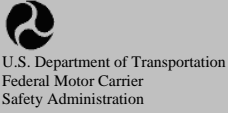


A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0013. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



INTERMODAL EQUIPMENT PROVIDER IDENTIFICATION REPORT
(Application for U.S. DOT Number)

REASON FOR FILING (Check Only One)

NEW APPLICATION

BIENNIAL UPDATE OR CHANGES

OUT OF BUSINESS NOTIFICATION

1. NAME OF INTERMODAL EQUIPMENT PROVIDER				2. TRADE OR D.B.A (DOING BUSINESS AS) NAME			
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER		4. CITY		5. MAILING ADDRESS (PO 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. HAVE YOU EVER BEEN ISSUED A U.S. DOT NUMBER BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? YES _____ NO _____							
If Yes, enter your U.S. DOT Number _____							
17. DUN & BRADSTREET NO.			18. IRS/TAX ID NO. EIN# SSN#			19. EMAIL ADDRESS	
20. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S. (TRAILER CHASIS ONLY)							
OWNED							
LEASED							
SERVICED							
21. 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)			
22. CERTIFICATION STATEMENT (to be completed by an authorized official)							
I, _____ (Please print Name), certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or 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.							
Signature _____			Date _____			Title _____ (Please print)	