

## INTERSTATE CARRIER PROGRAM APPLICATION

**ALL INFORMATION WILL REMAIN CONFIDENTIAL. PLEASE TYPE OR PRINT CLEARLY.**

### SECTION 1 — APPLICANT INFORMATION

APPLICANT BUSINESS NAME/CORPORATION	DOING BUSINESS AS (DBA)		
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

### SECTION 2 — OWNERSHIP INFORMATION

TYPE OF OWNERSHIP

☐ Sole Owner
 ☐ Partnership
 ☐ Association
 ☐ Corporation
 ☐ Limited Liability Company (LLC)
 ☐ Leasing Company

### SECTION 3 — OWNER/CORPORATION NAME AND INFORMATION *(If different from applicant)*

OWNER/CORPORATION NAME AS FILED WITH THE SECRETARY OF STATE	CORPORATION NUMBER
BUSINESS ADDRESS	CITY STATE ZIP CODE
OFFICE TELEPHONE NUMBER ( )	OFFICE FAX NUMBER ( )

### SECTION 4 — PRIMARY CONTACT PERSON

TRUE FULL NAME (LAST, FIRST, MIDDLE)		
BUSINESS ADDRESS	CITY	STATE ZIP CODE
PRIMARY CONTACT TELEPHONE NUMBER ( )	PRIMARY CONTACT FAX NUMBER ( )	EMAIL ADDRESS

### SECTION 5 — AGENT FOR SERVICE OF PROCESS

BUSINESS NAME OF FIRM			
DESIGNEE'S TRUE FULL NAME (LAST, FIRST, MIDDLE)			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

### SECTION 6 — ESTIMATED ANNUAL VOLUMES

ESTIMATED VOLUME OF TRANSACTIONS YOU WILL PROCESS	ESTIMATED NUMBER OF VEHICLES YOU WILL REGISTER
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### SECTION 7 — OCCUPATIONAL LICENSE INFORMATION

NAME OF REGISTRATION SERVICE	REGISTRATION SERVICE NUMBER
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### SECTION 8 — EMPLOYEES WHO WILL PROCESS TRANSACTIONS

TRUE FULL NAME (LAST, FIRST, MIDDLE)	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TRUE FULL NAME (LAST, FIRST, MIDDLE)
TRUE FULL NAME (LAST, FIRST, MIDDLE)	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TRUE FULL NAME (LAST, FIRST, MIDDLE)
TRUE FULL NAME (LAST, FIRST, MIDDLE)	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TRUE FULL NAME (LAST, FIRST, MIDDLE)

**SECTION 9 — CORPORATE DECLARATION**

\_\_\_\_\_  
BUSINESS NAME declares that the following corporate officers, partners, stockholders, and/or directors are the only officers, partners, stockholders, and/or directors who participate in the direction, control and management of the affairs of the Interstate Carrier Program (ICP) in the State of California:

NAME	TITLE				EFFECTIVE DATE
	PARTNER	OFFICER	DIRECTOR	PRINCIPAL STOCKHOLDER	

**SECTION 10 — LIMITED LIABILITY COMPANY (LLC) DECLARATION**

\_\_\_\_\_  
BUSINESS NAME declares that the following Limited Liability Company members, are the only Limited Liability Company members, who participate in the direction, control and management of the affairs of the Interstate Carrier Program (ICP) in the State of California:

NAME	EFFECTIVE DATE

**SECTION 11 — CERTIFICATION**

***I certify that I have read, understand, agree and will comply with all of the Interstate Carrier Program Regulations. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

PRINTED NAME	TITLE	
SIGNATURE <b>X</b>	DATE SIGNED	TELEPHONE NUMBER (     )

Mail Application to: Department of Motor Vehicles  
Interstate Carrier Program  
2415 First Avenue, MS C383  
Sacramento, CA 95818