



OAC 165:30-3-1; OAC 165:30-15-4; OAC 165:5-3-1; OAC 165:30-3-13; OAC165:30-15-11

USDOT No. _____
PIN _____
DSTP NO. _____

TDF 14

APPLICATION FOR A DELETERIOUS SUBSTANCE TRANSPORT PERMIT (DSTP)

1. **USDOT Number** _____ **FEIN/SSN** _____
Applicant _____
Doing business as (trade name if any) _____

2. Is this application for a new DSTP or renewal of an existing DSTP? (Check one) New Renewal
Show DSTP # on top right of form

3. Addresses and Contact Information

Mailing Address 1 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone # (_____) _____ Fax # (_____) _____ Email _____	Mailing Address 2 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone # (_____) _____ Fax # (_____) _____ Email _____
Carrier's Physical Address or Location Street _____ City, State, Zip _____	Carrier's Contact Person _____ Telephone # (_____) _____ Domicile County _____ Principal Place of Business State _____

4. Should the address(es) on file be changed to reflect the address(es) above? Yes No
5. Does the applicant transport deleterious substances for hire or as a private carrier? For Hire or Private
6. If transporting deleterious substances only as a private carrier, does the carrier utilize equipment with a GVWR or GCWR over 26,000 pounds?
 Yes No
7. Does the applicant transport deleterious substances across state lines (interstate) and/or within the state (intrastate)? Interstate Intrastate
8. If transporting deleterious substances interstate, do you hold a current UCR? Yes or No
MC/MX# _____

Under penalty of perjury, all statements and representations appearing in the foregoing application and all addendums are based upon my knowledge of the matters referred to and are true and correct.

Applicant's Signature _____

Applicant's Title _____

INSTRUCTIONS

FAX NO. (405) 521-2916

INTERNET ADDRESS <http://www.occeweb.com>

Please make your **\$350.00** check or money order payable to the Oklahoma Corporation Commission.

1. Original application must be filed with all attachments. Applicant's name and dba must match as shown on the carrier's authority. If the name and/or dba has changed, please contact our office to determine if a "name change" application is needed. The Applicant's USDOT number must be listed on this application as well as the company's FEIN or individual's SSN.
2. Address and Contact information. The Mailing Address 1 is the location where all correspondence is to be mailed to (permit service, attorney's office, carrier's address or other location may be listed). If the address listed in Mailing Address 1 is not the carrier's address, the carrier's address must be listed in the Mailing Address 2 column. Physical Address is for the carrier's actual physical location. If an out-of-state address, provide physical address of proposed/actual major Oklahoma terminal or Oklahoma home office in domicile county area.
3. Please be sure to mark if the address on file with this Commission should be changed to reflect the addresses reflected on this application.
4. **Liability Insurance** – An insurance filing (typically a **Form E** or Form G) must be filed with this office as proof of liability insurance. The name, address and liability limits must match the information shown on the front of this application. You may need to contact your insurance agent to inform the insurance company to provide the insurance filing to this office (agents do not typically provide the required filing). Liability insurance requirements are combined single limits of \$750,000.
5. The original Disposal Facility Access attachment must be properly completed, notarized and attached to this application. If the nature of your operations do not require access to a licensed disposal well, you must specifically describe the product to be transported and its intended disposal of destination.
6. Acceptable signatures on this application are as follows: (1) Sole proprietorship - sole proprietor; (2) Partnership - one of the partners, (3) Corporation – one of the officers or directors; (4) Limited liability company - the manager. An attorney or agent may sign in lieu of the applicant, but a copy of the power of attorney must be attached to the application.

TDF 14
APPLICATION FOR A DELETERIOUS SUBSTANCE TRANSPORT PERMIT
DISPOSAL FACILITY ACCESS

Private and for-hire motor carrier must show written proof of access to a disposal facility for the purpose of disposing of salt water or deleterious substances. This portion must be completed and notarized by the owner/operator of an authorized disposal facility even if you are not currently utilizing a disposal facility.

Name of Transporter: _____

Legal description of disposal facility: ___ 4 ___ / 4 ___ / 4, Section ___ Township ___ Range _____

County _____

Location of facility: _____

Date facility was permitted: _____

Order number issued by the Commission: _____

Signature of owner or operator of the facility

Subscribed and sworn to before me this _____ day of _____, 20_____

My commission expires: _____ Notary # _____ Notary Public _____