

# FORM MO-1



MISSOURI DEPARTMENT OF TRANSPORTATION  
 MOTOR CARRIER SERVICES  
 PO BOX 893, 1320 CREEK TRAIL DRIVE, JEFFERSON CITY, MO 65102-0893  
**APPLICATION TO OPERATE IN INTRASTATE COMMERCE**

Phone: 573-751-3358  
 FAX: 573-522-6708  
 Toll Free: 866-831-6277 Option 3

**SECTION I: TYPE OF REQUEST (SEE INSTRUCTION SHEET FOR DEFINITION OF TERMS AND REQUIREMENTS.)**

**A. APPLICANT REQUESTS APPROVAL FOR NEW OR ENLARGED AUTHORITY (CHECK ALL THAT APPLY)**

- ISSUANCE OF NEW AUTHORITY     ISSUANCE OF ENLARGED AUTHORITY TO:
- 1. Transport **PROPERTY** (Except Household Goods or Passengers) for all points within Missouri (**Complete only pages 1 & 2 of this application.**)
  - 2. Transport **Household Goods** within Missouri and  Temporary Authority (Urgent need must be shown before temporary authority granted.)
  - 3. Transport **Passengers Other Than In Charter Service** and  Temporary Authority (Urgent need must be shown before temporary granted.)
  - 4. Transport **Passengers in Charter Service** for all points within Missouri
  - 5. Transport **Passengers Other Than In Charter Service As A Not For Profit Corporation**

**B. APPLICANT DESIRES TO OPERATE AS A (DO NOT COMPLETE IF A.1 IS CHECKED ABOVE)**

- 1. Common Carrier (Haul for the general public.)
- 2. Contract Carrier (Haul for specific company(s) under a continuing contract and not hauling for the general public. Attach contract(s).)

**C. APPLICANT REQUESTS MODOT TO APPROVE A TRANSFER OF (CHECK ALL THAT APPLY)**

- ALL INTRASTATE AUTHORITY     PORTION OF INTRASTATE AUTHORITY (**Attach Exhibit A** with a description of the authority to be transferred.)

FROM (SELLER USDOT NO.)	SELLER NAME
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**SECTION 2. GENERAL INFORMATION**

USDOT NUMBER	FMCSA NUMBER	FEIN NUMBER	SOCIAL SECURITY No. (COMPLETE ONLY IF A SOLE OWNER)
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APPLICANT NAME

APPLICANT WILL BE DOING BUSINESS UNDER THE FOLLOWING NAME (D/B/A)

<b>PRINCIPAL PLACE OF BUSINESS ADDRESS (NO PO BOX)</b>	<b>MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)</b>
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STREET			STREET		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

<b>MISSOURI TERMINAL ADDRESS, IF ANY</b>			<b>TELEPHONE NUMBERS</b>		
STREET			DAYTIME NUMBER	FAX NUMBER	
CITY	STATE	ZIP CODE	E-MAIL OR INTERNET ADDRESS, IF ANY		

<b>SECTION 3. FORM OF BUSINESS</b>		
<b>A. APPLICANT IS A</b>		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership (LP) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)		
<input type="checkbox"/> Limited Liability Limited Partnership (LLP) <input type="checkbox"/> Trust		

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

**C. NAME OF COMPANY OFFICERS OR PARTNERSHIP (PLEASE PRINT)**

NAME	TITLE

**SECTION 4. PUBLIC LIABILITY SECURITY**

Applicant is required to file proof of insurance to the limits of liability as required by law. See instruction sheet for more details.

**SECTION 5. REGISTERED AGENT FOR SERVICE OF PROCESS IN MISSOURI**

The applicant hereby designates as my/our agent for service of process in Missouri as follows:

Name and Address:

**SECTION 6. FEES (NOT REQUIRED FOR APPLICATIONS FILED BY NOT FOR PROFIT CORPORATIONS)**

- Applicant will need to purchase \_\_\_\_\_ number of door decals or \_\_\_\_\_ window decals (for passenger service only with 6-12 passenger capacity). (See instruction for method of payment.)
- Applicant has interstate authority and has/will file under the Unified Carrier Registration Program.

**SECTION 7. SAFETY FITNESS (INDICATE BELOW IF YOUR COMPANY HAS A SAFETY RATING)**

- Not Rated (If your principal business state is not Missouri, a satisfactory rating must be issued by your state and a copy mailed to our agency.)
- Safety Rated – Date: \_\_\_\_\_ Rating: \_\_\_\_\_

**SECTION 8. HAZARDOUS MATERIALS**

- Applicant will **not be transporting hazardous materials** as defined in Title 49 Code of Federal Regulations
- Applicant **will transport hazardous materials** requiring:
  - \$1 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030; OR
  - \$5 million in Public Liability & Property Damage in accordance with 4CSR 265-10.030.

Applicant desires to transport the following hazard classes/divisions: **(Check all that apply)**

- CLASS 1 EXPLOSIVES;**
  - Division 1.1 Explosives that have a Mass Explosion Hazard;
  - Division 1.2 Explosive 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;
- CLASS 2 GASES;**
  - Division 2.1 Gases that are Flammable;
  - Division 2.2 Gases that are Non-flammable and Compressed;
  - Division 2.3 Gases that are Poisonous;
- 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;
- CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES;**
  - Division 5.1 Oxidizers;
  - Division 5.2 Organic Peroxides;
- CLASS 6 POISONS;**
  - Division 6.1 Material that is Poisonous (PG 1, Inhalation Hazard Only);
  - Division 6.1 Material that is Poisonous (PG1 or II Other than PG 1 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);
- CLASS 7 RADIOACTIVE MATERIALS;**
- CLASS 8 CORROSIVES;**
- CLASS 9 MISCELLANEOUS;**
- ORM-D (Other Regulated Materials).**

**SECTION 9. SIGNATURE (AN ATTORNEY IS NOT REQUIRED TO SIGN THE APPLICATION ON BEHALF OF A CORPORATION )**

Applicant by signing below agrees to comply with all Federal and State safety laws and regulations before the permit, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant by signature on and/or delivery of this application to Motor Carrier Services (MoDOT) consents on behalf of itself, its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to the applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws. 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) OR ATTORNEY NAME PRINTED	APPLICANT(S) OR ATTORNEY SIGNATURE	TITLE	DATE
IF ATTORNEY SIGNED ON BEHALF OF APPLICANT ABOVE, LIST ADDRESS			ATTORNEY'S MISSOURI BAR NO.
TRANSFEROR(S) (SELLER) NAME PRINTED	TRANSFEROR(S) SIGNATURE	TITLE	DATE



**SECTION 13. FINANCIAL FITNESS**

This section **is not required for** applications filed for other than charter authority by not-for-profit corporations and charter applications where the applicant owns only equipment with capacity of 16 passengers or more.

**Section 13 A. Balance Sheet** (If Applicant is an **individual or partnership**, complete column A. If Applicant is a **corporation or limited liability company** complete columns A & B. **For partnerships**, also complete a balance sheet for each partner. Copy this sheet as needed.)

	(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 of this application minus depreciation; and other property.)	\$	\$
<b>3. Total Assets (Add lines 1 and 2 above)</b>	\$	\$
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 or Other Capital (Corporations only)	\$	\$
8. Net Worth-Partners or Individuals	\$	\$
<b>9. Total Liabilities and Equity (Add lines 4 through 8)</b>	\$	\$

**Section 13 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.)

- Applicant does not intend to acquire any additional assets or liabilities if this authority is granted in order to provide the proposed service.
- 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.) \_\_\_\_\_
- \_\_\_\_\_

**Section 13 C. Income and Expense Statement**

<input type="checkbox"/> WAGE EARNER ONLY (IF CHECKED, <u>DO NOT</u> COMPLETE LINES 1 THROUGH 5 BELOW)	(A) For year ending (Month/Year)	(B) Current Year ending (Month/Year)
1. Total Revenue (Include all sales/revenue minus any cost 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; mortgage or other interest expense; and gain (or loss) on sale of assets.	\$	\$
<b>5. Net Income (or Loss)</b> (Line 3 minus Line 4)	\$	\$

**Note:** The Balance Sheet and Income Statement above (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. If you do not have any actual current year data available to report, please note N/A in this column. You may add supplemental information to this financial statement if you feel it will help support the application. Additional information may also be requested if your financial statement appears incomplete or questionable.