



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Combined Motor Carrier Identification Report and HM Permit Application

REASON FOR FILING (Check Only One)

- NEW APPLICATION
BIENNIAL UPDATE OR CHANGES
OUT OF BUSINESS NOTIFICATION
REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER
2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER
4. CITY
5. MAILING ADDRESS (P O BOX)
6. MAILING CITY
7. STATE/PROVINCE
8. ZIP CODE+4
9. COLONIA (MEXICO ONLY)
10. STATE/PROVINCE
11. ZIP CODE+4
12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER
14. PRINCIPAL CONTACT CELLULAR PHONE NUMBER
15. PRINCIPAL BUSINESS FAX NUMBER
16. USDOT NO.
17. MC OR MX NO.
18. DUN & BRADSTREET NO.
19. IRS/TAX ID NO.
20. INTERNET E-MAIL ADDRESS

21. COMPANY OPERATION (Circle all that apply)
A. Interstate Carrier
B. Intrastate Hazmat Carrier
C. Intrastate Non-Hazmat Carrier
D. Interstate Shipper
E. Intrastate Shipper
F. Vehicle Registrant Only

22. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR

23. OPERATION CLASSIFICATION (Circle All that Apply)
A. Authorized For-Hire
B. Exempt For-Hire
C. Private Property
D. Private Passengers (Business)
E. Private Passengers (Non-Business)
F. Migrant
G. U. S Mail
H. Federal Government
I. State Government
J. Local Government
K. Indian Tribe
L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)
A. GENERAL FREIGHT
B. HOUSEHOLD GOODS
C. METAL; SHEETS; COILS; ROLLS
D. MOTOR VEHICLES
E. DRIVE AWAY/TOWAWAY
F. LOGS, POLES
G. BUILDING MATERIALS
H. MOBILE HOMES
I. MACHINERY, LARGE OBJECTS
J. FRESH PRODUCE
K. LIQUIDS/GASES
L. INTERMODAL CONT.
M. PASSENGERS
N. OIL FIELD EQUIPMENT
O. LIVESTOCK
P. GRAIN, FEED, HAY
Q. COAL/COKE
R. MEAT
S. GARBAGE, REFUSE, TRASH
T. U.S. MAIL
U. CHEMICALS
V. COMMODITIES DRY BULK
W. REFRIGERATED FOOD
X. BEVERAGES
Y. PAPER PRODUCTS
Z. UTILITY
AA. FARM SUPPLIES
BB. CONSTRUCTION
CC. WATER WELL
DD. OTHER

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C - CARRIED S - SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGES
C S A. DIV 1.1 B NB C S K. DIV 2.2A (Ammonia) B NB C S U. DIV 4.2 B NB C S EE. HRCQ B NB
C S B. DIV 1.2 B NB C S L. DIV 2.3A B NB C S V. DIV 4.3 B NB C S FF. CLASS 8 B NB
C S C. DIV 1.3 B NB C S M. DIV 2.3B B NB C S W. DIV 5.1 B NB C S GG. CLASS 8A B NB
C S D. DIV 1.4 B NB C S N. DIV 2.3C B NB C S X. DIV 5.2 B NB C S HH. CLASS 8B B NB
C S E. DIV 1.5 B NB C S O. DIV 2.3D B NB C S Y. DIV 6.2 B NB C S II. CLASS 9 B NB
C S F. DIV 1.6 B NB C S P. Class 3 B NB C S Z. DIV 6.1A B NB C S JJ. ELEVATED TEMP MAT. B NB
C S G. DIV 2.1 B NB C S Q. Class 3A B NB C S AA. DIV 6.1B B NB C S KK. INFECTIOUS WASTE B NB
C S H. DIV 2.1 LPG B NB C S R. Class 3B B NB C S BB. DIV 6.1 Poison B NB C S LL. MARINE POLLUTANTS B NB
C S I. DIV 2.1(Methane) B NB C S S. COMB LIQ B NB C S CC. DIV 6.1 SOLID B NB C S MM. HAZARDOUS SUB (RQ) B NB
C S J. DIV 2.2 B NB C S T. DIV 4.1 B NB C S DD. CLASS 7 B NB C S NN. HAZARDOUS WASTE B NB
C S OO. ORM B NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.
Table with columns for vehicle types (Straight Trucks, Truck Tractors, Trailers, Hazmat Cargo Tank Trucks, Hazmat Cargo Tank Trailers, Motor Coach) and passenger counts (1-8, 9-15, 16+). Rows include OWNED, TERM LEASED, and TRIP LEASED.

27. DRIVER INFORMATION
Table with columns for INTERSTATE, INTRASTATE, TOTAL DRIVERS, and TOTAL CDL DRIVERS. Rows include Within 100-Mile Radius and Beyond 100-Mile Radius.

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes No
If Yes, enter your U.S. DOT Number.

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)
1. (Please print Name)
2. (Please print Name)

30. WHICH OF THE FOLLOWING HAZARDOUS MATERIAL(S) DOES YOUR COMPANY TRANSPORT, CHECK ALL THAT APPLY:

- Highway Route Controlled Quantities (HRCQ) of Radioactive materials.
- More than 25 kg (55 pounds) of a Division 1.1, 1.2, or 1.3 material or a quantity of Division 1.5 material that requires placarding
- For materials that meet the definition of "material poisonous by inhalation" (TIH) as defined in 49 CFR 171.8: More than 1 liter (1.08 quarts) per package of a material meeting the definition of a Hazard Zone A TIH material, a material meeting the definition of a Hazard Zone B TIH material in a bulk package (capacity greater than 450 liters [119 gallons]), or a material meeting the definition of a Hazard Zone C or D TIH material in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons).
- Shipments of compressed or refrigerated liquid methane or liquefied natural gas with a methane content of at least 85% in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons)

31. IF YOU CHECK QUESTION 30, ARE YOU APPLYING FOR OR RENEWING A HM SAFETY PERMIT? PLEASE CHECK ONE:

INITIAL

RENEWAL

32. IF YOUR COMPANY DOES NOT HAVE A U.S. DOT NUMBER, HOW MANY ACCIDENTS AS DEFINED IN 49 CFR 390.5 HAS YOUR COMPANY HAD IN THE PAST 365 DAYS?

33. DOES YOUR COMPANY CERTIFY THEY HAVE A SATISFACTORY SECURITY PROGRAM IN PLACE AS REQUIRED IN 49 CFR PART 385, SUBPART E?

Yes

No

34. IS YOUR COMPANY REQUIRED BY ANY STATE(S) TO HAVE A PERMIT FOR ANY OF THE HAZARDOUS MATERIALS LISTED IN QUESTION 30?

Yes

No

35. IF YOUR ANSWER TO QUESTION 34 IS YES, CHECK THE STATE(S) IN WHICH YOU HAVE THE PERMIT.

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| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AR | <input type="checkbox"/> AZ | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DC | <input type="checkbox"/> DE | <input type="checkbox"/> FL | <input type="checkbox"/> GA |
| <input type="checkbox"/> HI | <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> MA | <input type="checkbox"/> MD | <input type="checkbox"/> ME |
| <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MO | <input type="checkbox"/> MS | <input type="checkbox"/> MT | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> NE | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM |
| <input type="checkbox"/> NV | <input type="checkbox"/> NY | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA | <input type="checkbox"/> PR | <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN |
| <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | | | |

NOTE:

All motor carriers must comply with all pertinent Federal, State, local and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by a State agency operating a plan pursuant to Section 18 of the Occupational Safety and Health Act of 1970 ("OSHA State plan agency"). Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

36. CERTIFICATION STATEMENT (TO BE COMPLETED BY AN AUTHORIZED OFFICIAL)

I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

(Please print Name)

Signature _____ Date _____ Title _____