

D. FORM OF BUSINESS (CHECK ONLY ONE BOX BELOW):

	DATE ORGANIZED OR INCORPORATED			MO SECRETARY OF STATE REGISTRATION NUMBER
	MM	DD	YY	
<input type="checkbox"/> SOLE PROPRIETORSHIP				
<input type="checkbox"/> PARTNERSHIP				
<input type="checkbox"/> LIMITED PARTNERSHIP				
<input type="checkbox"/> CORPORATION				
<input type="checkbox"/> LIMITED LIABILITY COMPANY				

E. IF YOUR COMPANY IS ORGANIZED OUTSIDE OF MISSOURI, WHAT IS THE STATE OF ORIGIN? [][]
 IF THE CORPORATION IS ORGANIZED IN A STATE OTHER THAN MISSOURI, SUBMIT RECENT CERTIFICATE OF GOOD STANDING FROM THE STATE OF RESIDENCE. FOR A PARTNERSHIP ORGANIZED IN A STATE OTHER THAN MISSOURI, INCLUDE A COPY OF THE PARTNERSHIP AGREEMENT (NEW LICENSE ONLY).

F. NAME OF COMPANY MANAGERIAL OFFICERS OR PARTNERS (PLEASE PRINT)

NAME	TITLE

SECTION III: PUBLIC LIABILITY SECURITY - NOT APPLICABLE FOR WASTE TIRE TRANSPORTERS

The undersigned applicant acknowledges its understanding that it must keep in full force and effect all insurance and public liability security as required by State and Federal law. **(Check only one box below)**

- The applicant's insurance company **will file** a copy of its proof of public liability security (Form E-BIPD) insurance certificate or Form E-BIPD surety bond before the applicant will be approved to operate in intrastate commerce **(applications are held and not filed until proof of insurance is received)**.
- The applicant's insurance company **has filed** a copy of its proof of public liability security (Form E-BIPD) Insurance Certificate or Form G-BIPD Surety Bond.

SECTION IV: AREA TO BE SERVED

Check Missouri counties to be served: **ALL COUNTIES** **INTERSTATE ONLY**

ADAIR	CALLAWAY	COOPER	GRUNDY	LACLEDE	MILLER	PERRY	ST CHARLES	STONE
ANDREW	CAMDEN	CRAWFORD	HARRISON	LAFAYETTE	MISSISSIPPI	PETTIS	ST CLAIR	SULLIVAN
ATCHISON	CAPE GIRARDEAU	DADE	HENRY	LAWRENCE	MONITEAU	PHELPS	ST FRANCOIS	TANEY
AUDRAIN	CARROLL	DALLAS	HICKORY	LEWIS	MONROE	PIKE	ST GENEVIEVE	TEXAS
BARRY	CARTER	DAVISS	HOLT	LINCOLN	MONTGOMERY	PLATTE	ST LOUIS CITY	VERNON
BARTON	CASS	DEKALB	HOWARD	LINN	MORGAN	POLK	ST LOUIS	WARREN
BATES	CEDAR	DENT	HOWELL	LIVINGSTON	NEW MADRID	PULASKI	SALINE	WASHINGTON
BENTON	CHARITON	DOUGLAS	IRON	MCDONALD	NEWTON	PUTNAM	SCHUYLER	WAYNE
BOLLINGER	CHRISTIAN	DUNKLIN	JACKSON	MACON	NODAWAY	RALLS	SCOTLAND	WEBSTER
BOONE	CLARK	FRANKLIN	JASPER	MADISON	OREGON	RANDOLPH	SCOTT	WORTH
BUCHANAN	CLAY	GASCONADE	JEFFERSON	MARIES	OSAGE	RAY	SHANNON	WRIGHT
BUTLER	CLINTON	GENTRY	JOHNSON	MARION	OZARK	REYNOLDS	SHELBY	
CALDWELL	COLE	GREENE	KNOX	MERCER	PEMISCOT	RIPLEY	STODDARD	

List other states that are served : _____

SECTION V: SAFETY FITNESS

Applicant by signing below agrees to comply with all Federal and State safety laws and regulations including but not limited to the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations found in Title 49 Code of Federal Regulations and Section 307.400, RSMo, before a permit to operate is issued and before the applicant commences for-hire motor carrier movements sought under this application. Applicant understands and agrees that a safety fitness review will be conducted with applicant (at a time and place determined by the [Motor Carrier Services Unit) before a permit to operate is issued. Applicant has the following safety rating(s) issued by:

- NO RATING
- US DEPT. OF TRANSPORTATION MO DAY YEAR
DATE: [] [] [] [] [] [] RATING _____ (ATTACH COPY)
- DIV OF MOTOR CAR & RR SAFETY OR MODOT DATE: [] [] [] [] [] [] RATING _____ (ATTACH COPY)
- ANOTHER STATE'S RATING DATE: [] [] [] [] [] [] RATING _____ (ATTACH COPY)

SECTION VI: BRANCH OFFICES (DO NOT COMPLETE IF TRANSPORTING WASTE TIRES.)

List Missouri Cities with Branch Offices:

Street Address	City

SECTION VII: DISCLOSURE STATEMENT (COMPLETE IF APPLICABLE – DO NOT COMPLETE IF TRANSPORTING WASTE TIRES.)

- If the applicant, principal corporate officers or any of the holders of more than 20% of the applicant’s company have previous experience in the hazardous waste management business, please list the names of these persons and the names and locations of the companies or agencies with which they were involved.

- The applicant, principal officers and all holders over 20% of the applicant company have no previous experience in the hazardous waste management business.

SECTION VIII: APPLICANT'S CONSENT TO INVESTIGATION

Applicant, by signature on and/or delivery of this application to the Missouri Department of Transportation (MODOT), consents on behalf of itself and its affiliates (including persons and entities under its control or related to applicant, and all of their agents, employees, drivers, lessors and lessees of vehicles or drivers, and insurance providers) to be investigated by MODOT or Missouri Department of Natural Resources (DNR) (including MODOT or DNR employees, agents and cooperating law enforcement or regulatory agencies), in relation to the applicant’s safety fitness and insurance coverage with respect to motor vehicles and drivers. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws whether located on or off the premises of applicant and whether in the possession of applicant or any third party. MODOT or DNR may copy or take possession of any document or item of evidence that may be found during such search or inspection. Termination of this consent by applicant prior to issuance of a permit to operate shall be grounds for immediate dismissal or denial of the application.

SECTION IX: COMPANY REGISTERED AGENT IN MISSOURI (YOU MUST CHECK AND COMPLETE ONE)

The applicant hereby designates as agent for service of process in Missouri as follows:

- I/we hereby designate the following as my/our agent for service of process:
Name and address: _____
- I/we hereby designate the Missouri Highways and Transportation Commission, 105 West Capitol Avenue, Jefferson City, MO 65101 as my/our agent for service of process in Missouri.

SECTION X: FEES

- The applicant's payment of the required **nonreturnable permit fee of \$100** is enclosed with this application for **transportation of waste tires**.
- The applicant has completed the license fee calculation sheet Exhibit D and the amount due is enclosed with this application for the transportation of hazardous waste. (Do not complete this form for transporting waste tires.)

SECTION XI: WASTE TIRE MOVEMENTS (To be completed if transporting waste tires.)

LIST APPROXIMATE NUMBER OR WEIGHT OF WASTE TIRES TRANSPORTED PER MONTH:

HAVE YOU EVER BEEN IN VIOLATION OF SECTIONS 260.270 THROUGH 260.278 RSM0? Yes No
If yes, list detail of the notice of violation number, county, case number, date, charge(s) and disposition of the case. (Attach list if necessary.)

LIST DRIVER'S LICENSE INFORMATION OF HAULERS EMPLOYED BY APPLICANT

Driver Name	License Number	License State

LIST ALL RECEIVING FACILITY (IES)

Name	Address	Phone Number

SECTION XII: VERIFICATION OF APPLICANT

I declare under the penalty of perjury under the laws of the State of Missouri and the United States of America that the foregoing information in this application is true and correct, that I am authorized to sign this Application on behalf of the Applicant and that the signature below is my own true and correct signature made by me and by no other person.

Hazardous Waste Only – I, the undersigned, pursuant to Section 260.395.1, RSMo 2000, certify that the equipment to be used by the above-named applicant for the transportation of hazardous wastes meets and will be operated in accordance with the rules and regulations of the Missouri Department of Transportation, the Federal Department of Transportation and the Federal Highway Administration (Bureau of Motor Carrier Safety), as published in parts 171-180 and 390-397, Title 49 CFR, for the transportation of the types of hazardous materials for which it will be used. I further certify that the removal, transporting, and disposal, storage or treatment of hazardous wastes will comply with the Missouri Hazardous Waste Management Law and the rules adopted thereunder.

APPLICANT(S) PRINTED	DATE
APPLICANT SIGNATURE(S)	TITLE

SECTION XIII: AUTHORIZED REPRESENTATIVE ACTING AS CONTACT PERSON SECTION XIII: AUTHORIZED

NAME	MO BAR NUMBER IF ATTORNEY	BUSINESS PHONE
STREET ADDRESS		FAX NUMBER
CITY	STATE	ZIP CODE
		24-HR TELEPHONE NUMBER

LICENSE FEE CALCULATION FOR TRANSPORTING HAZARDOUS WASTE

(Note: Do NOT complete for transporting waste tires. Carriers who pay the cap of \$25,000 are not required to complete this page.)

Check this box if you are using estimates

1. Total Licensed Vehicle Weight (in pounds) of Your Power Units Listed in Exhibit C		
2. Total Missouri Miles <i>(Use Missouri IRP Miles - See Instructions below)</i>		
3. Total Miles <i>(Use Total IRP Miles - See Instructions below)</i>		
4. Missouri Miles Divided by Total Miles <i>(Line 2 divided by Line 3 rounded up to two decimal places. Example: .233 would be .24, .056 would be .06.)</i>		
5. Total Missouri Hazardous Waste Shipments <i>(See Instructions below)</i>		
6. Total Number of Missouri Shipments <i>(See Instructions below)</i>		
7. Hazardous Waste Shipments Divided by Total Missouri Shipments <i>(Line 5 divided by Line 6 rounded up to two decimal places. See example from Line 4.)</i>		
8. Use Fee Factor		.0425
9. Calculated User Fee <i>(Line 1 times Line 4 times Line 7 times Line 8. Round UP to next whole dollar.)</i>		\$.00
10. Application Fee		\$ 200.00
11. Underpayment of Fees for estimation of first year <i>(Enter amount on Line 14 of voucher)</i>		\$.00
12. Overpayment of Fees for estimation of first year <i>(Enter amount on Line 15 of voucher)</i>		\$ (.00)
13. Total Calculated Fee <i>(Add Lines 9,10, 11 minus Line 12)</i>		\$.00
14. Total Cap Fee		\$ 25,000.00
15. Total Due the State of Missouri <i>(If Line 13 is larger than line 14, enter amount from Line 14. Otherwise enter amount from Line 13. Make Check Payable to "Director of Revenue")</i>		\$.00

Instructions (See also Instruction Sheet for more detail and sample Exhibit D):

Total Missouri Miles (Line 2) - For initial application for new carriers, estimated miles are acceptable. Missouri miles are the same as reported for the International Registration Plan (IRP) when you obtained your apportion license plate(s). For carriers not reporting IRP mileage, include all mileage from, to or through Missouri. Additionally, all miles traveled transporting containers with residues of these materials, as defined at 49 CFR 171.8, will be included in the Missouri hazardous waste mileage. (This means that the hazardous materials remaining in a packaging, including a tank car, after its contents have been unloaded to the maximum extent practicable and before the packaging is either refilled or cleaned of hazardous material and purged to remove any hazardous vapors).

Total Miles (Line 3) - Total IRP miles. For those carriers who do not report mileage under IRP, the total miles should be determined by using the beginning and ending odometer readings from the vehicles operated in your fleet from July 1 through June 30.

Number of Missouri Hazardous Waste Shipments (Line 5) - Number of hazardous waste manifests, used oil logs or infectious waste shipping papers to determine the number of shipments transported from, to or through Missouri for the preceding year.

Total Number of Missouri Shipments (Line 6) - The total number of manifests, shipments and bills of lading for any property transported from, to or through Missouri for the preceding year.

