



## FORM HML1 – APPLICATION FOR HOUSEMOVER LICENSE

**IT IS STRONGLY RECOMMENDED THAT YOU USE THE INSTRUCTIONS PROVIDED WITH THIS FORM AS A GUIDE. INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY THE ISSUANCE OF AUTHORITY.**

### SECTION 1. GENERAL INFORMATION

USDOT NO.	FEIN NO	SOCIAL SECURITY NO. (If sole owner)	
LEGAL NAME			
DOING BUSINESS AS (DBA) NAME			
PRINCIPAL PLACE OF BUSINESS ADDRESS (Not a PO Box) STREET		CITY	STATE    ZIP CODE
MAILING ADDRESS (if different from principal address) STREET		CITY	STATE    ZIP CODE
DAYTIME PHONE NO.	FAX NO.	E-MAIL ADDRESS	

### SECTION 2. FORM OF BUSINESS

Sole Proprietorship   
  Partnership   
  Limited Partnership (LP)   
  Limited Liability Limited Partnership (LLP)  
 Corporation   
  Limited Liability Company (LLC)   
  Trust

STATE OF ORGANIZATION/INCORPORATION \_\_\_\_\_ DATE ORGANIZED \_\_\_\_\_ CHARTER NO \_\_\_\_\_

NAME OF COMPANY OFFICERS/PARTNERS (not required for sole proprietor) PLEASE PRINT	TITLE

### SECTION 3. TYPE OF APPLICATION (check only one)

- NEW HOUSEMOVER LICENSE – Applicant has not previously applied for a Housemover License.  
 RENEWAL HOUSEMOVER LICENSE – Applicant is renewing a Housemover License.

### SECTION 4. TYPE OF OPERATION (check any that apply)

- Transporting houses **wholly within** commercial zones in the state of Missouri as defined under section 390.020, RSMo or otherwise exempt under section 390.030, RSMo.  
 Transporting houses on public roads and highways of this state but not limited as described above.

### SECTION 5. HOUSEMOVER QUALIFICATIONS (answer all questions)

- YES  NO Applicant is at least eighteen years of age.  
 YES  NO Applicant possesses a valid commercial driver's license.  
 YES  NO Applicant has at least twenty-four months experience in moving houses.

### SECTION 6. WORKERS' COMPENSATION (check only one)

- Applicant is certified as self-insured by the Missouri Division of Workers' Compensation.  
 Applicant has coverage in place to comply with the workers' compensation insurance requirements in chapter 287, RSMo for all employees.

### SECTION 7. PUBLIC LIABILITY SECURITY & CARGO INSURANCE

Applicant is required to file proof of insurance to the limits of liability prior to issuance of license (see instructions for requirements).  
**CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S) WITH MODOT.**

### SECTION 8. ANNUAL LICENSE FEES

Applicant's payment of the required **annual license fee of \$100** must be received prior to issuance of license.

### SECTION 9. VEHICLE LISTING & PROOF OF VEHICLE INSPECTION

Applicant must attach a list of all vehicles used in the movement of houses using the attached HML-2 Form. The vehicles on this list must meet the requirements of sections 307.350 to 307.400, RSMo or its equivalent pertaining to the inspection of motor vehicles.

### SECTION 10. CERTIFICATION

Under penalty of perjury under the laws of the State of Missouri and the United States of America, the information in this application or attached hereto is true and correct, I am authorized to sign this application on behalf of the applicant and the signature below is my own true and correct signature made by me or my legal representative and by no other person.

<b>Applicant Name Printed</b>	<b>Title</b>
<b>Applicant Signature</b>	<b>Date</b>



MISSOURI DEPARTMENT OF TRANSPORTATION  
 MOTOR CARRIER SERVICES  
 PO BOX 270, 830 MODOT DRIVE, JEFFERSON CITY, MO 65102-0270

EMAIL: [contactmcs@modot.mo.gov](mailto:contactmcs@modot.mo.gov)  
 PHONE: 866.831.6277  
 FAX: 573.522.6708

## FORM HML2 – VEHICLE LISTING & PROOF OF INSPECTION FOR HOUSEMOVERS LICENSE

**THIS FORM MUST BE UPDATED AND FILED WITH MODOT MOTOR CARRIER SERVICES IF ANY CHANGE OCCURS IN THE VEHICLES USED IN OPERATION DURING THE LICENSE YEAR.**

### GENERAL INFORMATION

LEGAL NAME	USDOT NO	FEIN NO/SSN NO
DOING BUSINESS AS (DBA) NAME	PHONE NO	FAX NO

### LIST OF EQUIPMENT TO BE USED

MAKE	MODELYEAR	VIN NUMBER	LICENSE NUMBER	ANNUAL VEHICLE INSPECTION (Check if annual vehicle inspection was performed within one year of this application)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Attach list if needed for additional equipment.

### CERTIFICATION

Under penalty of perjury under the laws of the State of Missouri and the United States of America, the information in this application or attached hereto is true and correct, I am authorized to sign this application on behalf of the applicant and the signature below is my own true and correct signature made by me or my legal representative and by no other person.

<b><u>Applicant Name Printed</u></b>	<b><u>Title</u></b>
<b><u>Applicant Signature</u></b>	<b><u>Date</u></b>