

## SSRS Checklist

**CASH will not be accepted by the Public Service Commission.**

**All motor carriers granted authority by the FMCSA must register that authority in their base state for all other states. (Ref. Public Law 102-240)**

**Please complete the enclosed application forms RS-1 & RS-2 for Single State Registration System (SSRS) Interstate motor carrier registration. One (1) photocopy of the SSRS Registration Receipt (RS-3) you receive is to be placed in each vehicle and the original copy kept for office records.**

- ✓ **FORM RS-1:** Complete all sections.  
Sign in the place indicated at bottom of page 2.
- ✓ **FORM RS-2:** Complete all spaces and calculate total fees.  
Submit money order, cashier or certified check only for total fees. **(NO COMPANY CHECKS ACCEPTED)**
- ✓ **NEW CARRIERS or NAME CHANGES:**  
Submit copy of **FMCSA permit or certificate**.  
Submit copy of **BOC-3 (Agents of Process)**.  
Submit copy of **BMC-91X (Proof of Liability Insurance)**
- ✓ **ALL CARRIERS:**  
**Submit copies of Forms RS-1 and RS-2 to your insurance company (Required)**
- ✓ **RETURN FORMS RS-1 & RS-2 & ALL OTHER APPLICABLE FORMS TO:**

Alabama Public Service Commission Transportation Division 100 North Union Street, Suite 980 Montgomery, AL 36104 <b>****Street Address****</b>	Alabama Public Service Commission Transportation Division P. O. Box 304260 Montgomery, AL 36130 <b>****Mailing Address****</b>
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- ✓ **HOW TO CONTACT THIS OFFICE:**

Telephone:	(334) 242-5176
FAX:	(334) 242-2534
Website:	<a href="http://www.psc.state.al.us">www.psc.state.al.us</a>

FMC# \_\_\_\_\_ JRNL# \_\_\_\_\_ SERIAL# \_\_\_\_\_  
 (OFFICE USE ONLY) (OFFICE USE ONLY) (OFFICE USE ONLY)

## FORM RS-1

### UNIFORM APPLICATION FOR SINGLE STATE REGISTRATION FOR MOTOR CARRIERS OPERATING UNDER AUTHORITY ISSUED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

STATE OF ALABAMA  
 PUBLIC SERVICE COMMISSION

<b>MAIL COMPLETED FORM TO:</b> TRANSPORTATION DIVISION P. O. BOX 304260 MONTGOMERY, AL 36130		IF ASSISTANCE NEEDED, CALL: 334-242-5176
<b>MOTOR CARRIER IDENTIFICATION NUMBERS</b>		
FMCSA MC NO(S)	US DOT NO	
FEIN NO./S.S. NO		
<b>APPLICANT (IDENTICAL TO NAME ON FMCSA ORDER)</b>		
NAME	TELEPHONE NUMBER	
D/B/A	FAX NUMBER	
<b>PRINCIPAL PLACE OF BUSINESS ADDRESS (HEADQUARTERS &amp; PLACE OF OPERATIONAL RECORDS)</b>		
STREET		
CITY, STATE, ZIP CODE		
<b>MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS ABOVE)</b>		
STREET		
CITY, STATE, ZIP CODE		
<b>TYPE OF REGISTRATION</b>		
<input type="checkbox"/> <b>New Carrier Registration</b> – First-time registration (see SSRS Checklist)		
<input type="checkbox"/> <b>Annual Registration</b> – Renewal of annual registration		
<input type="checkbox"/> <b>Name Change</b> – Change of name/ownership (see SSRS Checklist)		
<input type="checkbox"/> <b>Address Change</b> – Change of address		
<input type="checkbox"/> <b>New Registration State Selection</b> – Motor carrier has changed principal place of business or registration state. Prior registration state: _____		
<b>FMCSA _____ BOC-3 _____ BMC-91X _____</b> *** (OFFICE USE ONLY) ***		
<b>TYPE OF MOTOR CARRIER (CHECK ONE)</b>		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
IF CORPORATION, GIVE STATE IN WHICH INCORPORATED		
<b>LIST NAME OF PARTNERS OR OFFICERS BELOW</b>		
NAME	TITLE	

**TYPE OF FMCSA REGISTERED AUTHORITY**

- Permanent Certificate or Permit
- Temporary Authority (TA)
- Emergency Temporary Authority (ETA) – Expiration Date: \_\_\_\_\_

**TYPE OF MOTOR CARRIER OPERATION (CHECK ONLY ONE BLOCK)**

- PROPERTY** TRANSPORTER – Using freight vehicles with gross vehicle weight rating 10,000 pounds or more.
- PROPERTY** TRANSPORTER – Using **only** freight vehicles with gross vehicle weight rating **less than** 10,000 pounds.
- PASSENGER** TRANSPORTER – Using vehicles with seating capacity of 16 passengers or more.
- PASSENGER** TRANSPORTER – Using **only** vehicles with a seating capacity of 15 passengers or less.

**FMCSA CERTIFICATE(S) OR PERMIT(S)**

- FMCSA Authority Order(s) attached for first year registration.
- FMCSA Authority Order(s) attached for additional authority received.
- No change from prior year registration.

**PROOF OF PUBLIC LIABILITY SECURITY (CHECK ONLY ONE BLOCK)**

- The applicant or its insurance company **will file** a copy of its proof of public liability security to the registration state.
- The applicant or its insurance **has filed** a copy of its proof of public liability security with the registration state and the insurance coverage as stated on that form remains in effect.
- The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FMCSA order. A copy of the FMCSA insurance order is attached or has previously been filed with the registration state.

**HAZARDOUS MATERIALS**

- The applicant **will NOT haul** hazardous materials in any quantity.
- The applicant **will haul** hazardous materials requiring **\$1 million** in public liability and property damage insurance in accordance with Title 49 CFR Section 1043.2.
- The applicant **will haul** hazardous materials requiring **\$5 million** in public liability and property damage insurance in accordance with Title 49 CFR Section 1043.2.

**PROCESS AGENT**

- FMCSA Form No. BOC-3 or blanket designation attached for first-time registration.
- FMCSA Form No. BOC-3 or blanket designation attached reflecting changes of process agents.
- No change from prior year registration.

**CERTIFICATION**

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document and attachments on behalf of the applicant. (Federal penalties—maximum of \$10,000 or imprisonment for 5 years, or both, 18 U.S.C. 1001; State penalties as prescribed by law.)

NAME (PRINTED)	DATE
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SIGNATURE ➤	TITLE
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**2006 FORM RS-2  
CALCULATION OF FEE AMOUNTS DUE EACH STATE  
\*\*\*PASSENGER\*\*\***

CARRIER NAME D/B/A	FAX NUMBER	MC NO:
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CARRIER WHOSE PRINCIPAL PLACE OF BUSINESS IS \*\*\***ALABAMA**\*\*\*

(A) PARTICIPATING STATES	*CHARTER*		*REG. ROUTE*		TOTAL OF COLUMNS
	(B) # CHARTER VEHICLES	(C) CHARTER FEES	(D) # REG. RTE VEHICLES	(E) REG. RTE FEES	(B) X (C) OR (D) X (E)
AL-ALABAMA		\$ 6.00		\$ 6.00	\$
AR-ARKANSAS		5.00		5.00	
CA-CALIFORNIA		5.00		5.00	
CO-COLORADO		5.00		5.00	
CT-CONNECTICUT		-0-		-0-	
GA-GEORGIA		5.00		5.00	
ID-IDAHO		2.00		2.00	
IL-ILLINOIS		6.00		6.00	
IN-INDIANA		1.00		1.00	
IA-IOWA		1.00		1.00	
KS-KANSAS		10.00		10.00	
KY-KENTUCKY		10.00		10.00	
LA-LOUISIANA		-0-		10.00	
ME-MAINE	<b>NO REQ.</b>	-0-	<b>NO REQ.</b>	-0-	<b>NO REQUIREMENT</b>
MA-MASSACHUSETTS		-0-		-0-	
MI-MICHIGAN		-0-		-0-	
MN-MINNESOTA		5.45		5.45	
MS-MISSISSIPPI		10.00		10.00	
MO-MISSOURI		10.00		10.00	
MT-MONTANA		5.00		5.00	
NE-NEBRASKA		-0-		-0-	
NH-NEW HAMPSHIRE		10.00		10.00	
NM-NEW MEXICO		10.00		10.00	
NY-NEW YORK		10.00		10.00	
NC-NORTH CAROLINA		1.00		1.00	
ND-NORTH DAKOTA		10.00		10.00	
OH-OHIO		-0-		-0-	
OK-OKLAHOMA		7.00		7.00	
RI-RHODE ISLAND		8.00		8.00	
SC-SOUTH CAROLINA		5.00		5.00	
SD-SOUTH DAKOTA		5.00		5.00	
TN-TENNESSEE		8.00		8.00	
TX-TEXAS		10.00		10.00	
UT-UTAH		6.00		6.00	
VA-VIRGINIA		3.00		3.00	
WA-WASHINGTON		10.00		-0-	
WI-WISCONSIN		-0-		5.00	
WV-WEST VIRGINIA		3.00		3.00	

<b>TOTAL OF ALL STATES FEES</b> (GUARANTEED FUNDS ONLY, NO COMPANY CHECKS!)	<b>\$</b>
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If there are any questions about how to complete this form, please contact the APSC Transportation Division at (334) 242-5176.

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