

# PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA REPORT OF EQUIPMENT TO BE OPERATED

NAME	T	(FOR PUC USE ONLY)
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER (      )		

**PLEASE LIST ALL VEHICLE INFORMATION REQUESTED BELOW FOR ALL FOR-HIRE EQUIPMENT (INCLUDING LEASED VEHICLES) TO BE OPERATED BY YOU.**

**DO NOT LIST:** Service trucks, passenger cars, fork lifts or equipment used exclusively off highways.

PLEASE USE THE APPROPRIATE 2-LETTER ABBREVIATION FOR THE STATE OF REGISTRATION. (e.g. - CA for California)  
PLEASE SEE ADJOINING PAGE FOR EQUIPMENT AND BODY CODES. (USE ONE LINE FOR EACH UNIT OF EQUIPMENT.)

STATE	LICENSE PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)	EQUIP CODE	BODY CODE

*Attach sheet(s) for additional vehicles if necessary.*

<p><b>EQUIPMENT CODES</b></p> <p>0 = POWERED UNIT (ALL TYPES)</p> <p>1 = TRAILER (ALL TYPES)</p>	<p><b>BODY CODES</b></p> <p>TRAC = POWER UNITS WHICH ARE USED PRIMARILY TO PULL TRAILERS</p> <p>HHGV = HOUSEHOLD GOODS VANS</p> <p>VAN = ALL OTHER VANS</p> <p>FB = FLATBEADS</p> <p>MISC = ALL EQUIPMENT UNITS THAT DO NOT FIT ANY OF THE ABOVE CATEGORIES</p>
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## CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer