



Carrier Application – New Household Goods Mover

Please note: a fee of \$100 is required to process this application.
The Division now accepts payments online. Please visit our website for more information:
mass.gov/how-to/pay-transportation-oversight-division-fees

SECTION A - BACKGROUND INFORMATION

A1. Full Name(s) of Applicant, Partners, or Corporation:

A2. If doing business under a d/b/a, state the d/b/a:

A3. Principal place of business (P.O. Box # not acceptable):

Is this address a residence? Yes No

A4. Vehicle garaging point (P.O. Box # not acceptable):

Is this address a residence? Yes No

A5. Mailing address (if different from A3):

Is this address a residence? Yes No

A6. Contact information for person who can answer inquiries regarding this application:

A7. Does the applicant or any of its principals presently hold a certificate from this Department? Yes No

If so, state certificate number:

A8. Has the applicant or any of its principals ever held a certificate from this Department suspended or revoked?

Yes No

If so, state certificate number:

A9. Has the applicant or any of its principals ever held a license or certificate from any other state or federal regulatory agency?

Yes No

Is so, identify:

A10. Indicate the type of business enterprise below and submit one copy of the required document with this application. The document should be identified as "Appendix A1".

Type of Business	Document to be Submitted
An individual proprietorship	None
An individual proprietorship operating under a d/b/a	A certified copy of the business certificate filed with the City/Town Clerk
A partnership	A certified copy of the business certificate filed with the City/Town Clerk
A corporation incorporated in the Commonwealth of Massachusetts	A certified copy of the articles of organization from the Massachusetts Secretary of State
A foreign corporation incorporated under the laws of	A certified copy of foreign corporation approval to do business in Massachusetts from the Secretary of State and a certified copy of corporation papers from home state.

A11. If a **partnership**, list names and addresses of principal partners:

Name	Address

A12(a). If a **corporation**, list names, titles and addresses of officers:

Name	Title	Address

A12(b). If a **corporation**, list names and addresses of principal stockholders:

Name	Address

SECTION B – FITNESS

B1. Describe fully the transportation or other relevant work experience of applicant or its principals. (If necessary, attach additional sheets and identify as "Appendix B1"):

B2. Provide information on the financial condition of the applicant/company to conduct a business. A current balance sheet must be attached to this application and identified as "Appendix B2".

B3. (A) Has any license or certificate issued to applicant or any of its principals ever been suspended or revoked by the United States Government, this State or any State or Territory?

Yes No

(B) Are there any charges or complaints now pending against applicant or any of its principals before any court, regulatory body or government agency?

Yes No

(C) If you answered yes to any of the above, please describe in detail below or on an attachment identified as "Appendix B3":

B4. Describe each of the motor vehicles owned or to be leased and operated by applicant in the service proposed. (If necessary, attach additional sheets and identify as "Appendix B4"):

Year of Manufacture	Type of Vehicle	Name of Manufacturer	Owned by Applicant	To Be Leased by Applicant

SECTION C – VERIFICATION

C1. Date

I hereby certify that the statements contained in this application herein made are full, just and true to the best of my knowledge and belief. This statement is made under the penalties of perjury.

Signature (type full, legal name)

Title (Applicant, Partner, Corporate Officer)

C2. Date

Pursuant to G.L. c. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature (type full, legal name) of Applicant or type Corporate Name

Signature (type full, legal name) of Corporate Officer (if applicable)

Please note: a fee of **\$100** is required to process this application.
Applications will not be processed without payment.

The Transportation Oversight Division now accepts payments online. You can also submit a check or money order by mail.

Please see our website for more information:

mass.gov/how-to/pay-transportation-oversight-division-fees

I'm paying online

I'm sending a check/money order

Using Adobe Acrobat or Reader to fill out this application? Click the red button below to submit your application by email. You can also save this PDF and submit it as an email attachment to:

DPU.Transportation@mass.gov

You can also print and submit this application by mail to the Transportation Oversight Division. The Division's mailing address can be found at the top of this form. Please be sure to pay online or submit a check/money order with your application.