



APPLICATION FOR TRANSFER OF MOTOR CARRIER CERTIFICATE OR HOUSEHOLD GOODS PERMIT

General Instructions

Processing of a completed application takes approximately 90 days. To avoid delays, insure that all questions are answered, required documents are included, and the application is properly signed, verified and notarized.

ALL APPLICANTS - Submit the following items with your application:

- a) A completed "Application for Transfer of Motor Carrier Certificate or Household Goods Permit", Form P-383-T.
- b) A complete, signed copy of the written agreement identifying the proposed transfer of any real estate, equipment, and other property from the transferor, the current authority holder, to the transferee, the party seeking to obtain the authority, as part of the transfer transaction. Where there will be no transfer of real estate, equipment or property, a copy of the complete, signed written agreement stating that there will be no transfer of real estate, equipment, and other property between the parties is to be submitted.
- c) A statement indicating whether or not the transferee has other motor carrier authority issued by the commission.
- d) The US Department of Transportation number (USDOT#) of the transferee. If the transferee currently has no USDOT#, a number unique to the applicant can be obtained on-line at www.saftersys.org or by calling 1-888-464-8736. There is no fee for the issuance of a USDOT#.
- e) Where applicable, a statement of the current status of the proceedings before the Federal Motor Carrier Safety Administration (FMCSA) for the transfer of any interstate motor carrier operating authority currently held by the transferor to the applicant transferee named in this application for the transfer of intrastate operating rights.
- f) Payment of the application fee by check or money order made payable to "STATE OF MICHIGAN", in the amount of \$100, in U.S. funds. Starter checks, COMCHECK, and credit/debit cards ARE NOT ACCEPTED for payment. The application fee WILL NOT BE REFUNDED.

ADDITIONAL REQUIREMENTS – Based upon specific circumstances, the following documents are also required in submitting your application:

Where the TRANSFEREE IS an INCORPORATION, an LLC, or D/B/A

Where the Transferee has been established under one of these provisions, the application is to be accompanied by an up-to-date, complete copy of each of the following documents which apply to the Transferee:

- (1) Articles of Incorporation or Organization;
- (2) Certificate to Conduct Business under an Assumed Name;
- (3) Articles of Co-partnership; and/or
- (4) Certificate of Authority to Transact Business or Conduct Affairs in Michigan (if incorporated in a state other than Michigan).

For further assistance with these documents, please contact the Michigan Corporation Division at (517) 241-6470.

Where the TRANSFER INVOLVES HOUSEHOLD GOODS AUTHORITY

- (1) A copy of the complete intrastate operating authority of transferor, which shall be clearly marked to indicate the authority being transferred and that portion being retained, if any.
- (2) A current financial statement for the transferee.

Where an EXECUTOR, TRUSTEE OR RECEIVER HAS BEEN APPOINTED

Where an executor, trustee or receiver **has been court appointed** to represent the transferor, a certified copy of the court order issued for appointment is to be submitted with the application.

For further assistance, contact the Motor Carrier Section at (517)241-6042.

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.

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.

RETENTION OF RECORDS:

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

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.**

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.saferys.org.

*****NOTE: WHERE ALL VEHICLES IN THE CARRIER FLEET HAVE A GVWR OF 10,000 POUNDS OR LESS - PROCEED TO PAGE 3 OF THIS DOCUMENT**

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

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 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 23 - 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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|---|---|---|
| P383-T (Rev.09/09) 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 TRANSFER OF MOTOR CARRIER CERTIFICATE OR HOUSEHOLD GOODS PERMIT

Applications for transfer of authority are subject to the provisions of Rule 602, of the Commission’s Motor Carrier Rules, being R 460.18602, which requires the following submissions on/with this form which is prescribed by the commission.

GENERAL INSTRUCTIONS:

- 1) Review the application instruction pages to determine all document submission requirements.
- 2) In completing this Application for Transfer, form P383-T, type or print legibly in ink. Complete **all** sections.
- 3) Where additional space is required, a plain sheet of paper may be labeled “Appendix” and the response continued by noting the item number being continued.

TRANSFEROR INFORMATION – Sections 1-5 pertain to the motor carrier who has previously been issued the MPSC authority which the parties seek to transfer.

| | |
|--|--|
| 1. TRANSFEROR’S FULL NAME: _____ | 2. DOING BUSINESS AS (if applicable): _____ |
| 3. Address: _____ City: _____ State: _____ Zip code: _____ Telephone: _____ Fax _____ Email: _____ | |
| 4. Certificate number for which this application for approval of transfer is submitted: MPSC # _____ Does this authority involve the transport of hazardous materials? <input type="checkbox"/> No <input type="checkbox"/> Yes U. S. DOT# (if any) _____ MC# (if any) _____ If the transferor currently has interstate authority, is a transfer of the interstate authority to the transferee named in this application also being applied for? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 5. TRANSFEROR’S representative to whom inquiries regarding this application may be directed: Representative Function: <input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> Company Employee Name: _____ Title _____ Address: _____ City: _____ State: _____ Zip code: _____ Telephone Number: _____ FAX Number: _____ | |
| GO TO NEXT PAGE – ITEM # 6 | |

TRANSFEREE INFORMATION – Sections 6-28 pertain to the applicant who is requesting approval to assume operation of the identified MPSC authority through Commission approval of this transfer application.

| | |
|-------------------------------------|--|
| 6. TRANSFEREE'S FULL NAME: _____ | 7. Doing Business As: (if applicable) _____ |
|-------------------------------------|--|

8. Mailing Address: _____
 City: _____ State: _____ Zip code: _____
 Telephone: _____ Fax _____ Email: _____

| | |
|--|--|
| 9. Authority number of any certificate issued by MPSC which the Transferee presently holds (if any). _____ U.S. DOT # _____ Do you wish to apply for temporary authority pending a final determination on this application? <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Federal Employee Identification Number (FEIN) or, if sole proprietorship, enter social security number: _____ |
|--|--|

11. TRANSFEREE'S representative to whom inquiries regarding this application may be directed:
 Representative Function: Attorney Agent Company Employee
 Name _____ Title _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Telephone Number: _____ FAX Number: _____

12. TRANSFEREE'S prior experience relative to the area of the conduct of motor carrier operations has been obtained through:

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

Experience gained through employment in various motor carrier operations while serving in the following positions (please specify):

 _____ Total years of experience: _____

Other Experience- Please describe: _____

13. Does this Application for Transfer involve the transfer of Household Goods Authority? No Yes
 If yes, enter the household goods authority involved in this transfer:

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

A. Sole Proprietorship, with the person doing business being:

YOU MUST ENCLOSE: A clear copy of your Certificate of Assumed Name issued by your County Clerk's office.

B. Partnership, Limited Liability Partnership, etc., with the persons doing business being:

YOU MUST ENCLOSE: A clear, complete copy of your Articles of Partnership.

C. Closely Held Corporation Public Corporation Limited Liability Company

Michigan companies MUST ENCLOSE a complete copy of the Articles of Incorporation or Organization.

If not a Michigan corporation, a complete copy of the Certificate to Conduct Business in Michigan and Articles of Incorporation MUST BE ENCLOSED.

The Companies owners and principals are:

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip _____

15. Location from which Motor Carrier operations are to be conducted:

Street Address: _____

City: _____ State: _____ Zip Code: _____

16. Indicate the type of facility located at this address: (Choose all that apply.)

Office Warehouse Terminal Other: (Specify) _____

17. Type of motor carrier operations proposed: (check one)

Motor Carrier transporting general commodities other than hazardous materials.

Motor Carrier transporting general commodities including hazardous materials.

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SAFETY/FITNESS INFORMATION

(For assistance with this Part, call (517) 241-4057)

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.

| 18. Applicant transferee certifies 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 | | | | | | | | | | | | | | | |
|--|--|------------------------|----------------------|--|---|--|--|---|--|--|---|--|--|---|--|--|
| 19. Applicant transferee certifies 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 | | | | | | | | | | | | | | | |
| 20. Applicant transferee certifies 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 | | | | | | | | | | | | | | | |
| 21. Within the past three years, has applicant transferee, 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | |
| If yes, provide: | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"><thead><tr><th style="text-align: center; width: 33%;">Jurisdiction:</th><th style="text-align: center; width: 33%;">Case No. /Year:</th><th style="text-align: center; width: 33%;">Case outcome:</th></tr></thead><tbody><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: center;">/</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: center;">/</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: center;">/</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: center;">/</td><td style="border-bottom: 1px solid black;"></td></tr></tbody></table> | Jurisdiction: | Case No. /Year: | Case outcome: | | / | | | / | | | / | | | / | | |
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| 22. 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. | | | | | | | | | | | | | | | | |
| GO TO NEXT PAGE – ITEM #23 | | | | | | | | | | | | | | | | |

23. **Attach a copy of Applicant transferee Safety Policy & Procedures.**
 (Note: This should address inspection of vehicles, maintenance of vehicles, reporting of accidents, review of motor vehicle records, use of log books and/or timekeeping, driver training, attendance at safety meetings and any other information that specifically indicates that applicant operates, or will operate, in accordance with the safety regulations.)

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

Name _____ Address: _____
 Title _____
 Phone (____) _____ Fax (____) _____

25. 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 |
|------|------------------------|------------------|-----------------------|----------------------------|-------------------|
| | | | | | |
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(ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY.)

26. ANNUAL MILEAGE: (Enter "NONE" if the transferee is a new company with no prior mileage.)

Transferee's total mileage for the last calendar _____ miles.
 year:

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27. 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.) **NOTE:** This information may be found on the door tag located on the driver 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.)

28. List the names of drivers who will be operating under this certificate and the date of hire (if currently employed). 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. | |

GO TO NEXT PAGE – ITEM #29

29. STATEMENT OF ASSUMPTION OF LIABILITY FOR CLAIMS

Rule 601(a) of the Commission's Motor Carrier Rules, R 460.18601(a), provides:

(a) "Claims", when used in connection with a transfer of authority, means unpaid claims of shippers arising out of the transferor's failure or neglect to collect and pay over C.O.D. moneys and claims for loss or damage where goods have been damaged after delivery to the transferor and before delivery to the consignee by a person or persons, including other carriers, for whose action the transferor is liable.

ALTERNATIVE 1: MUST BE COMPLETED where involved authority DOES NOT INCLUDE HOUSEHOLD GOODS EITHER THIS ALTERNATIVE OR ALTERNATIVE 2 (below) MUST BE COMPLETED where authority sought to be transferred INVOLVES HOUSEHOLD GOODS

ASSUMPTION OF LIABILITY FOR CLAIMS BY GENERAL COMMODITIES OR HOUSEHOLD GOODS TRANSFEREE:

TRANSFEREE declares that it hereby assumes the liability of the TRANSFEROR and agrees to pay all claims, as defined by Rule 601(a) of the Commission's Motor Carrier Rules, against TRANSFEROR as of the date of the Commission's Order approving the transfer.

Date: _____ (Signature of Transferee)

Alternative 2 (Alternative available to Household Goods Only.) Rule 603(b), being R 460.18603(b), of the Commissions Motor Carrier Rules requires:
 (b) A statement of all outstanding claims, as defined in R 460.18601, against the transferor of which the transferor has either knowledge or notice at the time of the filing of the application for approval of the transfer. The statement shall set forth the name of each claimant, claimant's last known address, the amount of the claim, and whether the transferor disputes all or part of the claim. The statement shall be subscribed and sworn to by the transferor before a notary public or other officer empowered to administer oaths. The transferor shall give reasonable notice to all claimants of the filing of the application for approval of the transfer, and the statement shall clearly describe the method used in notifying claimants. The statement shall contain a full description of the consideration for the agreement to transfer and, when the consideration for the agreement is the payment of money, in whole or in part, shall contain a consent to the deposit with an escrow agent of the moneys or securities received. If the consideration exceeds the total amount of the claims, the statement shall contain a consent to deposit the part thereof necessary to assure payment of the claims. At any hearing which may be necessary on the application for approval of the transfer, the commission shall determine whether an escrow agent shall be appointed and what terms and conditions should be imposed by the agreement. The purpose of the escrow shall be to afford an opportunity for claimants to have claims adjudicated and paid.

ALTERNATIVE 2: May only be utilized where the involved authority includes Household Goods

| Name of Claimant | Last Known Address of Claimant | Amount of Claim | Transfer Disputes (all/part) of Claim |
|------------------|--------------------------------|-----------------|---------------------------------------|
| | | | |
| | | | |
| | | | |

The above-listing of claims is a complete and accurate description of all outstanding claims, as above-defined, against

_____. Notice of the filing of an application for approval to transfer has been given
 (Name of TRANSFEROR)

to all claimants on _____ by _____
 (date) (method of service)

In consideration for the agreement to transfer operating authority as described in this application, the Transferor,
 _____, will receive _____
 (Name of TRANSFEROR) (description of consideration)

from _____.
 (TRANSFEREE)

Where the consideration, in whole or in part, for such agreements is the payment of money, the Transferor, hereby consents to a deposit with an escrow agent of the moneys or securities received or, if the consideration exceeds the total amount of claims, consents to a deposit with an escrow agent of such part thereof as is necessary to assure the payment of the claims.

 (Signature of Transferor or Qualified Representative) Date _____, 2____

