MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
PO BOX 270, 830 MODOT DRIVE, JEFFERSON CITY, MO 65102-0270

PHONE: 573.751.3358
FAX: 573.522.6708
TOLL FREE: 866.831.6277 Option 3

FORM MO-1 – APPLICATION TO OPERATE IN INTRASTATE COMMERCE

IT IS STRONGLY RECOMMENDED THAT YOU USE THE INSTRUCTIONS PROVIDED WITH THIS FORM AS A GUIDE. INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY THE ISSUANCE OF AUTHORITY.

SECTION 1. TYPE OF REQUEST

A. APPLICANT REQUESTS APPROVAL FOR NEW OR ENLARGED AUTHORITY AS A (check all that apply)

☐ **COMMON CARRIER** (Haul for general public) ☐ **CONTRACT CARRIER** (Named company(s) only – Attach copy of contract)

B. TO TRANSPORT WHOLLY WITHIN ALL POINTS IN MISSOURI (check all that apply)

☐ **1. PROPERTY** (Excluding Household Goods or Passengers)
☐ **2. HOUSEHOLD GOODS** ☐ Temporary Authority (Urgent need must be shown)
☐ **3. PASSENGERS OTHER THAN IN CHARTER SERVICE** ☐ Temporary Authority (Urgent need must be shown)
☐ **4. PASSENGERS IN CHARTER SERVICE**
☐ **5. PASSENGERS OTHER THAN IN CHARTER SERVICE AS A NOT-FOR-PROFIT CORPORATION** (check all that apply)
- ☐ Elderly
- ☐ Handicapped
- ☐ Preschool disadvantaged children transported for the purpose of participating in the federal Head Start Program.
- ☐ Passengers transported in areas other than "urbanized areas," to be subsidized or reimbursed under section 18 of the Urban Mass Transportation Act of 1964, as amended, section 5311 of title 49 USC, with federal funds administered by MoDOT.

☐ **6. HAZARDOUS MATERIALS**

C. APPLICANT REQUESTS MODOT TO APPROVE A TRANSFER OF

☐ **ALL INTRASTATE AUTHORITY** ☐ **A PORTION OF INTRASTATE AUTHORITY** (Attach Exhibit 1C describing authority to be transferred)

USDOT NO. _____ **NAME OF CARRIER** _____

SECTION 2. GENERAL INFORMATION

USDOT NO.	FMSCA NO.	FEIN NO.	SOCIAL SECURITY NO. (If sole owner)

NAME OF CARRIER

TRADE OR DBA (DOING BUSINESS AS) NAME

PRINCIPAL PLACE OF BUSINESS ADDRESS (Not a PO Box) STREET			**MAILING ADDRESS** (If different from Principal address) STREET		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

MISSOURI TERMINAL ADDRESS (If any) STREET			**DAYTIME PHONE NO.**	**FAX NO.**
CITY	STATE	ZIP	**E-MAIL OR INTERNET ADDRESS**	

SECTION 3. FORM OF BUSINESS

A. APPLICANT IS A ☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership (LP) ☐ Limited Liability Limited Partnership (LLP)
☐ Corporation – Date Incorporated _____ ☐ Limited Liability Company (LLC) – Date Incorporated _____ ☐ Trust

B. IF YOUR COMPANY IS ORGANIZED OUTSIDE OF MISSOURI, WHAT IS THE STATE OF ORIGIN? _____

C. NAME OF COMPANY OFFICERS OR PARTNERSHIP (Please Print)

	☐ President	☐ Organizing Member
	☐ Vice President	☐ Organizing Member
	☐ Secretary	☐ Organizing Member
	☐ Treasurer	☐ Organizing Member

SECTION 4. PUBLIC LIABILITY SECURITY – INSURANCE

Applicant is required to file proof of insurance to the limits of liability prior to issuance of authority.
CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S) WITH MoDOT. (See Instructions for insurance required)

SECTION 5. REGISTERED AGENT FOR SERVICE OF PROCESS IN MISSOURI

If the state of your principal place of business (as shown above) is NOT Missouri, you must provide a person's name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

Name and Address: _____

SECTION 6. REGULATORY LICENSE FEES (Not Required for Not-for-Profit Corporations)

CHECK ONLY ONE BOX:

☐ Applicant will need to purchase _____ (number) door decals or _____ (number) window decals. (See instructions for decal type and payment options)

☐ Applicant has interstate authority and has/will pay regulatory fees under the Unified Carrier Registration (UCR) program.

SECTION 7. HAZARDOUS MATERIALS (Required ONLY for Hazardous Materials Applicants)

APPLICANT WILL TRANSPORT HAZARDOUS MATERIALS REQUIRING:

☐ $1 Million in Public Liability & Property Damage in accordance with 4 CSR 265-10.030; **OR**

☐ $5 Million in Public Liability & Property Damage in accordance with 4 CSR 265-10.030

APPLICANT DESIRES TO TRANSPORT THE FOLLOWING HAZARD CLASSES/DIVISIONS: (Check ALL that apply)

(If you transport ALL divisions within a class check the box titled "All Divisions")

CLASS 1 EXPLOSIVES:

☐ Division 1.1 Explosives that have a Mass Explosion Hazard
☐ Division 1.2 Explosives that have a Projection Hazard
☐ Division 1.3 Explosives that have a Fire Hazard and either a Minor Blast Hazard or a Minor Projection Hazard, or both
☐ Division 1.4 Explosive Devices that present a Minor Blast Hazard
☐ Division 1.5 Very Insensitive Explosives
☐ Division 1.6 Extremely Insensitive Detonating Substances
☐ ALL Divisions of Class 1 Explosives

CLASS 2 GASSES:

☐ Division 2.1 Gasses that are Flammable
☐ Division 2.2 Gasses that are Non-Flammable and Compressed
☐ Division 2.3 Gasses that are Poisonous
☐ ALL Divisions of Class 2 Gasses

☐ **CLASS 3 FLAMMABLE AND COMBUSTIBLE LIQUIDS**

CLASS 4 FLAMMABLE SOLIDS

☐ Division 4.1 Solids that are Flammable
☐ Division 4.2 Material that is Spontaneously Combustible
☐ Division 4.3 Material that is Dangerous When Wet.
☐ ALL Divisions of Class 4 Flammable Solids

CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES

☐ Division 5.1 Oxidizers
☐ Division 5.2 Organic Peroxides
☐ ALL Divisions of Class 5 Oxidizers and Organic Peroxides

CLASS 6 POISONS

☐ Division 6.1 Material that is Poisonous (PG I, Inhalation Hazard Only)
☐ Division 6.1 Material that is Poisonous (PG I, OR II Other than PG I Inhalation Hazard)
☐ Division 6.1 Material that is Poisonous (PG III, Keep Away From Food)
☐ Division 6.2 Material that is an Infectious Substance (Etiologic Agent)
☐ All Divisions of Class 6 Poisons

☐ **CLASS 7 RADIOACTIVE MATERIALS**

☐ **CLASS 8 CORROSIVES**

☐ **CLASS 9 MISCELLANEOUS**

☐ **ORM-D (Other Regulated Materials)**

SECTION 8. SAFETY COMPLIANCE & SIGNATURE (An Attorney is NOT required to sign the application on behalf of a Corporation)

- Commercial motor vehicle safety regulations apply to motor carriers operating in intrastate commerce. For more information about Safety Regulations that apply to your operation visit the Safety & Compliance section of our website at www.modot.org/mcs/index.htm.

- Under penalty of perjury under the laws of the State of Missouri and the United States of America, the information in this application or attached hereto is true and correct, that I am authorized to sign this Application on behalf of the Applicant and that the signature below is my own true and correct signature made by me or my legal representative and by no other person.

Applicant(s)/Attorney Name Printed	Applicant(s)/Attorney Signature	Title	Date
If Attorney signed on behalf of Applicant above, print address			Attorney MO Bar No.
Transferor(s) Name Printed	Transferor(s) Signature	Title	Date

CONTINUE THIS APPLICATION ONLY IF YOU HAVE CHECKED BOX 2, 3, 4, OR 5 UNDER SECTION 1B

SECTION 9. VERIFICATION OF WORKERS COMPENSATION (Required ONLY for Household Goods)

CHECK ONLY ONE BOX:

☐ Applicant certified that it is COMPLIANT with RSMo 287 by procuring workers' compensation insurance coverage for its employees.

☐ Applicant has permission from the Division of Workers' Compensation to SELF-INSURE its liabilities.

☐ Applicant has less than five employees (defined as full and part-time, seasonal, and temporary employees) and is EXEMPT from procuring workers' compensation coverage.

NOTE: If your company is required to obtain workers' compensation insurance coverage and coverage lapses or is discontinued, any household goods authority issued pursuant to this application is subject to suspension until compliance is met.

SECTION 10. LIST OF APPLICANT'S EQUIPMENT TO BE USED

TYPE OF VEHICLE	MODEL YEAR	MAKE	SEATING CAPACITY (EXCLUDING THE DRIVER) OF PASSENGER VECHICLES OR LICENSED WEIGHT OF OTHER VEHICLES	REASONABLE VALUE	SPECIFY WHETHER VEHICLE IS OWNED, LEASED, OR TO BE ACQUIRED	CHECK IF EQUIPMENT WILL BE USED TO HAUL HAZARDOUS MATERIALS
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

Attach list if needed for additional equipment – Name Exhibit 10 at top of each additional page.

SECTION 11. STATEMENT OF RATES TO BE CHARGED (Not Required for Household Goods)

Please provide below a statement of the rates to be charged if the authority is granted for the transportation of passengers in intrastate commerce. Rate and charges might include minimum rate, rate per hour per vehicle type, rate per passenger (if applicable), seasonal rates or other information that is specific and clear. For charter operations, the rates and charges must be for the use of the vehicle and cannot be a per passenger charge.

NOTE:

- **HOUSEHOLD GOODS –** Applicant must prepare a tariff **after** the authority is granted, **but prior to start of business**. The tariff will not be required to be filed with Motor Carrier Services. See state regulation 7 CSR 265-10.120 for how to prepare a household goods tariff or request a copy of a sample tariff. The tariff will be required to be posted in each terminal. You will be required to charge customers only those rates and charges in your tariff in effect at the time of the movement as provided in the tariff.
- **TRANSPORTING PASSENGERS OTHER THAN CHARTER SERVICE –** If you do not have interstate authority, **you will be required to file your rates and charges with Motor Carrier Services** in the form of a tariff **prior** to the grant of authority. Our agency will contact you at the time the application is ready to be issued.

SECTION 12. FINANCIAL FITNESS

THIS SECTION IS REQUIRED FOR

- HOUSEHOLD GOODS APPLICANTS
- PASSENGER OTHER THAN CHARTER APPLICANTS
- CHARTER APPLICANTS WITH CAPACITY OF LESS THAN 16 PASSENGERS

A. BALANCE SHEET

If applicant is an **individual partnership**, complete Column A. **For Partnerships**, also complete a balance sheet for each partner. (Copy this sheet as needed)
If applicant is a **corporation or limited liability company**, complete Columns A & B.

The Balance Sheet and Income Statement (Columns A & B) must be completed on a calendar year basis (January 1 through December 31). Column B reflects actual data for the current calendar year OR for new corporations just starting business. If you are an existing business and do not have any actual current year data available to report, please note N/A in this column. You may add, by attachment, supplemental information to this financial statement if you feel it will help support the application. Additional information may also be requested by our agency if your financial statement appears incomplete or questionable.	**(A) For Year Ending (Month/Year)** ____ ____	**(B) Current Year Ending (Month/Year)** ____ ____
1. **Total Current Assets** Include cash in checking and savings; amounts due from others; prepaid insurance, taxes, or other payments; cost of materials and supplies on hand; and other near cash assets.	$	$
2. **Other Assets** Include trucks, trailers (or buses) and other equipment shown in Section 10 above, minus depreciation; and other property.	$	$
3. **Total Assets** (Add lines 1 and 2 above)	$	$
4. **Total Current Liabilities** Include any amount due to others within 1 year or less on any loans, accounts due, or other debt.	$	$
5. **Total Long Term Liabilities** Include any amount due to others after 1 year on any loans, accounts due, or other debt.	$	$
6. **Capital Stock** (Corporations only)	$	$
7. **Retained Earnings, Contributed Capital, or Equity of Limited Companies** (Corporations only)	$	$
8. **Net Worth-Partners or Individuals**	$	$
9. **Total Liabilities and Equity** (Add Lines 4 through 8)	$	$

B. PRO-FORMA BALANCE SHEET

If applicant is a **partnership, corporation, or limited liability company**, check only one box below and provide information if needed.

☐ In order to provide the proposed service if this authority is granted, applicant does NOT intend to acquire any additional assets or liabilities.

☐ In order to provide the proposed service if this authority is granted, applicant does intend to purchase additional assets or incur additional liabilities as follows: (Include a description of the items, the amount of the purchase and any associated debt or loan amount)

C. INCOME AND EXPENSE STATEMENT

☐ **WAGE EARNER ONLY (IF CHECKED, <u>DO NOT</u> COMPLETE LINES 1-5 BELOW)**	**(A) For Year Ending (Month/Year)** ____ ____	**(B) Current Year Ending (Month/Year)** ____ ____
1. **Total Revenue** Include all sales/revenue minus any costs of goods sold.	$	$
2. **Total Expenses** Include all operating expenses such as salaries and fringes, depreciation, insurance, repairs, fuel and oil, tires, office, and other expenses, insurance, utilities, rent paid for vehicles or office equipment, operating taxes and licenses, legal and professional fees and other expenses.	$	$
3. **Net Operating Revenue** (Line 1 minus Line 2)	$	$
4. **Other Operating Income and Expenses** Include mortgage or other interest expense; and gain (or loss) on sale of assets	$	$
5. **Net Income (or Loss)** (Line 3 minus Line 4)	$	$