


P-347-T360 Rev. 03/11 The filing of this form is authorized by the Motor Carrier Act, Act 254, P.A. 1933, as amended.	DEPARTMENT OF LICENSING AND REGULATORY AFFIARS MICHIGAN PUBLIC SERVICE COMMISSION MOTOR CARRIER DIVISION 6545 Mercantile Way, Suite 1 P. O. Box 30221 Lansing, Michigan 48909	
---	--	---

**APPLICATION FOR PURCHASE OF
360-HOUR and 72-HOUR SPECIAL IDENTIFICATION PERMITS**

GENERAL INSTRUCTIONS:
 Type or Print legibly in ink.
FOR CLARIFICATION OR ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE PUBLIC SERVICE COMMISSION AT (517) 241-6030.

MPSC Authority#:	US DOT#:	Carrier Operating Name:	Date:
Contact Telephone:		Carrier Address:	City State Zip Code

<p><u>72-HOUR SPECIAL IDENTIFICATION PERMITS</u></p> Number of permits requested: _____ Cost per permit: \$ _____ 10.00 Total Cost: \$ _____	<p><u>360-HOUR SPECIAL IDENTIFICATION PERMITS</u></p> Number of permits requested: _____ Cost per permit: \$ _____ 50.00 Total Cost: \$ _____
---	--

Submitted by: _____ Name Printed: _____

FILING INSTRUCTIONS:
 If you are submitting your application by mail, your payment by check or money order for the issuance fee in U.S. funds must be made payable to the "State of Michigan." **Starter checks and COMCHECK are not accepted.**

Mail the completed application to:
**Department of Licensing and Regulatory Affairs
 Michigan Public Service Commission
 Motor Carrier Division
 6545 Mercantile Way, Suite 1
 P. O. Box 30221
 Lansing, Michigan 48909**

To Present in Person or for Overnight Delivery:
**Department of Licensing and Regulatory Affairs
 Michigan Public Service Commission
 Motor Carrier Division
 6545 Mercantile Way, Suite 1
 Lansing, Michigan 48911**

<p style="text-align: center;"><u>MPSC USE ONLY</u></p> <p><u>72-Hour SIDs</u> Received Fee: \$ _____ .00 VALIDATE TO: 6053 Total Issued: _____ Total Fee: \$ _____ .00 Issued sequence from: _____ through: _____ Refund Due: _____</p> <p><u>360-Hour SIDs</u> Received Fee: \$ _____ .00 VALIDATE TO: 6053 Total Issued: _____ Total Fee: \$ _____ .00 Issued sequence from: _____ through: _____ Refund Due: \$ _____</p>	<p>DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS USE ONLY</p>
--	---