

# ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

Dan Flowers  
Director  
Telephone (501) 569-2000



P.O. Box 2261  
Little Rock, Arkansas 72203-2261  
Telefax (501) 569-2400

TO: ALL CARRIERS OF PROPERTY DESIRING TO OPERATE IN ARKANSAS  
INTRASTATE COMMERCE.

Enclosed are the necessary registration forms for all for-hire carriers (except household goods and passenger carriers) desiring to operate intrastate in Arkansas. Please follow the instructions on the reverse of this sheet and make sure all forms are complete, the required attachments are enclosed, and the proper fees are remitted. Please note that **separate cashier's checks or money orders are required** for the per vehicle fee and the application processing fee. Incomplete applications will be returned to you.

All intrastate applications should be mailed to:

Arkansas State Highway & Transportation Dept.  
Legal Division  
P. O. Box 2261  
Little Rock, AR 72203

RE: Intrastate Permit

Carriers desiring to transport household goods or passengers within Arkansas should contact this office for further instructions. If you have questions, please call Lakeysha Walker at (501) 569-2355 or fax (501) 569-2164.

If you wish to transport mobile homes or other oversize loads, you must contact our Permit Division at (501) 569-2381. For Hazardous Waste permits, call (501) 569-2425.

## **CARRIERS APPLYING FOR NEW INTRASTATE PERMITS**

If you are a for-hire carrier of property (except passengers, household goods, or commodities exempted in Ark. Code Ann. §23-13-206), you must:

- A. Complete and sign the enclosed Registration Form (AR-RS1).
- B. Complete and enclose the proper Registration Receipt Form (AR-RS2).
- C. Submit a copy of your current proof of Public Liability and Property Damage insurance in the amounts set out in Rule 13.1. The Arkansas intrastate minimum limits are \$50,000/\$100,000/\$30,000. A certificate of insurance or ACORD form is required.
- D. Submit a full and complete financial statement giving detailed information concerning the financial condition of the applicant (a company-generated financial statement is allowed).
- E. Submit an equipment list of the vehicles to be operated in Arkansas intrastate commerce (a company-generated equipment list is allowed).
- F. Remit a copy of the latest United States Department of Transportation (DOT) safety rating, or, in the event the carrier has not been given a safety rating, a signed notarized statement indicating the company's intention to comply with all DOT safety regulations.
- G. Remit a processing fee in the amount of \$25.00 (separate cashier's check or money order).
- H. Remit an insurance filing fee in the amount of \$5.00 for each vehicle to be operated in Arkansas intrastate commerce (as indicated on the AR-RS2 form). This must be a separate cashier's check or money order from the \$25.00 processing fee.

**\* No carrier will be required to pay two sets of fees if the carrier operates interstate and intrastate in Arkansas. Please contact the Arkansas Dept. of Finance & Administration, Unified Carrier Registration (UCR), P. O. Box 8091, Little Rock, AR 72203 at 501-682-4653.**

Each motor carrier complying with the provisions above will be issued a Permit authorizing intrastate operations within the State of Arkansas. This Permit should be copied and a copy maintained in the power unit of each vehicle operated over the highways of Arkansas.

APPLICATION FOR A PERMIT
FOR MOTOR CARRIERS OPERATING
FOR-HIRE IN ARKANSAS

MOTOR CARRIER IDENTIFICATION NUMBERS: (If applicable)

ARK. M No. U.S. DOT No.

ICC MC No. FED. TAX I.D. or Social Security No.

APPLICANT:

Name

D/B/A

PRINCIPAL PLACE OF BUSINESS ADDRESS:

Street

City State Zip

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE:

Street or P.O. Box

City State Zip

TYPE OF REGISTRATION:

- ( ) New Carrier Registration - The motor carrier has not previously registered.
( ) Annual Registration - The motor carrier is renewing its annual registration.
( ) Supplemental Registration - The motor carrier is adding additional vehicles since annual registration.

DO YOU TRANSPORT MOBILE HOMES?

TYPE OF MOTOR CARRIER:

( ) Individual ( ) Partnership ( ) Corporation

If corporation, give state in which incorporated Year

List names of partners or officers:

Name Title:

Name Title:

Name Title:

CONTACT PERSON: PHONE NO. ( )

Arkansas Agent for Service of Process (If principal place of business is outside Arkansas)

Name

Address City State Zip

**PROOF OF PUBLIC LIABILITY SECURITY**

- The applicant is filing, or causing to be filed, a copy of its proof of public liability security submitted to and accepted by the Arkansas State Highway Commission under Rule 13.1

**APPROVED SELF-INSURANCE CARRIERS ONLY:**

- Order attached for new carrier registration.

Check one when completing for annual registration:

- The order approving the self-insurance plan or other security is still in full force and effect and the carrier is in full compliance with all conditions imposed by the order.
- The motor carrier is no longer approved under a self-insurance or other security plan and the motor carrier will file, or cause to be filed, a certificate of public liability surety with this application in the registration state.

**HAZARDOUS MATERIALS: (Check One)**

- The applicant will not haul hazardous materials in any quantity.
- The applicant will haul hazardous materials that require the following items in accordance with Rule 13.1 and 49 CFR Part 171 et seq.

(Check One):

- Public Liability and Property Damage Insurance of \$1 million.
- Public Liability and Property Damage Insurance of \$5 million.

**CERTIFICATION:**

I, the undersigned, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. Penalty provisions may be imposed in accordance with the Arkansas Motor Carrier Act.

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Arkansas State Highway and Transportation Department  
Legal Division  
P. O. Box 2261 - Little Rock, AR 72203-2261  
Telephone: (501) 569-2355    Telefax: (501) 569-2164**

**FORM AR-RS2**

**Arkansas Intrastate Registration Order Form  
Registration Year 20\_\_\_\_\_**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Truck or passenger bus operation (Circle one).    Arkansas M-Number: \_\_\_\_\_

**Order Information**

Number of vehicles  
to be operated solely  
in Arkansas: \_\_\_\_\_ x \$5.00 per vehicle = \_\_\_\_\_ \*

\* Fees are to be paid with cashier's check or money order only. Fee payment must be made payable to the Ark. Highway & Transportation Dept. Registration forms are to be sent to the Legal Division, P.O. Box 2261, Little Rock, AR 72203.

**Certification**

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title (Printed) \_\_\_\_\_

Phone Number \_\_\_\_\_

This form may be reproduced for supplemental orders/registrations during the calendar year.



**SCHEDULE B  
BALANCE SHEET**

| <b>ASSETS</b>  | <b>LIABILITIES</b>   |
|--|--|
| Cash _____   | Accounts payable _____   |
| Accounts receivable _____  | Wages payable _____  |
| Materials and Supplies _____   | Other current liabilities _____  |
| Other current assets _____   | Total current liabilities _____  |
| Total current assets _____   | Long term debt _____   |
| Equipment _____  | Total long term debt _____   |
| Less depreciation _____  | Equity _____   |
| Net _____  | Total Equity _____   |
| Other non-current assets _____   |  |
| TOTAL ASSETS <span style="border: 1px solid black; display: inline-block; width: 150px; height: 40px; vertical-align: middle;"></span> | TOTAL LIABILITIES & EQUITY <span style="border: 1px solid black; display: inline-block; width: 150px; height: 40px; vertical-align: middle;"></span> |

# SAFETY CERTIFICATION FOR INTRASTATE OPERATIONS

**REPRESENTATIVE:** Person to whom inquiries may be made (applicant or legal representative)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title, position or relationship to applicant)

\_\_\_\_\_  
(Street or P. O. Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

( \_\_\_\_\_ )  
(Telephone number)

## SAFETY EVIDENCE

Applicants for an intrastate permit must provide accurate and complete safety evidence. In order to do so, you must indicate whether your company has received a safety rating from DOT and, if so, what rating.

(a) APPLICANTS WITH DOT SAFETY RATINGS:

Current DOT safety rating:       Satisfactory       Conditional       Unsatisfactory

(b) APPLICANTS WITHOUT DOT SAFETY RATINGS:

I certify that I have access to and am familiar with all applicable regulations of the U. S. Department of Transportation (DOT) relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials, and I will comply with these regulations.

YES. All applicants without DOT safety rating must so certify by checking "YES."

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )

) ss

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



# OATH

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, states that he files this application as \_\_\_\_\_ (position in applicant company), that, in such capacity, he is qualified and authorized to file and verify such application; that he has carefully examined all the statements and matters contained in this application; and that such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

My Commission Expires: \_\_\_\_\_