

Household Goods Class B Application

Who should use this application?

This Application is for the use of persons or organizations required by Georgia law to obtain a certificate from the Georgia Department of Public Safety authorizing operation within the State of Georgia as a Household Goods Carrier (intrastate moving company).

If you are a new applicant, the application will be reviewed to determine if you are eligible for an interim certificate. Interim Certificates are valid for a period of twelve (12) months unless otherwise ordered by the Department. The applicant's performance during these twelve (12) months will be reviewed to determine if a permanent certificate should be issued to the applicant.

- No I do not understand
- Yes I understand

Who should NOT use this application?

- Persons or organization required by Georgia law to register or update their registration as a limousine carrier.
- Persons or organizations required by Georgia law to register or renew their registration as a ride share network service, taxi service, transportation referral service, transportation referral service provider.
- Person or organizations required by Georgia law to obtain or renew a non-consensual towing permit from DPS authorizing the applicant to perform non-consensual towing services
- Motor Carrier required to complete or renew their Georgia Intrastate Motor Carrier("GIMC") or Unified Carrier Registration ("UCR"). More information about GIMC and UCR is available at <http://gamccd.net/UCR/UCRGa.aspx>
- A person or organization cancelling their certificate.
- A person or organization changing the company name.

- No I do not understand
- Yes I understand

Instructions for Completion

1. Complete the below application, sign it before a notary, and have the application notarized.
2. Have a cashier's check, certified check, or money order, made payable to the Georgia Department of Public Safety. Fees are as followed:
 - 1-6 vehicles- \$90.00
 - 7-14 vehicles \$165.00
 - 15 or more vehicle \$215.00
3. Include with the application your corporate formation and/ or organization documents for example:
 - If the applicant is a corporation or an LLC, attach a copy of the Articles of Incorporation/ Organization and a copy of the Certificate of Incorporation/ Organization from the Secretary of State Office
 - • If the applicant is a partnership or a LLP, attach a copy of the partnership agreement.
4. Include with your application a valid consent form for the applicant and each owner and officer of the applicant that is a Georgia resident authorizing the Georgia Department of Public Safety to conduct a background check of such persons through the Georgia Crime Information Center. For owners and officers of the applicant that are not Georgia residents, include a statewide background check from each person's state of residence to the Department of Public Safety.
5. Include with your application a certified three- year driver's history report for the applicant and each owner and officer of the applicant from the Georgia Department of Driver Services.
6. Include in your application registration from Unified Carrier Registration (UCR) or Georgia Intrastate Motor Carrier Program (GIMC)
7. Include in the application your DOT Number from FMCSA.
8. Have your insurance company or agent 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 Georgia Department of Public Safety, MCCD Regulation compliance PO Box 1456 Atlanta GA 30371 FAXED TO DPS 404-624-7246 or email to bfreeney@gsp.net or electronically through NOR. Since this process takes 6 to 8 weeks for approval, it is not necessary to obtain this insurance at the time you submit your application.
9. Include with your application a copy of the Annual Periodic Inspection Report performed by a qualified mechanic of your choice for each vehicle that will be operating.
10. After submitting your application, attend a training class on the laws of the State of Georgia and the rules and regulations of the Georgia Department of Public Safety relating to household Goods operations. You will receive information regarding the date, time, and location of this training upon receipt of your application.
11. After submitting application and application is accepted a hearing date for the application will be set and advertised on the DPS website and will be notified of your hearing date will be sent to you.
12. Include in your application a valid driver license.
13. If you are renting a vehicle for example from budget, uhaul etc you must submit a 2-year lease agreement with your application.

General Information (Section 1)

Classification (US DOT # Or GA DOT #)							
Applicant First and Last Name							
Company Name							
Business Address (physical address)							
City		County		State		Zip Code	
Mailing Address (if different from above)							
City		County		State		Zip Code	
Business Telephone Number				Email Address			
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>							

In what territory will applicants provide household goods services? Territory may be listed as particular counties or municipalities as a radius from a base point (e.g. 75 miles from Atlanta, Ga) or through any other descriptions.

Applicant Representative (Section 2)

Name of Representative							
Street Address							
City		County		State		Zip Code	
Business Phone Number				Relationship to Applicant			
Cell Phone Number				Email Address			

Applicant Owner Information (Section 3)

If applicant is a business entity or is NOT an individual, please complete this section. If applicant is an individual and will be doing business as an individual, skip this section 4 and **proceed to section five.**

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

Applicant Officer Information (Section 4)

If applicant is a business entity with corporate officers (e.g., President, Secretary, etc.), please complete this section. If applicant is an individual or an entity without corporate officers, skip this section and proceed to section 5.

Name of Officer							
Street Address							
City		County		State		Zip Code	
Business Phone Number							
Officer Title				Email Address			
Name of Officer							
Street Address							
City		County		State		Zip Code	
Business Phone Number							
Officer Title				Email Address			
Name of Officer							
Street Address							
City		County		State		Zip Code	
Business Phone Number							
Officer Title				Email Address			

Name of Officer							
Street Address							
City		County		State		Zip Code	
Business Phone Number							
Officer Title				Email Address			

Applicant History (Section 5)

1. Does the applicant or owners and/or officers of the applicant have experience in the provision of Household goods? **Yes or No**

2. Applicants for a Household goods carrier certification must disclose all current or past business associations or affiliations with any other DPS regulated entity **within the past three years**. Such associations/affiliations may be, for example, through actual ownership, partnership, percentage of stock ownership, a management position, or serving as a corporate officer. Do you or any owner or office of the applicant have past or present business associations or affiliations with any other DPS regulated entity, including but not limited to passenger carriers, limousine, carriers, household goods carriers, taxi services or ride share services? **Yes or No**

3. Has the applicant or have any owners or officers of the applicant ever declared bankruptcy? **Yes or No**

4. Has the applicant or have any owners or officers of the applicant ever been convicted of, pled guilty to, pled nolo condendre to, served time, or been on probation or parole for any criminal or civil offense relating to the operation of a motor vehicle? **Yes or No**

5. f you answered yes to any of the above questions, please provide details below, including relevant dates, the names of any associated parties, case numbers, court dispositions, and any other information that may be relevant to your application. You may attach additional pages if necessary to provide explanation(s). **Attach to this application, court dispositions relating to any declared bankruptcy or offenses relating to the operation of a motor vehicle.**

Applicant Asset Information (Section 7)

Applicants for a Household Goods carrier certificate must demonstrate that they possess and maintain a minimum level of \$50,000 in assets in accordance with Department of Public Safety rules and Regulations. Complete the following section related to the applicants' assets. These are the following documents that Department of Public Safety will accept for proof of the minimum level of the \$50,000 of assets: Bank Statement of Saving Account statement in the owner, business, representative or officer name. Both the mortgage statement and tax assessment in the owner, business, representative or officer name. Both the vehicle title and book blue value of the vehicle in the owner, business, representative or officer name. 401k statement in the owner, business, representative or officer name. Tax assessment for property or land in the owner, business, representative or officer name.

1. Do you agree to send in these documents as proof of the minimum asset for the \$50,000?
Yes or No

Consent For Background Investigation (Section 8)

- 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.

Name (Last, First, Middle)							
Date of Birth(month,day,year)						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver’s License Number				Social Security Number			
State of Issue				Date of Issued			
Do you hold any other driver’s licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so list the license numbers & State					
Current Street Address							
City		County		State		Zip Code	
Phone Number				Email Address			
Company Name				Company Address			
City		State		Zip Code			
Phone Number				Email Address			

Section 9: Certifications and Acknowledgement of Required Information

Please Initial next to each of the following statements to indicate that you understand and agree to comply with the following requirements if your application to operate as a household goods carrier is approved.

Familiarity with Rules and Regulations and Agreement to Abide by Same

I am familiar with or – prior to commencing operations as a household goods carrier in this state – shall become familiar with the rules and regulations of the Georgia Department of Public Safety that pertain to the operation of household goods carriers. I agree to abide by all laws and Department of Public Safety rules, regulations, and orders pertaining to operations as a household goods carrier whenever operating or advertising as a household goods carrier. I certify that all operations conducted by the applicant as a household goods carrier shall be conducted in compliance with all such laws, rules, regulations, and orders.

_____ Applicant's Initials

Interim Status

If I am a **new** applicant for a household goods carrier certificate, I understand that this application is for an interim household goods carrier certificate for a period of 12 months and that a permanent certificate will not be issued for at least twelve months. I understand that my performance during this interim period will be reviewed to determine whether I should be granted a permanent certificate.

_____ Applicant's Initials

Obtaining USDOT/GA MCA Number

I understand that if I am operating as a household goods carrier **solely** in the State of Georgia and utilizing vehicles with a gross vehicle weight rating of more than 10,000 pounds, I must obtain a Georgia USDOT number from the Federal Motor Carrier Safety Administration ("FMCSA"). The form required to obtain a Georgia USDOT number is the MCS-150, which can be obtained from the FMCSA website. FMCSA can also be reached at 855 – 406-5221 or 678 284-5130.

_____ Applicant's Initials

Required Markings

I certify that all vehicles operated by the applicant as a household goods carrier for the purpose of transporting household goods under the authority granted by the Georgia Department of Public Safety will be durably marked on both sides of the body of the 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 as required by Georgia Department of Public Safety Rulebook Rule 1-390.21 (h) (for interstate carriers) and Title 49, CFR 3 (for interstate carriers).

_____ Applicant's Initials

Registration with GIMC/UCR

I understand that household goods carriers **solely within** the State of Georgia must register their vehicles with the Georgia department of Public Safety through the Georgia Interstate Motor Carrier Program. GIMC registration is a

separate process from this application and can be accessed here: [www.gamccd.net UCRGa.aspx](http://www.gamccd.net/UCRGa.aspx). I also understand that household good carriers operating **across state lines** must register their vehicles through the FMCSA's Unified Carrier Registration ("UCR") program, UCR registration is a *separate process* from this application and can be accessed here: www.fmcsa.dot.gov I have attached a copy of the applicant's GIMC or UCR registration document to this application.

_____ Applicant's Initials

Required Application Fee

I understand that 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 amount of **\$90.00 if having 1-6 vehicles, \$165.00 if having 7-14 vehicles, or \$215.00 15 or more vehicles**. This application fee includes advertisement fee authorized by O.C.G.A. 40-1-103. Non-certified methods of payment, including company checks, personal checks, and cash are not accepted.

_____ Applicant's Initials

Corporate Formation/ Organization Documents

I have attached to this document all corporate formation/organization documents required that relate to the applicant.

_____ Applicant's Initials

Owner/Officer Background Investigation and MVR Consent

I have provided a valid consent form for the application and each owner and officer of the applicant that is a Georgia resident authorizing the Georgia Department of Public Safety to conduct a background check of such persons through the Georgia Crime Information Center. For owners and officers of the applicant that are **not** Georgia residents. I have provided a statewide background check from each such person's state of residence to the Department of Public Safety. I have provided a **certified** three-year driver's history report for the application and each owner and officer of the applicant from the Georgia Department of Driver Services.

_____ Applicant's Initials

Driver Requirements

I certify that all driver's applicant utilizes to provide passenger carrier services shall possess a Commercial Driver's License with a passenger endorsement from the Georgia Department of Driver Services. More information is available by calling DDS at 678 413-8400.

_____ Applicant's Initials

Insurance Requirements

I have attached to this application or will have my commercial liability insurance provider provide to the Department of Public Safety a "Form E" (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance) or other proof of minimum commercial indemnity and liability insurance required by O.C.G.A. 40-1-112. I certify that the applicant has obtained and will maintain commercial indemnity and liability insurance with an insurance company licensed under Title 33 of the Official Code of Georgia Annotated or through a surplus line broker licensed under Title 33 that provides for the protection of passengers and property carried and of the public against injury proximately caused by the negligence of the applicant, its servants, and agents in the following minimum amounts: **Minimum limit for bodily injury to or death of one person/ Minimum limit of bodily injuries to or death**

of all persons injured or killed in any one accident/ Minimum limit for loss of damage in any one accident to property of others (including Cargo)

_____Applicant's Initials

Safety Class

I am aware that prior to being granted an interim household goods certificate or operating as a household goods carrier in the State of Georgia, applicants must attend a training class on the laws of the State of Georgia and the rules and regulations of the Georgia Department of Public Safety relating to Household Goods carrier operations. I certify that the applicant will not provide household goods carrier services or hold itself out to be a household goods carrier prior to completing this training.

_____Applicant's Initials

Compliance with Workers' Compensation Laws

I certify that I am/the applicant is in compliance with all applicable worker's compensation laws.

_____Applicant's Initials

Certificate of Application

I hereby apply to the Georgia Department of Public Safety for a household goods carrier certificate in my own name on or behalf of the applicant listed in this application. I understand that false, misleading, or incomplete information given in this application or any documentation attached hereto may result in denial, cancellation, suspension or revocation of my household goods carrier certificate, as well as criminal prosecution and civil penalties. Under penalty of perjury, I do hereby swear or affirm that the information I have provided in this application and the information and documents I have attached hereto are entirely complete, truthful, and authentic.

Signature of Applicant

Typed /Written Name of Applicant

Sworn and Subscribed before me this

____ day of _____, 20____

[NOTARY SEAL]

Signature of Notary

