



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

HML-1 FORM

APPLICATION FOR A HOUSEMOVER LICENSE TO OPERATE IN INTRASTATE COMMERCE
(This license will be valid for 1 year from date of issuance.)

MAIL COMPLETED FORM TO :			IF ASSISTANCE NEEDED CALL:		
MOTOR CARRIER SERVICES			573-751-3358 OR Toll Free at 1-866-831-6277		
P.O. BOX 270			FAX 573-522-6708		
JEFFERSON CITY, MO 65102-0270					
APPLICANT					
US DOT NO		FEIN NO		SOCIAL SECURITY NO	
APPLICANT NAME:					
DOING BUSINESS AS:					
BUSINESS ADDRESS ¹					
STREET					
CITY, STATE, ZIP CODE					
TELEPHONE NUMBER			FAX NUMBER		
MAILING ADDRESS					
STREET					
CITY, STATE, ZIP CODE					
TYPE OF APPLICATION (CHECK ONLY ONE)					
<input type="checkbox"/> New Housemover License – The motor carrier has not previously applied for a Housemover License.					
<input type="checkbox"/> Housemover License Renewal – The motor carrier is renewing its Housemover License.					
TYPE OF OPERATION (CHECK ANY THAT APPLY)					
<input type="checkbox"/> 1. Transporting houses wholly within commercial zones in the state of Missouri as defined under RSMo 390.020 or otherwise exempt under section of RSMo 390.030 (See instructions).					
<input type="checkbox"/> 2. Transporting houses on public roads and highways of this state but not limited as described in No. 1.					
FORM OF BUSINESS (CHECK ONE)					
<input type="checkbox"/> INDIVIDUAL (SOLE PROPRIETOR)		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	
<input type="checkbox"/> CORPORATION		<input type="checkbox"/> LIMITED LIABILITY COMPANY		STATE WHERE INCORPORATED _____	
LIST NAME OF PARTNERS OR OFFICERS BELOW					
NAME			TITLE		
¹ A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.					

HOUSEMOVER QUALIFICATION

- Yes No The applicant is at least eighteen years of age.
- Yes No The applicant possesses a valid commercial driver's license.
- Yes No The applicant has at least twenty-four months experience in moving houses.

WORKER'S COMPENSATION (CHECK ONLY ONE BLOCK)

I am certified as self-insured by the Missouri Division of Worker's Compensation.

I have coverage in place to comply with the worker's compensation insurance requirements in chapter 287 RSMo for all employees.

PROOF OF PUBLIC LIABILITY SECURITY AND CARGO INSURANCE

The applicant has in force the following liability coverage:

- On File with the Department a Form E- Uniform Certificate of Bodily Injury and Property Damage Insurance in the amount of five hundred thousand dollars (\$500,000) for bodily injury to or death of one or more persons in any one accident and for injury to or destruction of property of others in any one accident;
- **Not less than two million (\$2,000,000) of comprehensive general liability insurance issued by one or more insurance companies;** and
- On file with the Department a:
 - Form H-Uniform Motor Carrier Cargo Insurance Certificate of Insurance in the amount of one hundred thousand (\$100,000); or
 - Form J-Uniform Motor Carrier Cargo Surety Bond in the amount of fifty thousand (\$50,000).

ANNUAL LICENSE FEE

The applicant's payment of the required **annual license fee of \$100** is enclosed with this application. (See instructions for method of payment).

VEHICLE LISTING AND PROOF OF VEHICLE INSPECTION

The applicant has attached a listing of all vehicles used in the movement of houses, and the vehicles on that list have met the requirements of sections 307.350 to 307.400, RSMo or its equivalent pertaining to the inspection of motor vehicles.

CERTIFICATION

I declare and certify under penalty of perjury under the laws of Missouri and the United States of America that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (PRINTED)

DATE

SIGNATURE

TITLE



