



ARKANSAS DEPARTMENT OF TRANSPORTATION

ArDOT.gov | IDriveArkansas.com | Lorie H. Tudor, P.E., Director

LEGAL DIVISION | Michelle Davenport, Chief Legal Counsel | Michelle.Davenport@ardot.gov
10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2277 | Fax: 501.569.2164

IMPORTANT NOTICE

TO: CARRIERS APPLYING FOR ARKANSAS INTRASTATE AUTHORITY:

Enclosed are the forms to apply for Arkansas intrastate authority for household goods or passenger services. All applications must be complete and contain acceptable descriptions of the service to be provided or they will be returned.

You must submit an original and one copy of the application along with the **\$50.00 filing fee**.

Remit an insurance filing fee in the amount of **\$5.00** for each vehicle to be operated in Arkansas intrastate. This must be a separate cashier's check or money order from the \$50.00 filing fee.

Submit a copy of your current proof of Public Liability and Property Damage insurance in the amounts set out in Rule 13.1. A certificate of insurance or ACORD form is required.

All hearings will be held before the Arkansas State Highway Commission or its designated hearing officer at the Central Office Building, 10324 Interstate 30, Little Rock, Arkansas. All checks must be made payable to the Arkansas Department of Transportation and mailed to the attention of the Legal Division, P. O. Box 2261, Little Rock, Arkansas 72203-2261.

All applications submitted must conform to the rules as amended and Commission policy and procedure as contained in this instruction sheet.

After the application has been received, reviewed, and accepted, you will receive a Notice of Filing. You subsequently will receive a Notice establishing the hearing date for your application. Personal appearance at the hearing is mandatory.

I. FILING DATES

Official date of filing - the third calendar day after the date contained within the Notice of Filing sent to the newspaper for publication and all interested parties.

Verified statements by the applicant - must be filed fifteen (15) days after the official date of filing of the application, and served on all protestants.

Protests - must be filed on or before the 10th day following the date of filing.

Verified statements of protestant - must be filed on or before ten (10) days after the filing of the verified statements by the applicant, and served on the applicant, or within 25 days from the official date of filing, whichever comes first.

Witness list - must be filed with the Commission and exchanged between the parties no less than five (5) working days before the date set for hearing.

All due dates falling on a Saturday, Sunday, or legal holiday will be moved to the next working day.

All applications submitted that do not have the three copies accompanying them shall be returned. No application or filings will be accepted without the requisite number of copies accompanying them.

II. PRE-HEARING CONFERENCE

A pre-hearing conference in all contested matters is required to be held one week before the scheduled hearing date to resolve any preliminary matters. For applicants and protestants and their attorneys, if any, in the central Arkansas area, these pre-hearing conferences may be held at the offices of the Commission, located at 10324 Interstate 30, Little Rock, Arkansas. Where an applicant or protestant and/or attorney is outside the central Arkansas area, these conferences may be held by a telephone conference call. It is the responsibility of the applicant to make arrangements between all parties, including Commission staff, for this pre-hearing conference.

As soon as a hearing date is assigned, the applicant should initiate the pre-hearing conference. If any party fails to participate in the conference, such failure will constitute a waiver of all objections to any order, ruling, or agreement reached at the conference. Parties attending should be authorized to speak for their company/client as it pertains to any settlement, order, stipulation, or offer discussed at the conference.

III. HEARING

At the hearing, you should be prepared to present testimony that the applicant business is fit, willing, and able to properly perform the service proposed, and to conform to the provisions of the Arkansas Motor Carrier Act, 1955, and the requirements, rules and regulations made and promulgated by the Arkansas State Highway Commission pursuant to that Act.

Applicant and protestant must have sufficient copies of the application, all verified statements, and any other documents to be introduced into evidence available at the hearing for distribution to the Court Reporter and for the use of each witness while testifying. We recommend at least two (2) extra copies for this purpose.

Failure to comply with any of these deadlines and procedures may result in a postponement of the hearing or denial of the application.

In the event an application is made by a foreign corporation and the certificate/permit is granted to that foreign corporation, no operating authority will be issued until such corporation is domesticated with the office of the Secretary of State in Arkansas.

Should you have any questions, you may contact Lakeysha Walker or Julia Hudson in the Legal Division. The telephone number is (501) 569-2355 and the fax number is (501) 569-2164. Rev. 5-04

**Before the
Arkansas State Highway Commission
P. O. Box 2261, Little Rock, Arkansas 72203**

APPLICATION FOR PERMANENT AUTHORITY

DOCKET NO. _____

1. Application of _____
Name Trade Name

(State whether an individual, partnership or corporation. If partnership give names of partners. If a corporation, state names of officers, and the State in which incorporated)

whose address is _____
Street City State Zip

for authority as a () common carrier () contract carrier
over () regular () irregular routes
transporting () passengers () property

to operate in intrastate commerce filed pursuant to the requirements of the Arkansas Motor Carrier Act of 1955 as amended.

2. Applicant proposes to transport the following commodities:

(If the general commodities, so state and name exceptions, if any; if specific commodities, name them; if passengers, so state and indicate if it is desired to transport express, mail, newspapers, and/or baggage of passengers in the same vehicle with passengers, and whether it is desired to transport baggage of passengers in separate vehicles.)

3. Applicant proposes to operate as a motor carrier over the following routes, or within the described territory below:

Name, phone number and email address of person to contact for questions regarding this application:

SCHEDULE A

We certify that the kind of transportation which applicant intends to operate, and the vehicles to be used in such operation, are in good repair, safe and in proper operating condition, and are as follows:

[illegible]

SCHEDULE B BALANCE SHEET

ASSETS	LIABILITIES
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 <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block; vertical-align: middle;"></div>	TOTAL LIABILITIES & EQUITY <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block; vertical-align: middle;"></div>

IV. Arkansas resident agent for service of process applicant: is designated below:

Name: _____

Street: _____

City: _____

Phone: _____

V. Name and address of attorney for

Name: _____

Street: _____

City: _____

Phone: _____

OATH

STATE OF _____)
) SS
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

STATE OF _____)
) SS
COUNTY OF _____)

On this the _____ day of _____, 20____, before me, _____, the undersigned officer,
personally appeared _____, known to me to be the person whose name is subscribed to the within
instrument and acknowledge that he executed the same for the purposes therein contained.

,Notary Public

(SEAL)

My Commission Expires: _____

VERIFIED STATEMENT OF APPLICANT

DOCKET NO. _____

Answer the following questions fully and to the best of your knowledge, information and belief. If enough space has not been provided for the answer, attach additional pages of the same size, marked with the number of the question.

1. Legal name and business address of applicant; if a corporation, attach a copy of the Articles of Incorporation and a certificate of good standing issued by the Secretary of State of the state in which the corporation is domiciled (foreign corporations must register to do business in Arkansas before any certificate or permit will be issued); if a partnership, attach a copy of the partnership agreement. Attach to this form a current balance sheet and income statement.

2. Name and title of witness testifying on behalf of the applicant. List position and qualifications of witness. (If more than one will be called, list each.)

3. What is the authority sought by the applicant? (Be specific.)

4. Current operations.

a. Do you have any presently authorized operations? YES ☐ NO ☐
If yes, attach copies of pertinent operating rights.

b. Are you affiliated with other carriers? YES ☐ NO ☐
If so, indicate pertinent MC numbers;
identify common and contract carriers as such.

5. List Arkansas terminal facilities and describe your communications network.

6. List equipment. List separately equipment owned and equipment leased by or under contract to the applicant. (Additional pages may be attached.)

7. Describe your safety program. If an existing carrier, give date and result of most recent DOT Safety Review.

8. What type of service will be offered (e.g., LTL, bulk, multiple delivery, etc.)?

9. Describe the feasibility of the proposed service.

10. Is there any other information pertinent to this application? If so, specifically describe.

YES

☐

NO

☐

VERIFICATION

STATE OF _____)
) SS
COUNTY OF _____)

I, _____, having first been duly sworn, on oath state that I have read the foregoing statement, and that the facts and allegations contained therein are true and correct to the best of my knowledge, information, and belief.

Applicant

STATE OF _____)
) SS
COUNTY OF _____)

On this the ____ day of _____, 20____, before me, _____ the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledge that he executed the same for the purposes therein contained.

(SEAL)

, Notary Public

My Commission Expires: _____

CERTIFICATE OF SERVICE

I, _____, hereby certify that a true and correct copy of the foregoing Verified Statement was served upon the following protestants by mailing same via registered United States Mail, return receipt requested, on this _____ day of _____, 20_____.

Applicant

List business names and addresses of Protestants: