PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

REPORT OF EQUIPMENT TO BE OPERATED

NAME		T (FOR PUC USE ONLY)
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER ( )		

PLEASE LIST ALL VEHICLE INFORMATION REQUESTED BELOW FOR ALL FOR-HIRE EQUIPMENT (INCLUDING LEASED VEHICLES) TO BE OPERATED BY YOU.

DO NOT LIST: Service trucks, passenger cars, fork lifts or equipment used exclusively off highways.

PLEASE USE THE APPROPRIATE 2-LETTER ABBREVIATION FOR THE STATE OF REGISTRATION. (e.g. - CA for California)
PLEASE SEE ADJOINING PAGE FOR EQUIPMENT AND BODY CODES. (USE ONE LINE FOR EACH UNIT OF EQUIPMENT.)

STATE	LICENSE PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)	EQUIP CODE	BODY CODE

Attach sheet(s) for additional vehicles if necessary.

EQUIPMENT CODES	BODY CODES
0 = POWERED UNIT (ALL TYPES) 1 = TRAILER (ALL TYPES)	TRAC = POWER UNITS WHICH ARE USED PRIMARILY TO PULL TRAILERS HHGV = HOUSEHOLD GOODS VANS VAN = ALL OTHER VANS FB = FLATBEADS MISC = ALL EQUIPMENT UNITS THAT DO NOT FIT ANY OF THE ABOVE CATEGORIES

CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Date: _____ _____

_____
Signature of Applicant(s)

If applicant is a corporation:

_____
Signature of Corporate Officer

_____
Title of Corporate Officer