

Transportation Division
1500 SW Arrowhead Road
Topeka, KS 66604-4027



Phone: 785-271-3145
Fax: 785-271-3124
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Transportation Division
1500 SW Arrowhead Road, Topeka, Kansas, 66604-4027
785-271-3145

Sam Brownback, Governor

KANSAS TRUCKING APPLICATION

ATTENTION ALL NEW MOTOR CARRIERS

Because you are applying for motor carrier authority from the Kansas Corporation Commission, information is needed to achieve compliance with the Federal Motor Carrier Safety Regulations. These regulations were adopted by the Kansas Corporation Commission to ensure there is a standard requirement governing state and federal regulations. All motor carriers are required to be familiar with the Federal Motor Carrier Safety Regulations; you must also keep a copy of these safety regulations at your home office. **The safety regulations are required when the vehicle or combination of vehicles meet the definition of a commercial vehicle.**

To access these regulations please refer to: www.fmcsa.dot.gov/ or kcc.ks.gov

If you own and operate a commercial motor vehicle, you are required to be in compliance with all state and federal safety requirements.

Please keep in mind, all applications and insurance filings submitted must be the original document.

NO FAXED COPIES WILL BE ACCEPTED.

Please be advised it may take up to 30 days to receive approval of your application for certification pending receipt of all required documentation, therefore, plan to file your application accordingly, as there is currently **no** process to expedite applications. The commission will grant or dismiss your application on for-hire authority only after review by Staff. To check the status of your application, please refer to <http://kcc.ks.gov/docket/consent.cgi>. Once your application appears on the Commission's Consent Agenda it will remain posted for 5 days. The expected effective date of the Commission order will be indicated. Unless removed from the website's Consent Agenda, the orders appearing on the Consent Agenda will become the Order of the full Commission. If Commission Staff or Commissioner(s) requests an item be removed from the Consent Agenda, the affected item may be placed on the earliest possible Commission Open Meeting agenda, which may delay approval or dismissal of your application.

Kansas Corporation Commission, Transportation Division
1500 SW Arrowhead Road
Topeka, Kansas 66604-4027
(785) 271-3145 Option 1

Kansas Trucking Application

(Kansas Intrastate Carriers of Household Goods and Passengers may not utilize this form)

PLEASE TYPE OR PRINT CLEARLY

Section 1 (To be completed by all applicants) (See Definitions Section 4)

Please check the type of authority you are applying for:

Private _____ Intrastate/For-Hire _____ Transfer of Intrastate Authority _____
Name Change _____

Section 2 Name & Address (To be completed by all applicants)

On the line below please list the legal name of your company and the trade name (DBA) as it appears on all authorizations, licenses, and/or identification numbers. THE COMPANY NAME ON ALL INSURANCE FILINGS MUST READ EXACTLY AS IT APPEARS BELOW.

Legal Name: _____
(****If you are a corporation (Inc.), partnership (L.P. or L.L.P.) or a Limited Liability Company (L.L.C.) you must apply in that name****)

DBA: _____

(If this is for a name change)

Current Name: _____ **Proposed New Name:** _____

(If this is for a transfer)

Present Owner: _____ **Buyer:** _____

On the line below please give your *physical address* (Include street names and/or apartment number – NO PO BOXES.)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____
(Kansas Residents Only)

On the line below please give your *mailing address* if different than above (Include PO Box here).

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone# () _____ - _____ **Fax#** () _____ - _____ **Contact Person:** _____

****We must have a phone number where someone can be reached if we have questions****

Business type: _____ **Individual** _____ **Partnership** _____ **Corporation** _____ **Limited Liability Company**

If a corporation, please give state in which incorporated: _____

Attach a copy & all amendments of the Articles, file stamped from the Secretary of States office.
Also, if a Partnership, please attach a Partnership agreement listing all partners and the percentage of ownership in the company.

Applicant Representative (person completing application for carrier)

Name _____ **Phone** _____

****Faxed applications cannot be granted-must have original application to complete process****
****Make checks payable to the Kansas Corporation Commission****

Section 3 ID Number: Please provide any of these numbers that you have or have had in the past. (To be completed by all applicants)

**If you are applying for any of these numbers, please write: "applied for" in the blank.

U.S. DOT#: _____: If you are based in Kansas and travel in and out of the state, call (785) 271-1260. Based outside Kansas, please call (202) 358-7000. Based in Kansas and never leaving the state, call (785) 271-3145 Option 1.

Federal Employer I.D.#: _____. If you do not have a Federal I.D. number please provide your
Social Security#: _____.

FMCSA-MC#: _____.

KCC MCID#: _____. **Type of authority under this number:** _____

Section 4 (To be completed by all applicants) (Insurance filings cannot be faxed or E-mailed)

Form E Minimum insurance requirements Public Liability and Property Damage is \$100,000/\$300,000/\$50,000

Form H Minimum requirement for cargo insurance is \$3,000

Type of Application(s) (check all that apply): If applying for more than 1 authority type-Send appropriate number of copies

*****Per K.A.R. 82-4-32 (c)-Application fees shall not be refunded if the application is dismissed by the applicant or the commission*****

_____ **Intrastate Domestic (Based in Kansas) Certificate of Public Service (General Commodities)** – Carriers that are hired to pick up and drop off commodities within Kansas (carriers that do not haul their own commodities). Complete Sections 1, 2, 3, 4, 5, 6, 7, 8 (both columns) & 9. This authority requires a \$250.00 filing fee, a \$10.00 per power unit fee, the filing of a Form E and Form H insurance from your insurance company. Attach copies of: driver MVRs (Motor Vehicle Record), plus any partnership agreements/Articles of Incorporation or Organization (if applicable). All applicants for this authority must also attend a KCC Safety Seminar. For a list of scheduled dates and locations go to kcc.ks.gov or call (785).271-3145. (Copy of Safety certificate must be received by KCC before application can be granted). If you leave the confines of Kansas, you will also need an FMCSA MC number. Call (785) 271-1260.

_____ **Intrastate Foreign Based (Based Out of State) Certificate of Public Service (General Commodities)** – Carriers that are hired to pick up and drop off commodities within Kansas (carriers that do not haul their own commodities). Complete Sections 1, 2, 3, 4, 6, 7, 8 (both columns) & 9. This authority requires a \$250.00 filing fee, the filing of a Form E and Form H insurance from your insurance company. Attach copies of: driver MVRs (Motor Vehicle Record), plus any partnership agreements/Articles of Incorporation or Organization (if applicable). All applicants for this authority must also attend a KCC Safety Seminar. For a list of scheduled dates and locations go to kcc.ks.gov or call (785).271-3145. (Copy of Safety certificate must be received by KCC before application can be granted). Must also have an FMCSA MC number. Call your base state for appropriate telephone number.

_____ **Private Domestic (Based in KS)** –Carriers based in the state of Kansas hauling property or passengers, by commercial vehicle and are not a for-hire motor carrier. Complete sections 1, 2, 3, 4, 5, 6, 8 (first column only) & 9. If you also haul interstate do not complete Section 5 or pay the regulatory fee. This authority requires a \$100.00 filing fee, a \$10.00 fee per power unit, any partnership agreements, Articles of Incorporation or Organization (if applicable), **and** the filing of Form E insurance from your insurance company. Must attend a KCC safety seminar. For a list of scheduled dates and locations go to; kcc.ks.gov or call (785) 271-3145. (Copy of Safety certificate must be received by KCC before application can be granted).

_____ **Private Foreign (Based Out of State)**– Carriers based out of the state of Kansas hauling property or passengers, by commercial vehicle and are not a for-hire motor carrier. Complete sections 1, 2, 3, 4, 6, 8 (first column only) & 9. This authority requires a \$100.00 filing fee, copies of any partnership agreements, Articles of Incorporation or Organization (if applicable), **and** the filing of Form E insurance from your insurance company.

_____ **Intrastate Transfer - Information should be completed by the buyer.** Carriers transferring their authority from the present owner to a buyer. Complete Sections 1, 2, 3, 4, 5, 6, 8 (both columns) & 9. This authority requires a \$100.00 application fee, \$10.00 fee per power unit, the filing of a Form E and Form H insurance from your insurance company (depending on authority type), Also, attach copies of: each driver's MVR (Motor Vehicle Record), partnership agreements/Articles of Incorporation or Organization (if applicable), statement of transfer, and attach a copy of a contract or agreement pursuant to K.A.R. 82-4-27a(b). Buyer must attend a KCC safety seminar, or, send verification of attendance. For a list of seminar dates and locations go to; kcc.ks.gov or call (785).271-3145. (Copy of Safety certificate must be received by KCC before application can be granted). If based out of State no Section 5 is required.

_____ **Name Change**– Carriers retaining the same owner, simply changing the company name. Complete Sections 1, 2, 3, 4, 6 & 9. This authority requires a \$10.00 application fee, the filing of a Form E, H insurance from your insurance company, (depending on authority type), amended Articles of Incorporation, organization or partnership agreement (if applicable), and a copy of the FMCSA re-entitlement (if applicable). Carriers must attend a KCC safety seminar, or send verification of attendance. For a list of seminar dates and locations go to; kcc.ks.gov or call (785).271-3145.

****For-hire carriers that operate across state lines are classified as either Exempt or For-hire according to the commodities they haul****

****The person responsible for the applicant's safety functions shall submit written verification on a form provided by the commission to verify that person's attendance at the seminar.**

Section 6 (To be completed by all applicants)

CARGO CLASSIFICATION For new applications: (Please check ALL that apply) Please be specific.
For Amendments please indicate commodity changes: Current(C) Deleted (D) Additions (A)

- | | | |
|---|--|---|
| <input type="checkbox"/> General Freight | <input type="checkbox"/> Fresh Produce | <input type="checkbox"/> Garbage, Refuse, Trash |
| <input type="checkbox"/> Household Goods | <input type="checkbox"/> Liquids/Gases | <input type="checkbox"/> U.S. Mail |
| <input type="checkbox"/> Metal: Sheets, Coils, Rolls | <input type="checkbox"/> Intermodal Cont. | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Passengers | <input type="checkbox"/> Commodities Dry Bulk |
| <input type="checkbox"/> Driveaway/Towaway | <input type="checkbox"/> Oilfield Equipment | <input type="checkbox"/> Refrigerated Food |
| <input type="checkbox"/> Logs, Poles, Beams, Lumber | <input type="checkbox"/> Livestock | <input type="checkbox"/> Beverages |
| <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Grain, Feed, Hay | <input type="checkbox"/> Paper Products |
| <input type="checkbox"/> Dirt/Sand | <input type="checkbox"/> Rock/Asphalt/Blacktop | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Coal/Coke | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Machinery (New Construction) | <input type="checkbox"/> Meat | _____ |
| <input type="checkbox"/> Machinery (Repair Work) | | |

HAZARDOUS MATERIALS CARRIED (C)/SHIPPED (S) (Please circle ALL that apply) (B) Bulk-in cargo tanks (NB) Non-bulk – in packages

C S A. DIVISION 1.1	B NB	C S P. CLASS 3	B NB	C S FF. CLASS 8	B NB
C S B. DIVISION 1.2	B NB	C S R. CLASS 3B	B NB	C S GG. CLASS 8A	B NB
C S C. DIVISION 1.3	B NB	C S S. COMB. LIQ.	B NB	C S HH. CLASS 8B	B NB
C S D. DIVISION 1.4	B NB	C S T. DIVISION 4.1	B NB	C S II. CLASS 9	B NB
C S E. DIVISION 1.5	B NB	C S U. DIVISION 4.2	B NB	C S JJ. ELEVATED TEMP MAT	B NB
C S F. DIVISION 1.6	B NB	C S V. DIVISION 4.3	B NB	C S KK. INFECTIOUS WASTE	B NB
C S G. DIVISION 2.1	B NB	C S W. DIVISION 5.1	B NB	C S LL. MARINE POLLUTANTS	B NB
C S H. DIVISION 2.1 (LPG)	B NB	C S X. DIVISION 5.2	B NB	C S MM. HAZARDOUS SUB(RQ)	B NB
C S I. DIVISION 2.1 (METHANE)	B NB	C S Y. DIVISION 6.2	B NB	C S NN. HAZARDOUS WASTE	B NB
C S J. DIVISION 2.2	B NB	C S Z. DIVISION 6/1A	B NB	C S OO. ORM	B NB
C S K. DIVISION 2.2A (Ammonia)	B NB	C S AA. DIVISION 6.1B	B NB		
C S L. DIVISION 2.3A	B NB	C S BB. DIVISION 6.1 Poison	B NB		
C S M. DIVISION 2.3B	B NB	C S CC. DIVISION 6.1 Solid	B NB		
C S N. DIVISION 2.3C	B NB	C S DD. CLASS 7	B NB		
C S O. DIVISION 2.3D	B NB	C S EE. HRCQ	B NB		

Equipment Indicate how many of each	# of Straight Trucks	# of Truck Tractors	# of Trailers	# of HazMat Cargo Tank Trailers	# of HazMat Cargo Tank Trucks	Passengers			
						Motor Coach	School Bus	Mini-bus Van	Limousine
OWNED									
TERM LEASED									
TRIP LEASED									

OPERATION CLASSIFICATION (Circle all that apply)

- | | | | |
|------------------------|--------------------------------------|-----------------------|---------------------|
| A. Authorized For-Hire | D. Private Passengers (Business) | G. U.S. Mail | J. Local Government |
| B. Exempt For-Hire | E. Private Passengers (Non-Business) | H. Federal Government | K. Indian Tribe |
| C. Private (Property) | F. Migrant | I. State Government | L. Other _____ |

NUMBER OF DRIVERS SUBJECT TO FMCSR: (Federal Motor Carrier Safety Regulations)

INTERSTATE (Across state lines)

INTRASTATE (Stay within Kansas)

100-Mile Radius _____ 100-Mile Radius _____ TOTAL DRIVERS _____
 Beyond 100-Mile Radius _____ Beyond 100-Mile Radius _____ TOTAL CDL DRIVERS _____

CERTIFICATION STATEMENT (To be completed by an authorized official)

I, _____ certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this application is, to the best of my knowledge and belief, true, correct, and complete.

Signature _____ Date _____ Title _____

Section 7

****To be completed by only those carriers applying for, Intrastate for-hire authority****

DESIGNATION OF RESIDENT AGENT

K.S.A. 60-305(a) requires that every person or entity engaged in the business of transportation as a common or contract motor carrier in Kansas shall designate some person residing in Kansas as their resident agent. Applicants residing in Kansas may designate themselves on this form.

_____, having its principal office at
(Full and correct name of motor carrier)

(Street) (City) (State) (Zip)

does, pursuant to K.A.R. 82-4-33 and K.S.A. 60-305a, hereby designate, as the person upon whom service of process may be made:

(Full name of person designated)

(Individual, Corporation, Association or Partnership)

(Street and Number)

_____, Kansas _____ Phone: _____
(City) (Zip Code)

Dated this _____ day of _____, 20__.

(Applicant)

(Signature)

(Name Typed or Printed)

(Title)

Section 8

*****To be completed by those carriers applying for Private or Intrastate authorities***Per
K.A.R.82-4-29 (b) & 82-4-27(a)(4)**

Corporations/LLC/ may submit a copy of their annual report for the last calendar year.
(Company annual report, **not** what is filed with Secretary of State)

Partnerships **must** submit a financial statement for each partner, plus a combined statement for the partnership.

Actual figures for the 12 month period ending the previous calendar year; or, if this is a new operation, estimated figures for the 12 month period in the coming year

Name: _____

DBA: _____

City: _____ State: _____ Zip: _____

Balance Sheet/Financial Statement

Income Statement

ASSETS

Equipment (power units/trailers)\$ _____
Real Estate _____
Cash and Bank Balance _____
Notes Receivable _____
Accounts Receivable..... _____
Miscellaneous _____

Total Assets.....\$ _____

Income:
Motor Carrier Operations \$ _____
Other (describe source)..... _____

Gross Income..... \$ _____

LIABILITIES

Indebtedness on Equipment \$ _____
Notes _____
Mortgages _____
Conditional Sales Contract _____
Accounts Payable..... _____
Miscellaneous _____
..... _____
..... _____
..... _____
..... _____
Total Liabilities \$ _____

Expenses:
Fuel \$ _____
Insurance..... _____
Salaries & wages _____
Repairs/Maintenance _____
Depreciation..... _____
Payroll Taxes _____
Advertising _____
Office Expense _____
Permits/Fees..... _____
Miscellaneous _____
Total Expenses \$ _____

Net Assets.....\$ _____

Net Income of Loss \$ _____

Bank _____
Line of Credit Yes _____ No _____

Signed _____

Section 9 (To be signed by all applicants or applicant representative and notarized)

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (State penalties as prescribed by law.)

Applicant (If being signed by Motor Carrier)

Applicant Representative (if completing application for carrier)

Title

(To be completed by a notary and applicant)

Dated at _____ this _____ day of _____, 20____.

STATE OF _____, County of _____

_____, of lawful age, being sworn upon oath, deposes and says that he is
(Applicant Name)

_____ the within-named applicant, and that he has read the above and foregoing application, and
(Applicant Name)

that the statements therein contained are true.

(Applicant Signature)

Subscribed and Sworn to before this _____ day of _____, 20____.

Notary Signature

My commission expires

Mail completed application to: State Corporation Commission, 1500 Arrowhead Road, Topeka, Kansas, 66604-4027. **Faxed applications will not be accepted.**

If you bring this application into the office, please come before 3:00 p.m.

DEFINITIONS

Private Carrier: (K.S.A. 66-1,108(h)) *A person who provides transportation of property or passengers, by a commercial vehicle and is not a for hire carrier.*

You must also travel beyond 25 miles from your base point (where you are domiciled), and the GVWR for your vehicle in a single or combination (with a trailer) must be over 10,000 lbs.

For-Hire Carrier: (K.S.A. 66-1,108(l)) *One who hauls goods that belong to someone else and receive payment to haul those goods. (Exempt- across state lines, Intrastate-stays within the boundaries of Kansas and Single State Carriers-across state lines).*

FMCSA: *Federal Motor Carrier Safety Administration. (Formerly known as FHWA-Federal Highway Administration).*

Principal place of business: *A single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.*

Hearing for Intrastate: *Upon receipt of a completed application, a date will be assigned for a hearing. The applicant or the applicant's attorney will receive notice of the hearing date, and should be prepared to provide a witness at the hearing in support of the applicant*

Re-entitlement: *A copy of the FMCSA permit certificate showing an applicant's name change.*

MVR's: *Motor Vehicle record of drivers. Motor carriers that utilize more than fifteen (15) drivers shall submit a list of all drivers, but include only fifteen MVRs selected in a systematic manner from the list of drivers.*

Application Fee: *This fee is non-refundable should the application be discontinued for any reason.*

Corporations: *A copy of the Articles of Incorporation must be filed. Foreign corporations doing business in Kansas as defined by K.S.A. 17-7303 must submit a certificate of good standing from the Kansas Secretary of State. The telephone number for the Secretary of State's office is 785.296.2236.*

Compliance Review and Vehicle Inspections (for Intrastate): *After an application is filed, and prior to the hearing date, a KCC Investigator will contact the transferee to schedule a review of the transferee's files and operations to assess compliance with all applicable laws and regulations. The compliance review report will be provided to the Commission staff attorney and made a part of this application.*

K.A.R. 82-4-27(b)(1): *A certified or sworn contract entered into by both parties shall be filed as an exhibit with the application, shall set out in full the agreement between the parties, and shall detail all transferred items including equipment, property, goodwill, assumption of debt covenants not to compete, and any other items relevant to the financial stability of the parties.*

K.A.R. 82-4-27(4): *A current balance sheet and income statement reflecting the most recent 12 months of data available or pro forma of the applicant.*

K.A.R. 82-4-29(b): *The financial condition of the applicant.*

K.A.R. 82-4-33: *The applicant for a certificate, permit, or license who is not a resident of Kansas shall not be granted authority until the applicant designates an agent who is a resident of the state of Kansas to be a process agent on behalf of the applicant.*

Commercial Vehicle: *A vehicle that has a gross vehicle weight rating or gross combination weight rating of 10,001 or more pounds; vehicle designed to transport 16 or more passengers, including the driver; a vehicle used in the transportation of hazardous materials in a quantity requiring placarding.*