

MCMIS FILE EXTRACT ORDER FORM

A. SELECT FILE

 CENSUS FILE EXTRACT INSPECTION FILE EXTRACT
Specify year: _____ CRASH FILE EXTRACT
For year(s) _____

B. PROVIDE YOUR MAILING ADDRESS

CONTACT NAME: _____

COMPANY NAME: _____

STREET: _____

CITY: _____ State: _____ Zip code: _____

TELEPHONE NUMBER: _____ Date: _____

C. COST

TYPE OF FILE (File will be delivered on CD-ROM)	COST (This is a non-refundable processing charge)	TOTAL
Census File Extract	\$ 23.00	\$
Crash File Extract	\$ 36.00	\$
Inspection File Extract	\$ 70.00 per calendar year	\$
AMOUNT OF PAYMENT:		\$

Make check payable to: *FMCSA Data Dissemination Program.*

D. SEND ORDER FORM AND CHECK TO:

Department of Transportation
 Federal Motor Carrier Safety Administration
 Office of Registration and Safety Information, W65-206
 1200 New Jersey Avenue SE
 Washington, DC 20590
 (606) 330-3804