PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA 202
APPLICATION FOR HOUSEHOLD GOODS CARRIER PERMIT

File No. T- FOR PUC USE ONLY

IMPORTANT–*A FILING FEE OF $500 MUST ACCOMPANY THIS APPLICATION AND IS NOT REFUNDABLE.* **PAYMENT TO THE COMMISSION SHOULD BE MADE BY CHECK OR MONEY ORDER.**

PLEASE TYPE OR PRINT

PART I: STATEMENT OF OWNERSHIP

1. Applicant ☐ HAS ☐ HAS NOT been previously licensed by this Commission. If so, T number is/was _____

2. Applicant is:

☐ **Individual:** _____
First Middle Last Name

☐ **Partnership:** _____

_____
(List all partners-use additional sheet if necessary. All partners must sign all forms.)

☐ **Limited Liability Company:** _____

☐ **Corporation:** _____
(Show exact name as registered with the California Secretary of State)

Doing Business as (DBA): _____

Note: Any entity doing business under one or more fictitious names shall, with respect to each fictitious name comply with Sections 17900-17930 of the Business and Professions Code entitled "Fictitious Business Names." To show compliance therewith, **household goods permit** applicants must file with this Commission certified copies of any certificate and affidavits on file with the clerk of the county in which the principal place of business of the applicant is situated.

Physical Address: _____
Street Address City County State Zip Code

Mailing Address if different from above: _____
Street Address City County State Zip Code

Phone: ( ) _____
Area Code Phone No.

IF A PARTNERSHIP, a copy of the partnership agreement shall be attached to this application. If a partnership agreement has already been filed, the application shall make specific reference thereto and the date the filing was made. If there is no written partnership agreement, complete an agreement Form TL706-B and attach to application.

PARTNERSHIP AGREEMENT: ☐ ENCLOSED ☐ NO AGREEMENT

FORM TL706-B: ☐ ENCLOSED

PARTNERSHIP AGREEMENT PREVIOUSLY FILED: ☐ YES ☐ NO

IF YES, DATE FILED: _____ T-NO.: _____

IF A LIMITED LIABILITY COMPANY, exact name is: _____

Date of Organization: _____ Organized in State of _____

IF A CORPORATION, exact corporate name is: _____

Date of Incorporation: _____ Incorporated in State of _____

NAME OF OFFICERS	TITLE	ADDRESS	NO. OF SHARES

Control of Corporation Held By: ☐ Officers Listed ☐ Other (Specify: _____).

If Limited Liability Company, provide a copy of current operating agreement, and if more than one year old, a copy of most recent annual statement filed with the Secretary of State.

If applicant is a Corporation or Limited Liability Company (LLC) , a certified copy of its Articles of Incorporation/Organization shall be attached to the application. If already filed with the Public Utilities Commission, make specific reference to the prior proceeding and the date of filing. If corporation is more than one year old, provide a Certificate of Status.

If the Corporation or LLC was organized and exists under the laws of a state other than California, a Certificate of Qualification must be obtained from the Secretary of State, State of California and must be filed with the Articles of Incorporation/Organization when submitted.

ARTICLES OF INCORPORATION/CERTIFICATE OF QUALIFICATION/STATUS: ☐ ENCLOSED ☐ PREVIOUSLY FILED

IF PREVIOUSLY FILED: PROCEEDING NO.: _____ DATE FILED: _____

3. Statement of Residency: Complete Form TL706-A and attach to application.
4. (a) Applicant is associated or affiliated with the following shippers, receivers or carriers by reason of common ownership, control or management (Own part of all of the company, hold a responsible position in the company or guide the operations of the company, directly or indirectly.).

(Please list and indicate if partnership, company or corporation.)

NAME	PARTNERSHIP, COMPANY OR CORPORATION

(b) ☐ No affiliation exists.

5. Applicant ☐ HAS ☐ HAS NOT an operating authority from the Federal Highway Administration to transport used household goods in interstate or foreign commerce. If so, MC Number is _____.

PART II: SCOPE OF OPERATIONS PROPOSED AND INSURANCE REQUIREMENTS

1. Request for Tariff: Complete Form TL706-C and attach to application.
2. Equipment to be Operated: Complete Form TL706-D and attach to application.
3. Certification of Support: Form TL706-E must be completed by your shipper or overlying carrier and attached to application **(Not required unless subhauling.).**
4. General Highway Safety Requirements: Complete Form TL706-I and attach to application.
5. Owner Operator Questionnaire: Complete Form TL706-J and attach to application.
6. Workers' Compensation Form: Complete Form TL706-K and attach to application.
7. Carrier Profile Information: Complete CHP Form 362 and attach to application.
8. Applicant ☐ WILL ☐ WILL NOT handle C.O.D. shipments requiring the filing of a surety bond of not less than **$2,000,** as required by General Order 84 series.
9. Applicant ☐ WILL ☐ WILL NOT lease equipment from employees requiring the filing of a surety bond of not less than **$15,000** as required by General Order 102 series.
10. Applicant ☐ WILL ☐ WILL NOT engage subhaulers requiring the filing of a surety bond of not less than **$15,000** as required by General Order 102 series.
11. Applicant shall deposit evidence of adequate bodily injury and property damage insurance as required By General Order 100 series. A permit will not be issued without insurance being on file with the Commission. Minimum public liability and property damage insurance coverage is $250,000/$500,000/$100,000 or a combined single limit of $600,000.

Name(s) appearing on all certificates of insurance must be exactly the same as the applicant's name(s) as listed in Part 1, No. 2 of this application.

Name and address of insurance broker or agent is: _____
Insurance Broker/Agent

_____
Street Address City State Zip Code Area Code/Telephone No.

12. Applicant shall deposit evidence of cargo insurance as required by General Order 136 Series. A permit will not be issued without cargo insurance being on file with the Commission.

13. A. Applicant will be required to:

(1) Demonstrate possession of sufficient knowledge, ability, integrity and financial resources to perform the service within the scope of this application.

(2) Prove knowledge and ability to engage in business as a household goods carrier by examination prescribed by the commission.

B. Applicant ☐ will ☐ will not operate as an independent contractor subhauler only.

C. Applicant proposes to initiate operations consisting of ☐ hourly and piece rate, and/or ☐ distant rate movements.

D. A written examination will be administered to determine applicant's ability to initiate the proposed service. Applicant wishes to take the examination ☐ immediately, ☐ within 30 days or ☐ between 30-60 days, after the filing of the application. If a passing score is not obtained, a subsequent examination cannot be given for 30 days.

E. State the name and position (owner, partner, officer, manager) of the person who is to take the examination prescribed by the Commission:

_____
Name

_____
Title

14. Certification of Household Goods Carrier: Complete Form TL706-L and attach to application.

PART III: FINANCIAL RESPONSIBILITY

1. Complete Form TL706-F1 (Balance Sheet), Form 706-F2 (Required Capital Worksheet), Form TL706-F3 (Projected Profit and Loss Statement) and attach to the application.
2. The financial information you submit may be verified by the Commission staff. Please complete Release of Information Form TL706-G and attach to the application.

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that the representations appearing in said application and in any PUC forms attached thereto (including any accompanying financial schedules, statements or projections) are, to the best of my (our) knowledge and belief, true, correct and complete, based on all the information required to be included therein, of which I (we) have any knowledge, and these representations are made in good faith. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf. I (we) further certify (or declare), under penalty of perjury, that a final judgement has not been entered against the applicant(s) pursuant to Section 3716.2 of the Labor Code (workers' compensation violations).

Date: _____ _____

Signature of Applicant(s)

If applicant is a corporation: _____

Signature of Corporate Officer

_____

Title of Corporate Officer

NOTICE

The filing of this application does not in itself constitute authority to engage in household goods carrier operations. Any for-hire operations conducted prior to Commission authorization are unlawful and may subject applicant to fine and imprisonment.

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
STATEMENT OF RESIDENCE

The Public Utilities Code Section 5135 provides that a household goods carrier operating authority shall not be issued unless it has been shown that applicant meets one of the following residency requirements: 1) ***If an individual***, applicant shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; 2) ***If a partnership***, the partner having the largest percentage interest in the partnership shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; or 3) ***If a corporation or limited liability company(LLC)***, applicant shall be a domestic corporation or be qualified to transact business in the State of California as a foreign corporation at the time of filing the application.

COMPLETE THE APPLICABLE CERTIFICATION:

INDIVIDUAL: I, _____, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

_____

STREET ADDRESS CITY COUNTY ZIP CODE

PARTNERSHIP: I, _____, partner having the largest percentage interest, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

_____

STREET ADDRESS CITY COUNTY ZIP CODE

I, _____, one of the equal partners have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application (Any one of the equal partners may complete the certification) at:

_____

STREET ADDRESS CITY COUNTY ZIP CODE

CORPORATION OR LLC: _____,
(Name of Corporation or LLC), is qualified to transact business in the State of California on the date of this application.

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the residence requirements stated above; that I (we) have completed the applicable certification; and that this completed certification is true and correct.

Date: _____ _____

Signature of Applicant(s)

If applicant is a corporation: _____

Signature of Corporate Officer

_____

Title of Corporate Officer