

[Renew Housemover License – Online Procedures](#)

A Housemover license is valid for one year from the date of issuance, and must be renewed annually to remain compliant. Renewal of a Housemover License can be requested by filling out an HML-1 and HML-2 form located on the MO Operating Authority tab of our website, www.mcs.modot.mo.gov/mcs, or online through MoDOT Carrier Express.

INSURANCE: In order to receive and maintain a license, proof of insurance must be on file with MCS.

ADDITIONAL REQUIREMENTS:

Super Load Permit: A super load permit must be obtained from the MoDOT district office for each individual house movement.

Intrastate Operating Authority: If the house movement occurs outside of a commercial zone you must obtain Intrastate Operating Authority from MoDOT MCS.

To renew a housemover license online follow the procedures below:

1. Access MoDOT Carrier Express (MCE) by clicking on the following button from the MCS homepage:
(www.mcs.modot.mo.gov/mcs).



2. Enter the Username and Password provided to you by MoDOT Motor Carrier Services
 - If you don't remember your password you can reset it from the log-in screen by clicking on the "forgotten password" button. In order to reset your password you must know your User ID and have your IRP Number, last 4-digits of your Tax ID Number, or your MCS Customer ID.
Note: Only one username and password is created per company, so make sure no other company official has the correct username and password before resetting it.
 - If you don't have a user id or password, visit www.modot.org/mcs/MotorCarrierExpress.htm to request one.
3. Your Account Name, Customer ID, and USDOT Number will show at the top of the page:

Account Name: QUALITY CARRIERS INC
Customer ID: 3606 USDOT Number: 76600

4. Click on Begin an INTRASTATE AUTHORITY activity:

▶ [Begin an INTRASTATE AUTHORITY activity](#)

5. Select House Movers:



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6. Select Renewal

House Movers
New Carrier
Renewal
Supplement
Supplement Continuance

7. Enter the Registration Year

Note: The Registration Year is for the year preceding the year you want to register for, not the renewal year (i.e. if you are renewing for the year 2015 you will enter 2014 in this field).

Search Operating Authority Information

USDOT No: 2302118

Reg Year:

8. GENERAL INFORMATION

a. Verify that your **DBA NAME & Principal Address** are Correct:

(If information needs to be changed you should fill out a HML-1 Form and send to MoDOT MCS for processing)

General Information	
DBA Name: <input style="width: 150px;" type="text"/> Registration Year: 2015	Principal Address Address: 4501 N 127TH ST BUTLER, WI 53007
Mailing Address Address 1: PO BOX 325 City: BUTLER State: WI - WISCONSIN Zip: 53007	Contact Information Name: <input style="width: 100px;" type="text"/> Phone: (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> Ex: <input style="width: 20px;" type="text"/> Electronic Renewal: <input type="checkbox"/> Fax: (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> Email: <input style="width: 100px;" type="text"/>

b. Enter a **Mailing Address** if different from your Principal Address:

General Information	
DBA Name: <input style="width: 150px;" type="text"/> Registration Year: 2015	Principal Address Address: 4501 N 127TH ST BUTLER, WI 53007
Mailing Address Address 1: PO BOX 325 City: BUTLER State: WI - WISCONSIN Zip: 53007	Contact Information Name: <input style="width: 100px;" type="text"/> Phone: (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> Ex: <input style="width: 20px;" type="text"/> Electronic Renewal: <input type="checkbox"/> Fax: (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> Email: <input style="width: 100px;" type="text"/>

c. Enter all available **Contact Information** (name, phone, fax, e-mail):

General Information	
DBA Name: ABC TRUCKING Registration Year: 2015	Principal Address Address: 611 KIMBERLY DR JEFFERSON CITY, MO 65109
Mailing Address Address 1: PO BOX 271 City: DENTON State: TX - TEXAS Zip: 76202	Contact Information Name: PROPERTY APP Phone: (999) 999-9999 Ext: <input style="width: 20px;" type="text"/> Electronic Renewal: <input type="checkbox"/> Fax: (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> Email: <input style="width: 100px;" type="text"/>
Terminal Address Address 1: <input style="width: 100px;" type="text"/> City: <input style="width: 100px;" type="text"/> State: <input style="width: 100px;" type="text"/> Zip: <input style="width: 100px;" type="text"/>	

9. **TYPE OF OPERATION** – select if you will be operating within or outside a commercial zone (both can be selected)

Type of Operation: (Check all that apply)

Transporting houses wholly within commercial zones in the state of Missouri;

Transporting houses on public roads and highways of this state but not limited as described in No. 1;

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NOTE: If you select the 2nd option (outside a commercial zone) you must also apply for Intrastate Operating Authority before your Housemover License will be granted.

10. **HOUSEMOVER QUALIFICATIONS** – the answer to the following questions must be YES in order for a housemover license to be granted

- a. Applicant is at least 18 years of age
- b. Applicant possesses a valid commercial driver’s license
- c. Applicant has at least twenty-four months of experience in moving houses

HouseMover Qualifications	
The Applicant is at least eighteen years of age	Yes <input checked="" type="radio"/>
The Applicant possesses a valid commercial driver’s license	Yes <input checked="" type="radio"/>
The Applicant has at least twenty-four months of experience in moving houses	Yes <input checked="" type="radio"/>

11. **WORKERS COMPENSATION** – select whether you are self-insured or have outside coverage for workers compensation that complies with state regulations and standards.

Worker’s Compensation
<input type="radio"/> I am certified as self-insured by the Missouri Division of Worker’s Compensation.
<input checked="" type="radio"/> I have coverage in place to comply with the worker’s compensation insurance requirements in chapter 287 RSMo for all employees.

12. Click Submit (2 times)

Submit

13. **EQUIPMENT** – Enter the following information for each vehicle that operates in house movement:

- a. Make
- b. Year
- c. VIN
- d. License Number
- e. Annual Inspection – check this box to verify that the vehicle is inspected on an annual basis

Make	Year	VIN	License Number	Annual Inspection
				<input type="checkbox"/>

14. Click Submit (2 times)

Submit

15. **BILLING INFORMATION** – A Housemover License is subject to a \$100 annual fee. This must be paid before the license will be issued.

Fee Details		
SSRS MO Vehicles: 0	SSRS MO Requested: 0	SSRS Foreign Fees:
Interstate Stamps: 0	Stamps Requested:	SSRS MO Fees:
Intrastate Door Stickers: 0	Door Stickers Requested:	Fees Due:
Intrastate Window Stickers: 0	Window Stickers Requested:	Fees Due:
House Movers:		Fees Due: 100.00
		Total Due: 100.00

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16. In the Delivery Options field enter how you would like to receive your invoice: Preview, Fax, or E-mail

17. Note: If you select Fax or e-mail you will need to enter a fax number or e-mail address in the designated field.

If you select Preview your invoice can be viewed in the Reports List once your transaction is complete. Instructions to access the Reports List are included below.

18. Click Submit (2 times)

19. You will see the following message if the application processed successfully

SUPPLEMENT COMPLETED - SELECT PAYMENT TAB FOR PAYMENT

NOTE: If you do not see this message contact MoDOT MCS for further information.

20. Click on the PAYMENT Tab to pay the invoice

21. All active invoices for your company will show.

- a. The invoice description will be titled HM. Click on the **Blue** Invoice ID in the column to the right of the description.

Description	ID	Status	Balance	Date/Time
HM /2015/0	1940008	INVOICED	\$100.00	2015/06/30 15:00

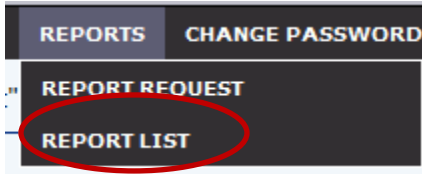
22. Select the link at the top of the page “Payment Processing Instructions – Updated” for instructions on making a payment in MCE:

Your application is complete. MoDOT MCS will contact you once your authority has been issued. If you have not received your Housemover License within 7 business days contact MoDOT MCS for further information.




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HOW TO VIEW THE REPORTS LIST

1. From the main menu hover your mouse over the Reports Tab and click on Reports List



2. You will see a list of all reports that have been generated by your User ID

Report	Report Name	Create Date	Delete
	CUSTOMER SUMMARY INVOICE	September 23, 2014	✗
	CUSTOMER SUMMARY INVOICE	August 13, 2014	✗
	CUSTOMER SUMMARY INVOICE	August 13, 2014	✗

3. To view a report click on the icon to the left of the report name



4. **You must have Adobe Reader installed on your computer to view a report.**

To install adobe reader visit www.adobe.com.