

STATE OF NEW HAMPSHIRE



DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
BUREAU OF ROAD TOLL OPERATIONS
JAMES H. HAYES SAFETY BUILDING
33 HAZEN DRIVE, CONCORD, NH 03305
TDD Access: Relay NH 1-800-735-2964

TRANSFER OF HOUSEHOLD GOODS CARRIER OPERATIONS

Uniform Transfer Application for Certificates and Permits authorizing operations between points and places in New Hampshire.

This form has been approved by the Department of Safety to apply for the Transfer of Household Goods motor carrier authority.

Application must be printed legibly with ink or typed. Illegible applications will be returned. Please be complete. Use additional sheets if necessary. The information you provide will be used to evaluate your qualifications for the authority.

NOTE: Any representations made by members of the Bureau of Road Toll Operations staff should not be construed as granting the authority.

(1) Check **One**: Type of Carrier: _____ Common _____ Contract

Per RSA 359-T:18 (a), application fee is \$50. **Please make checks payable to: State of NH-Road Toll Bureau**

Application of: Legal Name _____

(State whether the applicant is a natural person, partnership or corporation)

Mailing Address Street & No. _____

City _____ State _____ Zip _____ Phone _____

If a partnership, give names and addresses of each member: (Use separate sheets if necessary)

Name _____ Address _____

Name _____ Address _____

If owned in part or controlled by out of state interests, provide the name, address, and types of business of each co-owner:

If a corporation, indicate date and state in which organized: Date _____ State _____

(2) Name of Household Goods Carrier transferring certificate or permit to you:
_____ Corresponding Certificate Number: _____

(3) Attach a copy of your certificate of registration issued by New Hampshire Secretary of State.

(4) Provide a statement of your assets and liabilities as of the date of this application.
(Note: This is not required if your company currently holds a Passenger Carrier certificate or permit.)

(5) State your experience or that of your officers and any other facts relevant to your ability to properly perform the service covered by this application. Provide a list of each vehicle to be used in the carriage of household goods including the state the vehicle is registered in, the registered vehicle's corresponding license plate number, the registered vehicle's corresponding carrier plate number, the year, make and model of the vehicle, the vehicle's Gross Vehicle Weight Rating (GVWR), whether or not the vehicle is used in combination with a trailer, the total combined GVWR of the vehicle and trailer, the vehicle's identification number (VIN) (include a separate sheet if necessary). Be sure to include information on any special license(s) held and any special equipment to be employed in the performance of this service.

(6) Attach a certificate of insurance.

(Note: Insurance coverage requirements are outlined in Saf-C 4602.02 Certificate of Insurance.)

(7) By signing this form, the applicant certifies under the penalties of unsworn falsification per RSA 641:3 that they are authorized to file with the Bureau of Road Toll Operations this application and the exhibits attached hereto; that all of this application and exhibits are true and correct to the best of their knowledge and belief; and that the Applicant will comply with all Rules prescribed by the Bureau of Road Toll Operations and the State's Motor Carrier Safety rules.

Name: _____ Signature: _____
(Please Print)

Title: _____ Date: _____