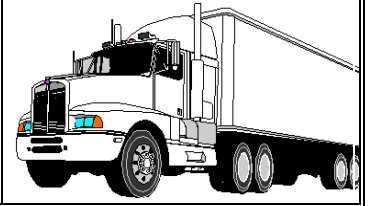


P-371-GC
(Rev. 9/09)

This form is
authorized by the
Motor Carrier Act,
Act 254 P.A. 1933, as
amended.

DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
MICHIGAN PUBLIC SERVICE COMMISSION
MOTOR CARRIER DIVISION
6545 Mercantile Way, Suite 1
P. O. Box 30221
Lansing, Michigan 48909



APPLICATION FOR AN INTRASTATE MOTOR CARRIER CERTIFICATE

General Information:

The Motor Carrier Act, 254 PA 1933, as amended, requires any person engaged in the transportation, by motor vehicle, of property for hire upon the public highways of this state, either directly or through any device or arrangement, to first obtain a certificate from the Public Service Commission.

Persons who use motor vehicles to haul property for hire on the public roads of Michigan must know and obey Michigan trucking laws and Public Service Commission regulations.

NOTICE: DO NOT USE THIS APPLICATION FOR A HOUSEHOLD GOODS AUTHORITY. COMMISSION APPLICATION FORM P-371-H IS REQUIRED. TO OBTAIN AN APPLICATION CALL (517) 241-6035.

Instructions: (READ ALL INSTRUCTIONS FULLY BEFORE COMPLETING APPLICATION.)

1. Type or print legibly in ink. (These forms may be copied or obtained on our website at www.michigan.gov/mpsc).
2. This application will be evidence in any Commission proceeding to determine a grant of a certificate. If applicant is a corporation or other business entity, **the application must be signed and sworn to by an officer or owner of the company.**
3. The verification, item 19, must be signed and sworn to by an officer or owner identified under item 4 of this application.
4. If additional space is needed to fully respond to an item, attach a plain sheet of paper and enter the applicant's name, item number and information being continued.
5. Failure to provide the requested information may result in the return of your application.
6. Payment of a \$100.00 non-refundable application filing fee (in U.S. funds) by check or money order made payable to: **"State of Michigan"** must be included with this application. **Starter check, COMCHECK and credit/debit cards are not accepted.**
7. Applications for a Certificate of Authority must include the following:
 - a) A complete copy of applicant's Articles of Incorporation or Organization, or a complete copy of applicant's Certificate to Conduct Business under an Assumed Name, or Articles of Co-partnership.
 - b) A complete copy of applicant's Certificate to Conduct Business in Michigan (if incorporated in a state other than Michigan). If needed, please contact the Corporation Division at (517) 241-6470.
8. A "Form E - UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE" must be submitted by an applicant's insurance company before a temporary or certificate will be issued. The name appearing on your insurance certificate must be identical to that shown on your application. Please request that the Form E be signed by the insurance company or branch office representative, not the insurance agent or insurance agency personnel.

Cargo insurance is not required to be filed with the Michigan Public Service Commission unless you are applying for Household Goods Authority. (Use Form P-371-H for Household Goods Authority, not this application.)

Michigan requirements for Public Liability and Property Damage Insurance minimum coverage's are the same as required by Federal regulation under 49 C.F.R. 1043.2.

1. FREIGHT VEHICLES OF 10,000 POUNDS GVWR OR MORE:

- | | | |
|-----|--------------------------|-------------|
| (a) | Property (non-hazardous) | \$ 750,000 |
| (b) | Property (hazardous) | \$5,000,000 |

Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks or hopper-type vehicles with capacities in excess of 3,500 water gallons, or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas or compressed gas, or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.

- | | | |
|-----|----------------------|-------------|
| (c) | Property (hazardous) | \$1,000,000 |
|-----|----------------------|-------------|

Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 171.101, but not mentioned in 1(b) or 2(b)

2. FREIGHT VEHICLES OF LESS THAN 10,000 POUNDS GVWR :

- | | | |
|-----|---------------------------|-------------|
| (a) | Property (non-hazardous): | \$ 300,000 |
| (b) | Property (hazardous) | \$5,000,000 |

Any quantity of Class A or B explosives, any quantity of poison gas (Poison A); or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.

- | | | |
|-----|----------------------|-------------|
| (c) | Property (hazardous) | \$1,000,000 |
|-----|----------------------|-------------|

Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 171.101, but not mentioned in 1(b) or 2(b)

Motor carriers that transport vehicles, as defined in 49 CFR 171.8 as HM (Hazmat) and listed in 49 CFR 172.101, are considered a HM (Hazmat) motor carrier, and must maintain the minimum level of financial responsibility regardless of the type of operation.

9. PROCEDURAL OPTIONS:

A. Formal Hearing:

If an intrastate application is protested or MPSC staff determines a safety or compliance issue exists, a formal administrative hearing will be scheduled. At the time of hearing, the applicant must be prepared to present testimony and proofs as required by the Motor Carrier Act, 254 PA 1933, as amended.

B: Modified Procedure:

Where the application is not protested, or all protests are resolved prior to holding the formal hearing, the matter may be set for Modified Procedure. Modified Procedure is a proceeding where written, verified statements are substituted for testimony at an oral hearing. Normally, this application is sufficient for this purpose, but the Commission representative may request additional documentation.

10. RETENTION OF RECORDS:

Retain a copy of the application and these instruction pages for your records.

11. PROCESSING:

Processing of a completed application takes approximately 90 days. Processing of a Temporary Authority request takes approximately 30 – 45 days with no approval guaranteed. A carrier may not commence intrastate operations until the certificate, decals and cab cards (if applicable) are issued. **To avoid processing delays, please insure that all questions are answered, required documents are included, and the application is properly signed and verified by the owner/officer of the company.**

12. QUESTIONS:

On SAFETY, Part II of the Application, call (517) 241-4057.

On INSURANCE, call (517) 241-6030.

For additional information on Parts I and III, call (517) 241-6042.

To obtain a USDOT number, call (888) 464-8736 or via the web at www.saferysys.org .

Additional Application Requirements: Part II, Item 13 - Safety Submissions

*****NOTE: WHERE ALL VEHICLES IN THE CARRIER FLEET HAVE A GVWR OF 10,000 POUNDS OR LESS - PROCEED TO PAGE 4 OF THIS DOCUMENT**

CARRIERS OPERATING ONE OR MORE VEHICLES WITH A GVWR OF 10,001 LBS. OR MORE

In conjunction with Part II, Item 13 of the Motor Carrier Application for MPSC Authority, the following documents are to be submitted with your application. Your application will not proceed to processing until all the following required documents have been received. Additional safety related documents may be requested while your safety review is in progress.

1. **Company Safety Policy – All Applicants**
2. **Copies of Driver Qualification Files – All Applicants**
3. **Drug and Alcohol Testing Policy - Required where: one or more of applicant's vehicles:**
(A) has a G.V.W.R. of 26,001 Pounds or more; or
(B) of any size will be used to transport hazardous materials in a quantity which will require placarding

The requirements of the Federal Motor Carrier Safety Regulations (FMCSR) were adopted by the Michigan Motor Carrier Safety Act and apply to all carriers conducting for-hire intrastate operations. Intrastate authority applicants must submit documentation, which demonstrates their establishment of the policies, driver qualification files, and programs which are required for compliance with the FMCSR.

Copies of the above documents will be required and reviewed with your application to determine compliance with FMCSR and Michigan safety requirements. Where our review results in question, identification of missing requirements, or the need for further clarification or documentation, personnel of the Safety and Compliance Unit will contact you, in writing, and request the additional materials.

Failure to submit the requested safety documents which comply with governing requirements will result in a recommendation of dismissal of the application to the commission based upon failure to meet required safety standards.

1. Company Safety Policy

While various publications, groups and web pages (i.e., Michigan Center for Truck Safety, Michigan Commercial Driver License Manual, etc.) may provide samples of Safety Policies, copies of these samples will not be accepted as the applicant's Safety Policy. The carrier safety policy must be published and make specific reference to the applicant operating name.

The written safety policy, published under the applicant's name, must set forth information of the applicant's rules and procedures of safety – how things will be done when working for the applicant. The policy must provide information of operations not only to the MPSC, but also to employees of the carrier. The safety policy must include (at a minimum) information relative to each of the following categories:

Vehicle Maintenance (Specific FMCSR Part 396): Establishment of the manner in which vehicles will be maintained through:

- Individual vehicle maintenance records;
- Daily Inspection – inspections of the vehicle performed at the end (post-trip) and beginning (pre-trip) of each day's work;
- Planned Maintenance – annual inspection of the vehicle, conducted once every 12 months; and
- What actions are to be taken following a Roadside Inspection by Enforcement Personnel.

Driver Qualifications (Specific FMCSR Part 391): This portion of your policy must set forth the requirements that apply to:

- Applicants for driver positions – what requirements must the applicant meet before being employed by your operation.

Establishment, Use and Retention of Driver Qualification Files (Specific FMCSR Part 391)

- Personnel employed as drivers - each carrier is required to establish a driver qualification (DQ) file for each driver employed. This DQ file must contain the documents required by Part 391. The DQ file is used by the carrier to support the carrier's decision that a driver is qualified to drive when first employed, and continues to be qualified through periodic carrier reviews required under Part 391. A Safety Policy must reference what

documents are to be included in the DQ file and what periodic updates are required by Part 391. Each DQ file shall be retained for as long as a driver is employed by that motor carrier and for three years thereafter.

Driver Hours of Service (Specific FMCSR Part 395): Carrier policy requirements must set forth how the driver's hours of service will be controlled through:

- Maximum driving and on-duty time.
- Use, completion, review and retention of daily logs (logbook) where required; and
- A company system, including retention of accurate time records, to monitor those drivers involved in operations which are exempt from logbook maintenance.

Procedures to be Followed in Case of Accident: Your policy must set forth the actions to be taken at the time of the accident, including at the scene of the accident, as follow-up to the accident, and the manner in which an accident register (FMCSR Part 390.15(b)) will be maintained.

Each of these required areas must include information relative to:

1. What is to be done;
2. When (how often, what time frame, etc.);
3. How the requirement will be met (what has to be done, what forms have to be completed, etc.);
4. Where is the function to be performed;
5. Who is involved/responsible for the action;
6. Who will/is responsible for reviewing the completed action; and
7. Where and for how long will documentation be retained.

2. Copies of Driver Qualification Files

Drivers Listed on Application: Where less than three (3) drivers are to be employed by the carrier, copies of the following documents from each driver's qualification file is to be submitted. Where three (3) or more drivers are employed, three drivers are to be selected, and copies of the following documents from each driver's qualification file are to be submitted with the application. Additional drivers or documents from a driver qualification file may be requested at a later date by the Safety and Compliance Unit.

1. A readable copy of the driver's application for employment;
2. A readable copy of the driver's MVR;
3. A readable copy of the valid Medical Examiner's Certificate and/or Waiver; and
4. A readable copy of the driver's CDL.

3. Drug and Alcohol Testing Policy - Required where: one or more of applicant's vehicles:

- (A) *has a G.V.W.R. of 26,001 Pounds or more; or*
- (B) *of any size, will be used to transport hazardous materials in a quantity which will require placarding*

(Specific FMCSR: Parts 40 and 382)

Each carrier shall provide drivers with educational materials that explain the requirements of the FMCSR and the carrier's policies and procedures with respect to meeting these requirements. The drug and alcohol testing policy should state: how and when the required testing of drivers will be conducted in connection with pre-employment, random testing, reasonable cause testing, post-accident testing, return-to-duty testing, and follow-up drug and alcohol testing; the consequences for drivers engaged in substance use related conduct; the handling of test results, record retention and confidentiality.

The testing program may be administered by the carrier or may be completed under contract with a Consortium/Third Party Administrator (C/TPA). A carrier administering its testing program should be able to prove that it has contracted with a qualified drug and alcohol collection facility, a certified laboratory, medical review officer, and substance abuse professional. **Carrier operations with only one (1) driver and operating one (1) or more vehicles having a G.V.W. of 26,001 pounds or more MUST CONTRACT WITH A C/TPA** for administration of the drug and alcohol testing program. A carrier utilizing a C/TPA will have to prove that it has contracted with the C/TPA.

A Drug and Alcohol Testing Policy may be provided by a C/TPA which the carrier has joined. Its content should also be presented as a carrier policy, identifying the applicant and stating that the attached policy is incorporated and adopted by the applicant for use as its Drug and Alcohol Testing Policy.

Should you have question pertaining to the submission and compliance requirements of the safety review portion of the application for intrastate for-hire motor carrier operating authority, please contact a member of the Motor Carrier Section Safety and Compliance Unit at (517)241-4057.

Additional Application Requirements: Part II, Item 13 - Safety Submissions

CARRIER OPERATIONS WHERE ALL VEHICLES IN THE CARRIER FLEET HAVE A GVWR OF 10,000 POUNDS OR LESS

In conjunction with Part II, Item 16 of the Motor Carrier Application for MPSC Authority, the following documents are to be submitted with your application. Your application will not proceed to processing until all following required documents have been received. Additional safety related documents may be requested while your safety review is in progress.

- **Company Safety Policy – All Applicants**
- **Readable copy of the Chauffeur License issued to its driver(s).**

Where our review results in question, identification of missing requirements, or the need for further clarification or documentation, personnel of the Safety and Compliance Unit will contact you, in writing, and request the additional materials.

While various publications, groups and web pages (i.e., Michigan Center for Truck Safety, Michigan Commercial Driver License Manual, etc.) may provide samples of Safety Policies, copies of these samples will not be accepted as the carrier's Safety Policy. The carrier policy must be published and provided under the carrier operating name and make specific reference to the carrier.

Failure to submit the requested safety documents which comply with governing requirements will result in a recommendation of dismissal of the application to the Commission based upon failure to meet required safety standards.

Company Safety Policy

Each carrier is required to establish a written safety policy, published under the carrier's name, which sets forth information of the carrier's rules and procedures of safety – how things will be done when working for the carrier. The policy is used to provide information of operations to not only the MPSC, but also to employees of the carrier. This policy should set forth, **in each of the required areas**, the:

1. What is to be done;
2. When (how often, what time frame, etc.);
3. How the requirement will be met (what has to be done, what forms have to be completed, etc.);
4. Where is the function to be performed;
5. Who is involved/responsible for the action;
6. Who will/is responsible for reviewing the completed action.

The policy must address (at a minimum) the safety topics of:

- vehicle maintenance,
- driver qualifications,
- control of driver hours, and
- procedures to be follow in case of accident.

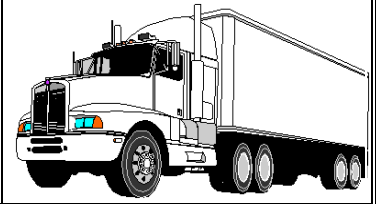
Should you have question pertaining to the submission and compliance requirements of the safety review portion of the application for intrastate for-hire motor carrier operating authority, please contact a member of the Motor Carrier Section Safety and Compliance Unit at (517)241-4057.

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P-371-GC
(Rev. 9/09)

This form is authorized by the Motor Carrier Act, Act 254 P.A. 1933, as amended.

DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
MICHIGAN PUBLIC SERVICE COMMISSION
MOTOR CARRIER DIVISION
6545 Mercantile Way, Suite 1
P. O. Box 30221
Lansing, Michigan 48909



**APPLICATION FOR AN INTRASTATE MOTOR CARRIER CERTIFICATE
- GENERAL COMMODITIES -**

For assistance with this application call (517) 241-6042

PART I. GENERAL INFORMATION - ALL APPLICATIONS

1. MPSC Authority Number: _____ MC Authority Number: _____

US DOT Number: _____ with registration information entered as:

Involved operational area: Intrastate Interstate Intrastate and Interstate

Type of operations: For Hire Exempt Private Broker Leasing Company Freight Forwarder

Type of intrastate motor carrier operations applied for: (check one)

Motor Carrier transporting general commodities other than hazardous materials.

Motor Carrier transporting general commodities including hazardous materials.

Are you also applying for Temporary Authority to transport general commodities pending a final determination on this application? YES NO

2. Applicant's name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

3. Name under which applicant will conduct business: (Include certificate of assumed name.)

Federal Tax ID #

4. Type of business: (Check A, B or C.)

A. Sole Proprietorship, with the person doing business being (A copy of the filed Certificate of Assumed Name must be submitted):

B. Partnership, Limited Liability Partnership, etc., with the persons doing business being (A copy of the complete Articles of Partnership must be submitted):

4 Type of business: (Continued)

C. Closely Held Corporation Public Corporation Limited Liability Company
(Michigan Companies must enclose Articles of Incorporation or Organization and, if not a Michigan corporation, a Certificate to Conduct Business in Michigan and Articles of Incorporation.)

The companies owners and officers are:

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____

5. Attorney or Agent to whom correspondence in this application should be directed:

Name: _____ Bar No. (If applicable): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax Number: (____) _____
Email Address: _____

6. Type of facility from which Motor Carrier operations are to be conducted:

Office Warehouse Terminal Other: (Specify) _____
Facility location: Same as stated in item 2 As follows:
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax Number: (____) _____

7. Prior experience relative to the area of the conduct of motor carrier operations has been obtained through:

Operation of authority number: MPSC # _____ MC# _____
What was your position with the identified motor carrier(s)?
 Owner - Time in position: _____ Year Safety/Permits Manager – Time in position: _____ Years
 Other – please describe: _____ Time in position: _____ Years

Employment in various motor carrier operations while serving in the following positions (please specify):
 Driver - Time in position: _____ Year Safety/Permits Manager – Time in position: _____ Years
 Other – please describe: _____ Time in position: _____ Years
 Other – please describe: _____ Time in position: _____ Years

Other business experience (provide description and length of time): _____

PART II. SAFETY/FITNESS INFORMATION

The Motor Carrier Section conducts a safety fitness analysis of each application for a Motor Carrier Certificate pursuant to the Order of the Commission in File No. T-1281, (Jan. 11, 1995), Order Implementing Safety Rating System. The review process requires the completion of all of the following questions and submission of requested documents.

8. Applicant certifies that it will comply with the Motor Carrier Act as amended, and the rules and regulations of the Michigan Public Service Commission.	<input type="checkbox"/> YES <input type="checkbox"/> NO																
9. Applicant certifies that the character and condition of the vehicles to be used is such that they may be operated safely upon the public highways.	<input type="checkbox"/> YES <input type="checkbox"/> NO																
10. Applicant certifies that all vehicles, over 10,000 pounds, to be used in the operation of the proposed certificate have passed a vehicle inspection within the preceding 12 months pursuant to the requirements of the Motor Carrier Safety Act, Public Act 181 of 1963, as amended, and applicant will systematically inspect, repair and maintain all vehicles under its control.	<input type="checkbox"/> YES <input type="checkbox"/> NO																
11. Safety and Fitness Issues: Within the past three years, has applicant, its owner(s), or principal(s), been involved in any State or Federal proceedings related to the safety or fitness of the applicant, its owner(s) or principal(s), to conduct motor carrier operations? If yes, provide:		<input type="checkbox"/> YES <input type="checkbox"/> NO															
<table><thead><tr><th>Jurisdiction:</th><th>Case No. /Year:</th><th>Case outcome:</th></tr></thead><tbody><tr><td>_____</td><td>_____/____</td><td>_____</td></tr><tr><td>_____</td><td>_____/____</td><td>_____</td></tr><tr><td>_____</td><td>_____/____</td><td>_____</td></tr><tr><td>_____</td><td>_____/____</td><td>_____</td></tr></tbody></table>			Jurisdiction:	Case No. /Year:	Case outcome:	_____	_____/____	_____	_____	_____/____	_____	_____	_____/____	_____	_____	_____/____	_____
Jurisdiction:	Case No. /Year:	Case outcome:															
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_____	_____/____	_____															
_____	_____/____	_____															
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12. SAFETY RATINGS: (Company Audit Rating not Vehicle Inspection)																	
<input type="checkbox"/> Applicant certifies it has never been rated.																	
<input type="checkbox"/> Applicant certifies its safety rating was issued on _____, by:																	
<input type="checkbox"/> FMCSA <input type="checkbox"/> Michigan State Police																	
and that its rating is:																	
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> UNSATISFACTORY*																	
A clear copy of the completed safety rating MUST BE ENCLOSED.																	
*Note: Applications from carriers with an unsatisfactory rating are not accepted for processing by the Commission and will be returned to sender.																	

13. Attach a copy of Applicant's Safety Policy & Procedures. (See Safety Submission Requirements) (Note: This should address inspection of vehicles, maintenance of vehicles, reporting of accidents, driver qualification, driver qualification files, use of log books and/or timekeeping, driver training, and any

other information that specifically indicates that applicant operates, or will operate, in accordance with the safety regulations.) **Satisfactory completion of all safety requirements is required for issuance of a temporary authority.**

14. Provide the name of the person responsible for safety at your company:

Name _____ Address: _____

Title _____

Phone (____) _____ Fax (____) _____

15. List all **ACCIDENTS*** within the preceding 12 month period. If none, check box

An "ACCIDENT" is an occurrence involving a commercial motor vehicle operating on a public road in interstate or intrastate commerce which results in:

- (i) A fatality; or
- (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- (iii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other motor vehicle.

[See 49 C.F.R. 390.5: Michigan Motor Carrier Safety Act, 1963 PA 181]

DATE	LOCATION CITY/STATE	DRIVER'S NAME	NUMBER OF INJURIES	NUMBER OF FATALITIES	VEHICLES TOWED

(ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY.)

16. ANNUAL MILEAGE: (Enter "NONE" if this application is for a new company)

Applicant's total mileage for the last calendar year: _____miles.

17. List the types of vehicles and the gross vehicle weight rating (**G.V.W.R.***) of each type of vehicle to be operated under this certificate:

* G.V.W.R. means the value specified by the manufacturer as the loaded weight of a single vehicle. (49 CFR 383.5.) This can be found on the door tag on the driver's side door frame.

Vehicle type: (Examples: Tractor, Truck, Van, Car.)	Number of Vehicles	G.V.W.R.		
		Under 10,000 lbs.	Between 10,000 and 26,001 lbs.	Over 26,001 lbs
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY.)

18. List the names of drivers who will be operating under this certificate and the date of hire. If more than 10 drivers, list only the first ten alphabetically. This includes the owner/operator.

Driver:	Date of Hire:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

PART III. VERIFICATION

PLEASE NOTE: If the motor carrier is a corporation or a limited liability company, an officer is required to verify and sign this application. If a sole proprietorship, the owner is required to verify and sign this application. If a partnership, one of the partners is required to verify and sign this application.

By signing and submitting this application, Applicant attests and certifies that all statements made herein are true.

19. Verification:

I, _____, representing _____
(Typed or printed name) (Carrier/Company Name)

being duly sworn upon oath, verify under penalty of perjury that the facts asserted in the foregoing Application are true and correct. If representing a company, corporation, or organization, I further certify that I am authorized and qualified to submit this information.

Signature of Applicant: _____

Title: _____ Date: _____

State of _____)
) ss.
County of _____)

Subscribed and sworn to before me, a Notary Public in and for the County of _____, acting in the County of _____, State of _____, this _____ day of _____, 2_____.

Notary's signature: _____

Notary's name: _____
(Typed or printed.)

Expiration of Commission: _____

20. MAILING INSTRUCTIONS: Mail the original completed application, appendix (if any), required attachments, and check or money order in payment of application fee to:

To Mail:

**Department of Energy, Labor & Economic Growth
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:
(other than United States Postal Service Overnight Delivery)

**Department of Energy, Labor & Economic Growth
Michigan Public Service Commission
Motor Carrier Division
6545 Mercantile Way, Suite 1
Lansing, Michigan 48911**