



**GEORGIA DEPARTMENT OF PUBLIC SAFETY
MCCD REGULATIONS COMPLIANCE
P.O. BOX 1456
ATLANTA, GEORGIA 30371
(404) 624-7241
www.gamccd.net**

**INSTRUCTION SHEET: APPLICATION FOR CLASS “B” HOUSEHOLD GOODS
CERTIFICATE**

This certificate allows you to transport household goods (for hire) between points within Georgia (Intrastate).

These are instructions for applying for an “Interim” Certificate or to amend an existing Certificate. The Interim Certificate will be granted (if application is in order and no protests are received) *on a twelve (12) month basis*. A Permanent Certificate will be issued at the end of twelve (12) months based on actual performance.

It will take about six (6) to eight (8) weeks to process an application from the time DPS receives it, until the time it is approved. A MOTOR CARRIER CANNOT OPERATE UNTIL A CERTIFICATE IS RECEIVED FROM THE GEORGIA DEPARTMENT OF PUBLIC SAFETY; To DO OTHERWISE IS A VIOLATION OF GEORGIA LAW.

1. Complete, sign, and have the application notarized; incomplete applications will be returned; application fees are non-refundable.
2. The application must be accompanied by a cashier’s check, certified check, or money order, made payable to the Georgia Department of Public Safety in the applicable amount as shown in the fee schedule below. Non-certified funds such as company or personal checks **are not** accepted. Also, please do not submit cash. Application fees are determined by the number of vehicles owned or permanently leased at the time the application is made. Also, Hearing advertisement fees authorized by O.C.G.A. §40-1-103 are included in the fee schedule:
 - Less than 6 vehicles: \$90.00;
 - 6-15 vehicles: \$165.00

- Over 15 vehicles: \$215.00
3. If Incorporated attach a copy of the Articles of Incorporation and a copy of the Certificate of Incorporation from the Secretary of State's office.
 4. If a Limited Liability Company, attach a copy of the Articles of Organization and copy of the Certificate of Organization from the Secretary of State's Office.
 5. All owners, partners, and officers must complete the Consent for Background Investigation forms and obtain a statewide background check from their state of residence, and subsequently submit the background reports to the Georgia Department of Public Safety. Said reports can be purchased from your local sheriff department or police departments. NOTE: Georgia Residents must complete a Georgia Crime Information Center (GCIC) background check.
 6. All owners, partners, and officers must submit a current "**Certified**" 3-Year Driver's History Report (MVR) to the Department of Public Safety (DPS) with this application. The "**Certified**" Driver's History Report can be obtained in person from one of the Department of Driver Services (DDS) Customer Service Centers located throughout the state; you may download a copy of the necessary form from our website at www.gamccd.net. Also, a Certified copy may be ordered online at <http://www.dds.ga.gov/>. Non-certified copies will not be accepted.

Qualifications That Must Be Met. Prior to the issuance of an Interim Certificate:

1. Attend a training class on the laws of Georgia and the rules and regulations of the Georgia Department of Public Safety. Upon receipt of your application, the Department will send you information about the date, time, and place of this training.
2. Have your insurance company submit a Form E (Public Liability & Property Damage Liability) filing and a Form H (Cargo filing) to the Georgia Department of Public Safety. The forms may be mailed to the Georgia Department of Public Safety, MCCD Regulations Compliance, P.O. Box 1456, Atlanta, GA 30371, faxed to DPS at **770-359-4321**, or e-mailed to householdgoods@gsp.net. Since this process takes 6-8 weeks for approval, it is not necessary to obtain this insurance at the time you submit your application.

INSURANCE REQUIREMENTS

Public Liability and Property Damage (Form E)

- **\$100,000.00** (Limit for bodily injury to or death of one person);
- **\$300,000.00** (Limit for bodily injuries to or death of all persons injured or killed in any one accident);
- **\$50,000** (Limit for loss or damage in any one accident to property of others (excluding cargo).

Cargo (Form H)

- **\$25,000.00** (For loss or damage to property carried on any one motor vehicle)
 - **\$50,000.00** (For loss or damage to aggregate of losses or damage of or to property occurring at any one time and place)
3. Submit proof of compliance with Georgia Worker's Compensation laws, if applicable. <http://sbwc.georgia.gov/>
 4. Additionally, the Georgia Department of Public Safety only regulates intrastate (within the state) household goods moves. If you intend to conduct household goods moves in interstate commerce (crossing state lines), you must contact the Federal Motor Carrier Safety Administration (FMCSA), 1200 New Jersey Avenue, S.E., Washington, D.C., 20590; phone: 1-800-832-5660; website: <https://www.fmcsa.dot.gov>.
 5. If you are operating solely within the State of Georgia (not crossing state lines) with vehicles in excess of 10,001 lbs., Gross Vehicle Weight Rating (GVWR), you must also obtain a USDOT Number from the Federal Motor Carrier Administration <http://www.fmcsa.dot.gov>. The specific form required to obtain a USDOT Number is the MSC-150 (Motor Carrier Identification Number) form. The form may be accessed at the website above. If you are operating solely in Georgia, when completing the form choose the "intrastate" option.
 6. If you are operating solely within Georgia you must register your vehicles under the **Georgia Intrastate Motor Carrier (GIMC)** Program with the Georgia Department of Public Safety. You can register online here: <http://gamccd.net/UCR/UCRGa.aspx>. If you plan to operate across state lines, instead of registering under GIMC, you need to register under the Unified Carrier Registration (UCR) Program. You can register for UCR here: <http://www.ucr.in.gov>. Attach a copy of your valid GIMC or UCR document to this application.



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APPLICATION FOR CLASS "B" INTERIM CERTIFICATE TO OPERATE AS A Household Goods Carrier within the State of Georgia in the transportation of **Household Goods** hereinafter set forth, in intrastate commerce. Please type application or print legibly.

Applicant's Legal Name <i>(If DBA as carrier listed below)</i>							
Carrier Name							
USDOT or GA DOT Number				Email Address			
Business Address (physical address)							
City		County		State		Zip Code	
Mailing Address (if different from above)							
City		County		State		Zip Code	
Business Telephone Number				Business Fax Number			
Cell Phone Number				Other Phone Number			
Are you a citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If "No," you must provide federal documentation, verified by the U.S. Department of Homeland Security, of your lawful presence in the U.S. under federal immigration law.</i>							

APPLICANT REPRESENTATIVE'S INFORMATION

(To whom inquiries may be made. If you are representing yourself, place your name and address here)

Name							
Street Address							
City		County		State		Zip Code	
Business Phone Number			Business Fax Number				
Cell Phone Number				Email Address			

Application is hereby made on the basis of statements hereinafter set forth for a Certificate to operate as a motor carrier, for hire, transporting household goods in intrastate commerce in Georgia.

SECTION ONE: ORGANIZATION

Application is for: INDIVIDUAL CORPORATION PARTNERSHIP LLC

Actual State of Incorporation: _____

If a corporation, complete information below and attach a copy of certificate and articles of incorporation or organization from the Secretary of State or other agency in state where incorporated which shows approval of corporate name, directors, and stockholders.

NAMES AND ADDRESSES OF OFFICERS

President		Address	
Vice President		Address	
Treasurer		Address	
Secretary		Address	

If applicant is a partnership, or association, designate a partner or an officer who will serve as the main contact person for all matters related to the transportation of household goods.

Name		Address	
Phone		E-mail	

If applicant is a non-resident of Georgia, give the following information of a process agent or Attorney –in-Fact in the State upon whom process may be served in any suit instituted against applicant:

Name & Title					
Street Address					
City		State		Zip Code	
Business Telephone Number				Business Fax Number	
Cell Phone Number				Email Address	
Does applicant understand that he will be required to maintain commercial liability and property damage, and cargo insurance in the amounts prescribed by the Georgia Department of Public Safety?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant certify that he is in compliance with the Worker’s Compensation laws of this state?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Give address in Georgia where copies of invoices, business records, etc., will be maintained (housed):

Street Address					
City		State		Zip Code	
Is the Above Address your Residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Give the number of vehicles owned or permanently leased/ based in Georgia or elsewhere by applicant as of the date of this application.

TYPE	TOTAL NUMBER	Sizes (length & GVWR of each)
Panel Van (single unit truck)		
Box Van (single unit truck)		
Tractor-Semi-trailer box/van (combination)		
Other: (list)		
Other: (list)		

NOTE: Notify MCCD Regulatory Compliance – Household Goods whenever you add additional vehicles to your fleet

VEHICLE LIST

PLEASE RECORD INFORMATION FOR ALL VEHICLES, INCLUDING TRAILERS, UTILIZED UNDER AUTHORITY GRANTED BY THE DEPARTMENT OF PUBLIC SAFETY. NOTE: IF A VEHICLE IS NOT ON THIS LIST IT IS NOT AUTHORIZED FOR USE UNDER THE AUTHORITY GRANTED.

Vehicle Type	Unit Number	Vehicle Identification Number	Year & Make Of Vehicle

Vehicle Type: *Enter as applicable: Truck, tractor, trailer, etc.*

***Provide a copy of the most recent annual inspection for each vehicle listed.**

SECTION TWO: SERVICE PROPOSED

Does applicant propose to render regular and continuous service and undertake to carry and hold himself out as ready and willing to transport household goods for hire, which he is authorized to carry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant understand that he will be required to operate in conformance the Department of Public Safety's Maximum Rate Household Goods Tariff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The City where Base of Operation will be established	

Describe the territory in which the applicant proposes to operate. This may be done in terms of a base point and mileage radius (Example: 75 Miles of Atlanta, Georgia)

SECTION 3: FINANCIAL STATEMENT

Applicant represents financial ability to furnish the service proposed in this application and attaches copies of the most recent balance sheet, income and expense statement. If applicant has no such financial statements, please provide other asset documentation (e.g. real estate bill, mortgage statements vehicle titles and bank statements).

ASSETS

Real Estate (Value)	\$
Other Property (Value)	\$
Plant & Equipment (Value)	\$
Cash & Deposits	\$
TOTAL	\$

LIABILITIES

Capital Stock	\$
Equipment	\$
Judgments	\$
All Other Liabilities	\$
TOTAL	\$

NET WORTH (Total Assets minus Total Liabilities)	\$
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Descriptions

SECTION FOUR: HISTORY

Is applicant familiar with the Maximum Rate Household Goods Tariff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer is "NO," does applicant agree to obtain a copy of the Maximum Rate Household Goods Tariff, familiarize himself with same, and operate in compliance and accordance therewith?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is applicant familiar with the rules and regulations of the Georgia Department of Public Safety, which govern the operation of motor vehicles for hire, including the DPS's commercial vehicle & hazardous materials safety rules and regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to the above question is "NO," does the applicant agree to obtain a copy of these rules, familiarize himself with same, and operate in compliance and accordance therewith?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior to this application, has applicant been declared "Bankrupt" in Federal Bankruptcy Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" give a brief description below of declaration and attach copies of court documents		
Prior to this application, has applicant paid any fines or been convicted of any offense(s) relating to the operation of motor vehicles or including commercial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" give a brief statement below describing the incidents (most recent first)		

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ day of _____
 20_____

(Title)

(Telephone Number)

 Notary Signature: (Use *Blue Ink & Seal*)

My Commission expires: _____

PAST BUSINESS PRACTICE DISCLOSURE

Applicants for certificates must disclose all current or past business associations or affiliations with any other DPS regulated entity within the past 3 years. For example such relationships may be through actual ownership, partnership, percentage of stock ownership, a management position, or serving as a corporate officer in such regulated entity. Applicants must also disclose the company name, address, and USDOT number of all such associations or affiliations.

In considering the aforementioned, have you served in a management, partnership, or corporate officer position in the household goods? **Yes** **No** (if YES disclose all details of your affiliation below. Add as many pages as needed. Attach to application:

Subscribed & Sworn before me, _____

(Signature of Applicant or authorized person – USE BLUE INK)

This _____ **day of** _____

20_____ _____

(Title)

(Telephone Number)

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____

**AFFADAVIT
IN SUPPORT OF INTERIM CERTIFICATE**

Carrier Name <i>(Person completing Affidavit)</i>					
Street Address					
City		State		Zip Code	
Title of Person completing Affidavit					
Responsibilities with the Company					
What experience do you have in the type of business you are applying for authority to conduct?					
Insurance Coverage (Mileage Rate Your Insurance Covers)					

I understand that this application is for an "Interim" Certificate and that my permanent Certificate will not be issued for twelve (12) months. I understand that my performance during this "Interim" period will be the basis for the issuance of the permanent Certificate. I further agree to abide by all DPS rules and regulations, if this authority is granted.

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ **day of** _____
20 _____
_____ *(Title)*

_____ *(Telephone Number)*

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____

STATEMENT OF SAFETY AWARENESS

AND

AND CERTIFYING IDENTIFICATION MARKINGS OF VEHICLES

I do hereby CERTIFY knowledge of the applicable Department of Public Safety rules, regulations, standards, and orders, as well as other applicable Georgia laws, and declare that all operations will be conducted in compliance with such requirements.

I further CERTIFY that all vehicles operated under the authority granted by the Georgia Department of Public Safety will be durably marked on both sides of the body or cab of the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of fifty (50) feet during daylight hours while the vehicle is stationary, with the name of the motor carrier and the USDOT number. For intrastate (operating solely within Georgia) carriers see the Georgia Department of Public Safety Rulebook, Chapter 1 (1-390.21(h)); for carriers operating in interstate (cross state lines) commerce, see Title 49, CFR 390.21.

Example:

Wild West Movers, Inc.

USDOT #000000 GA

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ **day of** _____
20 _____ _____
(Title)

(Telephone Number)

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____



APPLICANTS APPLYING FOR INTRASTATE AUTHORITY

Georgia Department of Public Safety
MCCD Regulatory Compliance
 P.O.Box 1456
 Atlanta, GA 30371
 (404) 624-7241
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CONSENT FOR BACKGROUND INVESTIGATION

- Complete, sign, and have this form notarized;
- Present to local police or sheriff's department and request a background check report;
- Once you receive the results of the background check, attach the report to this form and mail it and the completed criminal history/background check with your application

<i>(DPS use only)</i> FILE Number		<i>(DPS use only)</i> Date Received	
<i>(DPS use only)</i> Permit Number		<i>(DPS Use only)</i> Background	
Name (Last, First, Middle)			
Date Of Birth (month, day, year)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Drivers License Number		Social Security Number	
State of Issue		Date of Issue	
Do you hold any other drivers licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so list license numbers & states	
Current Street Address			
City		State	Zip Code
Phone Number		Email Address	
Company Name			
Company Address			
City		State	Zip Code
Phone Number		Email Address	

O.C.G.A. §40-1-153 requires each owner, partner and officer of corporations to provide the information contained herein. Providing false statements and information is a crime and will disqualify your application from being approved.

I hereby apply to the Georgia Department of Public Safety for a Certificate or Permit to operate a motor carrier company. I understand that my criminal and driver histories will be investigated, and hereby give my consent for the Georgia Department of Public Safety to conduct whatever investigations necessary to determine my eligibility to apply for and hold a Certificate. I understand that false, misleading, or incomplete information given in my application or on this Consent Form may result in denial, cancellation, suspension, revocation, of my Certificate, as well as criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith are complete, true, and correct.

Have you ever been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any felony as such violation or violations are related to the operation of a motor vehicle? Yes No

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ day of _____
20 _____ _____
(Title)

(Telephone Number)

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____



**Georgia Department of Public Safety
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Effective July 1, 2012, the Georgia Motor Carrier Act of 2012 (HB 865) transferred responsibility for regulation, certification, permitting, and enforcement of laws, rules, and regulations governing household goods movers, passenger carriers (motor coaches & buses), luxury limousine carriers, and non-consensual towing operations from the Georgia Public Service Commission to the Georgia Department of Public Safety.

The Department of Public Safety is primarily a law enforcement organization, and we encourage all motor carriers and drivers to comply with the Rules and Regulations of the Department, as well as Georgia law. Those who choose to operate illegally may face both criminal and civil penalties for non-compliance.

The Department is firmly committed to fair economic practices and the safe operation of motor vehicles. Under current Georgia law, motor carriers engaging in the intrastate (within Georgia) transportation of household goods and passengers are required to possess Certificates or Permits issued by the Georgia Department of Public Safety (DPS).

Additionally, limousine carriers and non-consensual tow operations are also required to possess Certificates or Permits issued by the DPS. Furthermore, drivers of luxury limousines and limousine carrier vehicles must have a "Chauffer's" endorsement on their driver's license, which is issued by the Georgia Department of Driver Services (DDS).

The Department recommends that ALL motor carriers provide a current and valid **email address**. Doing so, will facilitate communication between you and the Department, and in the long term, may save you money by providing a mechanism for us to immediately notify you of law or rule changes, new educational opportunities, and basic procedural changes within DPS. Email addresses can be obtained free of charge from your internet provider, or from many of the popular search engines on the Web.

DPS offers various outreach and educational opportunities to aid motor carriers in the proper registration and safe operation of motor vehicles. Please visit our website at www.dps.georgia.gov and www.gamccd.net for further information. At our websites you will find links to rules, regulations, laws, and various educational documents and forms.