



ARDOT.gov | Jared D. Wiley, P.E., Director

LEGAL DIVISION

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10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261

Phone: (501) 569-2276 | 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. \_\_\_\_\_ EMAIL \_\_\_\_\_

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="margin-top: 20px;">TOTAL ASSETS <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px; vertical-align: middle;"></span></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="margin-top: 20px;">TOTAL LIABILITIES &amp; EQUITY <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px; vertical-align: middle;"></span></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: \_\_\_\_\_