER: \_\_\_\_\_

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

**TO BE EXECUTED BY SOLE PROPRIETOR, AUTHORIZED PARTNER,  
AUTHORIZED OFFICER OF CORPORATION, OR AUTHORIZED MEMBER OF  
LIMITED LIABILITY COMPANY**

State of Connecticut

County of \_\_\_\_\_

I (We), the undersigned:

APPLICANT

\_\_\_\_\_  
(Print – name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone)

Under oath, say that the foregoing application has been prepared by me, or under direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge, information, and belief under the penalties of perjury.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

\_\_\_\_\_  
Applicant's Signature

## APPLICATION CHECK SHEET

---

**PLEASE ENCLOSE THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE.  
FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.**

---

- MAKE SURE ALL NECESSARY SECTIONS OF THE APPLICATION ARE COMPLETED.
- APPLICATION FEE - \$177.00 cash, check, or money order payable to "Treasurer, State of Connecticut".
- LATEST AVAILABLE FINANCIAL STATEMENT (DATED WITHIN ONE (1) MONTH OF THE DATE OF THE APPLICATION.
- CURRENT CONNECTICUT CRIMINAL CONVICTION HISTORY REPORT ON ALL PERSONS, SOLE PROPRIETOR AND/OR PARTNERS OF PARTNERSHIP