FORM B-2

VEHICLE REGISTRATION NUMBERS
FOR COMPENSATED ***INTRASTATE-ONLY*** MOTOR CARRIERS

TO: ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, AL 36130-4260

LEGAL NAME:_____

MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

APSC CERTIFICATE NO.:_____, OR PERMIT NO.:_____

The above described applicant hereby applies for issuance of Vehicle Registration Numbers at **$6.00** each for the following identified vehicles.

MAKE	MODEL	VIN NUMBER (Last 10 Digits)

The applicant hereby acknowledges and understands Rule 3 of the Alabama Public Service Commission's Motor Carrier General Orders and Regulations Pamphlet No. 2003, as amended, as it pertains to the display of Registration Number, and Title 37, Chapter 3, Section 32(5)a, and as it pertains to the transferability of these numbers between vehicles.

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.

NOTE: The fee for Registration Numbers are $6.00 each. *Payment must be made by cashier's check, certified check, or money order.*

_____
(Signature)

_____
(Title) (Date)