PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

CERTIFICATE OF SUPPORT OF APPLICATION FOR HOUSEHOLD GOODS OPERATING AUTHORITY

THIS FORM IS REQUIRED ONLY OF SUBHAULERS

The undersigned states that (s)he, or the corporation, association or partnership which (s)he represents, agrees to support the application filed by:

_____
(NAME OF APPLICANT AS SHOWN ON APPLICATION FORM)

for a Household Goods Carrier Permit.

Applicant's proposed service is supported as follows:

1. Points and /or areas: _____
(LIST POINTS/AREAS TO BE SERVED)
_____
_____
_____

2. Total volume of household goods to be shipped in first year: _____
(INDICATE BY USUAL SIZE OF SHIPMENT PER COMMODITY)
_____
_____
_____

3. Accessorial services to be provided: _____
(DESCRIBE)
_____
_____
_____

4. Rates and charges to be paid for:

   (a) Transportation of household goods: _____
   _____

   Approximate gross dollar figure to be paid in first year: _____

   (b) Accessorial services: _____
   _____

   Approximate gross dollar figure to be paid in first year: _____

THE PORTION BELOW MUST BE COMPLETED AND SIGNED BY THE PRIME CARRIER

Prime Carrier: complete carrier information below:

CAL PUC NO.: _____

BONDING COMPANY & ADDRESS _____

_____

SUBHAUL BOND NUMBER _____ EFFECTIVE DATE _____

CERTIFICATION

By signing and submitting this Certificate of Support, the undersigned individually and on behalf of the corporation, association, or partnership (s)he represents, certifies that (s)he intends to utilize the services of applicant as a subhauler.

By signing and submitting this Certificate of Support, the undersigned certifies that (s)he is aware (s)he may be called upon to testify on applicant's behalf at a public hearing to verify his/her intention to utilize applicant's service.

Should the support for this application be withdrawn or changed in whole or in part, the undersigned agrees to immediately so inform the California Public Utilities Commission, Attn: License Section, 505 Van Ness Avenue, San Francisco, CA 94102.

The undersigned hereby states that (s)he is duly qualified and authorized to make this certification of support.

Date: _____ _____
(NAME OF BUSINESS)

_____ _____
(SIGNATURE) (TITLE)

_____ _____
(PRINT NAME) (PHONE NUMBER)

_____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)