| DOCKET NO. | |
|-----------------------|--|
| (Commission use only) | |

APPLICATION FOR MOTOR CARRIER CERTIFICATE Before the ALABAMA PUBLIC SERVICE COMMISSION

This Application is being filed as a result of the Federal Aviation Administration Authorization Act of 1994, and the applicant claims the benefits and privileges of said Act.

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$100.00 filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

| SECTION I | | | | | |
|-----------|---|------------------------------|-------------------------------------|--|--|
| Applica | Applicant | | | | |
| | | (Legal name) | | | |
| Doing I | Business as | (Trade name) | | | |
| Rusines | es Address | | | | |
| Dusines | ss Address(Mu | st be a physical address – c | annot be a post office box) | | |
| | | | | | |
| | (City) | (State) | (Zip Code) | | |
| Mailing | g Address | (May be a post office | hov | | |
| | | (May be a post office | box) | | |
| | (City) | (State) | (Zip Code) | | |
| | | | | | |
| (| (Telephone Number) |) (Facsimile Number |) (Email address) | | |
| | Applicant seeks a Certificate to transport property between all points in the State of Alabama, except household goods. (Household goods requires a separate application) | | | | |
| | | SECTION I | I | | |
| FORM | OF BUSINESS (Check only one): | | | | |
| | CORPORATION | | LIMITED LIABILITY COMPANY (LLC) | | |
| | LIMITED PARTNERSHIP (LP) | | LIMITED LIABILITY PARTNERSHIP (LLP) | | |
| | SOLE PROPRIETORSHIP | | | | |
| | PARTNERSHIP (Identify partners) | | | | |
| | _ | | | | |
| | OTHER (identify) | | | | |

| SECTION II Continued | | | | | | | | | |
|--|--|---|-----------|--|------------|---|--|--|--|
| Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State. | | | | | | | | | |
| OR | | | | | | | | | |
| | Out of State Corporation, LLC, LP, or LLP | State of Organization: | | | | | | | |
| | | | | ertificate of Registration from the Secretary of State | | | | | |
| | of Articles of Incorporation or Articles of Organization na Public Service Commission. | n is attac | ched as A | Appendix "A" or is already on file with the | | | | | |
| • | have been issued a U.S.D.O.T. number, MC number, or, provide it here: | or Alaba | ma Publi | c Service Commission Permit or Certificate | | | | | |
| USDOT | T# MC# | | | APSC# | | | | | |
| Applicant proposes to use approximately (number of) motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity). | | | | | | | | | |
| _ | SECTION III | | | | | | | | |
| | Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission. (Form E and Form H are provided by the Insurance Company) | | | | | | | | |
| \$100.00 filing fee paid (cashier's check or money order only) A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C." Applicant has attached hereto a Unified Carrier Registration (UCR) receipt for current year Or Form B-2, application for registration number with statutory fee of \$6.00 per vehicle. | | | | | | | | | |
| | | | | | SECTION IV | | | | |
| | | | | | □ OR | Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D." | | | |
| | | plicant has attached as Appendix "D" a description of its safety program that shows compliance with uirements of the Commission's rules and/or the rules of the United States Department of Transportation. | | | | | | | |
| | SECTI | ION V | | | | | | | |
| Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property. | | | | | | | | | |

Revised 2012 APSC Form No. 14A

| | | SECT | ION VI |
|--|---|--|--|
| Name and addi | ress of the contact person th | at can answer quest | ions about this application or supply additional information: |
| | (Name) | | - |
| | (Address) | | - |
| (City) | (State) | (Zip Code) | - |
| | (Telephone Number) | | - |
| | (Facsimile Number) | | - |
| | (Email Address) | | - |
| | | OA | АТН |
| County of | | | |
| State of | | | |
| being duly sw of applicant of applicant) and authorize matters conta | ed to file and verify suc ined in the Application, | es this Application, member of application; the Application; the and that all such sections are the sections and the sections are the section a | n as (indicate whether owner, or proprietor, title as officer plicant partnership, or other authorized representative of that in such capacity, he/she is qualified at he/she has carefully examined all the statements and statements made and matters set forth herein are true and belief and that he/she is a United States Citizen. |
| (Sign | ature of Affiant) | | |
| Subsc | ribed and sworn to before n | ne, a notary in and f | or said State and County above named. |
| | Date: | | |
| | (Notary Public | e) | |
| (Seal) |) | | |
| | My Commissi | on Expires: | |

Revised 2012 APSC Form No. 14A -3-

APPENDIX "B" MOTOR VEHICLE LIST

TO: ALABAMA PUBLIC SERVICE COMMISSION P. O. BOX 304260 MONTGOMERY, AL 36130

| LEGAL NAME: | | | | | |
|--|---|-------------------------|---|--------------------------------|--|
| MAILING ADDRES | SS: | | | | |
| CITY: S | | | ATE: ZIP CODE: | | |
| The above mentione operations: | d carrier hereby descr | ribes that the followin | g vehicles are used in | Motor Carrier | |
| MAKE | CAPACITY | MODEL | TAG NUMBER | VIN NUMBER (Last 10 Digits) | |
| | | | | | |
| | | | | | |
| | | | | | |
| I, the undersigned, ur correct and that I am understand that this li | authorized to execute st must be maintained | statement, do hereby co | ertify that the above in nt on behalf of the abo abama Public Service C request. | ove carrier. I further | |
| (Signature) | | (Date) | | | |
| (Tide) | | (Date) | | | |

APPENDIX "C" FINANCIAL STATEMENT

A financial statement (balance sheet and income/expense statement) for the most recent tax year may be used in lieu of this document.

NET WORTH

| ASSETS: | | |
|--------------|----------------------------------|----|
| | Cash on Hand | |
| | Checking Account Balance | |
| | Money in Savings Accounts | |
| | Market Value of Home(s) | |
| | Market Value of Businesses | |
| | Furniture, Equipment, etc | |
| | Resale Value of Automobiles | |
| | Money owed to you | |
| | Certificates of Deposit (CDs) | |
| | Stocks/Bonds/Mutual Funds | |
| | Other: | |
| | TOTAL ASSETS: | \$ |
| LIABILITIES: | | · |
| | Mortgage and/or Real Estate Loan | |
| | Utilities | |
| | Maintenance Bills | |
| | Payroll | |
| | Automobile Loan(s) | |
| | Installment Contracts | |
| | Credit Card Debts | |
| | Loans | |
| | Judgments | |
| | Cash Advances | |
| | Taxes Owed | |
| | Medical Bills | |
| | Other: | - |
| | TOTAL LIABILITIES: | \$ |
| | To find net worth: | |
| | TOTAL ASSETS | |
| | (Subtract) TOTAL LIABILITES | |
| | THIS IS YOUR NET WORTH | \$ |

APPENDIX "D" DESCRIPTION OF SAFETY PROGRAM

| As the | | with/of | | |
|---------------|--------------------------|--------------------|----------------------------------|------------------------|
| | (Title) | | (Name of Applicant Company) | |
| I am fully fa | nmiliar with my co | ompany's opera | tions and herein verify that | |
| (N | fame of Applicant Compar | ny) | has in place a program | to ensure substantia |
| compliance | with all applicabl | le safety rules ar | nd regulations of the Alabama | Public Service |
| Commissio | n, as well as those | e of the United S | States Department of Transport | tation. In addition to |
| all other req | uirements, | (Name of A | Applicant Company) | specifically |
| maintains: f | iles on each drive | r with all requir | ed driver forms and informatio | on; files on each |
| vehicle with | all required form | ns including mai | ntenance and safety inspection | records; and all |
| required wri | itten records of dr | rivers' hours. | | |
| | | | | |
| | | | | |
| | | | (Signature of Company Representa | ative) |
| | | | | |
| | | | | |
| | | | (Printed Name of Company Repre | sentative) |

FORM B-2

VEHICLE REGISTRATION NUMBERS FOR COMPENSATED $\underline{\it INTRASTATE-ONLY}$ MOTOR CARRIERS

TO: ALABAMA PUBLIC SERVICE COMMISSION P. O. BOX 304260 MONTGOMERY, AL 36130

| LEGAL NAME: | | |
|---|---|----------------------------------|
| MAILING ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| APSC CERTIFICATE NO.: | , OR PERMIT I | NO.: |
| The above described applicant hereby apeach for the following identified vehicles. | | e Registration Numbers at \$6.00 |
| <u>MAKE</u> | MODEL | VIN NUMBER (Last 10 Digits) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| The applicant hereby acknowledges a Commission's Motor Carrier General Or pertains to the display of Registration Nur to the transferability of these numbers between | ders and Regulations Pamplember, and Title 37, Chapter 3, | nlet No. 2003, as amended, as it |
| I, the undersigned, under penalty for false and correct and that I am authorized to exe | • | |
| NOTE: The fee for Registration Numbers | (Cianatana) | |
| is <u>\$6.00</u> each. <u>Payment must be</u> made by cashier's check, certifie check, or money order. | (Signature) | |
| | (Title) | (Date) |