



ARKANSAS DEPARTMENT OF TRANSPORTATION

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

LEGAL DIVISION | Rita S. Looney, Chief Legal Counsel | Rita.Looney@ardot.gov
10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2112 | Fax: 501.569.4916

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 Department of Transportation
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 vehicle fees for yearly renewals, if the carrier operates interstate and intrastate in Arkansas. *****

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 Department of Transportation
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 Arkansas Department of Transportation. 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 calendar year.

**SCHEDULE B
BALANCE SHEET**

ASSETS	LIABILITIES
<p>Cash _____</p> <p>Accounts receivable _____</p> <p>Materials and Supplies _____</p> <p>Other current assets _____</p> <p style="padding-left: 40px;">Total current assets _____</p> <p>Equipment _____</p> <p>Less depreciation _____</p> <p style="padding-left: 40px;">Net _____</p> <p>Other non-current assets _____</p> <p style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> </p>	<p>Accounts payable _____</p> <p>Wages payable _____</p> <p>Other current liabilities _____</p> <p style="padding-left: 40px;">Total current liabilities _____</p> <p>Long term debt _____</p> <p style="padding-left: 40px;">Total long term debt _____</p> <p>Equity _____</p> <p style="padding-left: 40px;">Total Equity _____</p> <p style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> </p>
<p>TOTAL ASSETS</p>	<p>TOTAL LIABILITIES & EQUITY</p>

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

Name: _____

Street: _____

City: _____

Phone: _____

V. Name and address of attorney for applicant: is

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 _____, who acknowledged himself to be the _____ of _____, a corporation, and that he, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as _____.

,Notary Public

(SEAL)

My Commission Expires: _____