



SUPPLEMENTAL APPLICATION DESCRIBING OPERATIONS CONDUCTED

APPLICANT NAME: _____

REQUESTED EFFECTIVE DATE: _____

SPECIFIC OPERATIONS CONDUCTED BY APPLICANT *(Check all that apply):*

- | | | |
|---|---|--|
| <input type="checkbox"/> Used Household Goods Moving or Storage | <input type="checkbox"/> Used Electronics Moving or Storage | <input type="checkbox"/> Military Household Goods Moving or Storage |
| <input type="checkbox"/> New Household Goods Moving or Storage | <input type="checkbox"/> New Electronics Moving or Storage | <input type="checkbox"/> Used Office/Store Furniture or Fixtures Moving or Storage |
| <input type="checkbox"/> Packing & Crating | <input type="checkbox"/> High-Value Product Moving or Storage | <input type="checkbox"/> New Office/Store Furniture or Fixtures Moving or Storage |
| <input type="checkbox"/> Packing Material Sales | <input type="checkbox"/> Antiques/Fine Arts Moving or Storage | <input type="checkbox"/> Installation of Office Systems or Partitions |
| <input type="checkbox"/> Overflow or temporary storage for others | <input type="checkbox"/> Drayage or Hauling | <input type="checkbox"/> Design of Office Systems or Partition Layouts |
| <input type="checkbox"/> Agent of National Van Line Company | <input type="checkbox"/> Cross-Dock Operation | <input type="checkbox"/> Logistics & Distribution Transportation and/or Storage |
| <input type="checkbox"/> Agent of Freight Forwarding Company | <input type="checkbox"/> Air Freight | <input type="checkbox"/> Moving or Storage of Museum Fixtures or Exhibits |
| <input type="checkbox"/> Pickup and Storage of Records | <input type="checkbox"/> Household Goods Freight Forwarding | <input type="checkbox"/> Customer Packed Storage Container Pickup & Delivery |
| <input type="checkbox"/> On-Site or Off-Site Data Destruction | <input type="checkbox"/> Commodities Freight Forwarding | <input type="checkbox"/> Containerized (vault boxes or "pods") Self-Storage |
| <input type="checkbox"/> Backup of Customer's Computer Files | <input type="checkbox"/> Licensed Customs House Broker | <input type="checkbox"/> Standard (Packed By Owner) Self-Storage |
| <input type="checkbox"/> Exhibits and Display Moving or Storage | <input type="checkbox"/> Freight Consolidation/NVOCC | <input type="checkbox"/> Piano or Musical Instrument Moving or Storage |
| <input type="checkbox"/> Other <i>(Describe):</i> _____ | | <input type="checkbox"/> Theatrical or Cinema Moving or Storage |

LICENSES, PERMITS, or CERTIFICATES and REFERENCE OR DOCKET NUMBERS: *(Check all that apply and show permit numbers)*

- | | | |
|--|--|--|
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | <input type="checkbox"/> SDDC for: _____ | <input type="checkbox"/> Transit For Transit show SCAC # _____ |
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | | <input type="checkbox"/> Storage RSMO: <input type="checkbox"/> Western <input type="checkbox"/> So East <input type="checkbox"/> No East <input type="checkbox"/> Central |
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | <input type="checkbox"/> FMCSA MC# _____ | |
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | DOT# _____ | |
| <input type="checkbox"/> PUC or DOT State: _____ # _____ | <input type="checkbox"/> Other Permits (describe): _____ | |

PROFESSIONAL ASSOCIATIONS or CERTIFICATIONS *(Check all that apply):*

- | | | | | |
|--|-------------------------------|---|--|---|
| <input type="checkbox"/> State Moving or Trucking Association | <input type="checkbox"/> AMSA | <input type="checkbox"/> RIM | <input type="checkbox"/> Tariff Bureau | <input type="checkbox"/> CMC or COIC Designations |
| <input type="checkbox"/> ISO 2002 Certification | <input type="checkbox"/> IAM | <input type="checkbox"/> State Self Storage Association | <input type="checkbox"/> National Self Storage Association (SSA) | |
| <input type="checkbox"/> PRISM | <input type="checkbox"/> ARMA | <input type="checkbox"/> NAID | <input type="checkbox"/> Other Certifications _____ | |
| <input type="checkbox"/> Other Association or Franchise Memberships: _____ | | | | |

SPECIFIC INFORMATION – CARGO COVERAGE

- | | | |
|--|--|--|
| Does Applicant issue a Bill of Lading on every shipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many days in the Applicant's standard S.I.T. Period? |
| Is Applicant subject to state regulation or to a Tariff? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> Other (describe) |
| Does Applicant regularly use sub-haulers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | What types of cargo paperwork does the Applicant issue? |
| Are contracts or hold-harmless agreements in place for any sub-haul arrangements? If "yes", provide a sample of the contract used | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Contract for Move <input type="checkbox"/> Purchase Order
<input type="checkbox"/> Master Moving Agreements <input type="checkbox"/> Freight Bill or Short Form B/L
<input type="checkbox"/> Other (describe) |
| Does the Applicant supply labor only for on-premises moves? | <input type="checkbox"/> Yes <input type="checkbox"/> No | When Applicant acts as a sub-hauler, please indicate the contractual charge-back amount: Per Pound: <input type="checkbox"/> \$0.60 <input type="checkbox"/> \$1.25 <input type="checkbox"/> \$4.00
<input type="checkbox"/> Full Value/Actual Cash Value <input type="checkbox"/> Replacement Value
<input type="checkbox"/> Other (describe) |
| Does Applicant ever operate as a sub-hauler for any company other than the affiliated Van Line Company? If "yes", list companies and type of goods hauled. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

OPERATIONS *(Continued)*

SPECIFIC INFORMATION – WAREHOUSE COVERAGE

Does Applicant Issue a Warehouse Receipt for all storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What types of storage paperwork does Applicant issue? <input type="checkbox"/> Warehouse Receipt <input type="checkbox"/> Storage Contract <input type="checkbox"/> Purchase Order <input type="checkbox"/> Inventory Control Document <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Other (describe)
Does Applicant have Non-Temp Military Storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Applicant ever have off-site or temporary storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any climate controlled storage facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant have self-storage or containerized self-storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe arrangement of Storage: <input type="checkbox"/> Vaults <input type="checkbox"/> Racks <input type="checkbox"/> Cages or Rooms <input type="checkbox"/> Loose or un-containerized storage If applicable, how high are vaults stacked? <input type="checkbox"/> 1-High <input type="checkbox"/> 2-High <input type="checkbox"/> 3-High <input type="checkbox"/> 4-High <input type="checkbox"/> Other (describe)
Does Applicant have storage outside of a warehouse building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any specialized storage services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant hold storage auctions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant store boats or vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", describe the kinds of products crated:
Does Applicant do any specialized crating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all warehouse locations have the same kind of operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", please describe the different operations in remarks below.
Does Applicant allow customers access to any storage facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", <input type="checkbox"/> Self Storage Units Only <input type="checkbox"/> All Storage Facilities Are customers supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL REMARKS REGARDING THE APPLICANT'S OPERATIONS: