

# MCMIS COMPANY SAFETY PROFILE ORDER FORM

## A. SPECIFY COMPANY INFORMATION

**Please provide the following information for each company profile.**

[If ordering more than one profile, provide information for the additional companies on a separate sheet of paper.]

COMPANY NAME: \_\_\_\_\_

COMPANY STREET ADDRESS: \_\_\_\_\_

COMPANY CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COMPANY US DOT #: \_\_\_\_\_ COMPANY MC #: + \_\_\_\_\_

## B. PROVIDE YOUR MAILING ADDRESS

CONTACT \_\_\_\_\_ NAME: \_\_\_\_\_

COMPANY \_\_\_\_\_ NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

## C. CALCULATE COST

COST OF HARD COPY COMPANY SAFETY PROFILE: \$27.50 (This is a non-refundable processing charge)

COST OF SUBSCRIPTIONS: MONTHLY \$330; QUARTERLY \$110; SEMI-ANNUAL \$55 (NO DISCOUNTS ON SUBSCRIPTIONS)

*\*Less discount based on total number of CSPs ordered and shipped at the same time to a single location.*

_____	x	\$27.50	\$	_____
# of CSPs ordered				Initial Cost

15%	20%	25%	— \$	_____
2-6 Profiles	7-12 Profiles	13+ Profiles		Discount

AMOUNT OF CHECK	\$	_____
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### MEDIA

Paper

E-mail (Please Specify:)

\_\_\_\_\_ Case Sensitive E-mail address

[Make check payable to: FMCSA Data Dissemination Program.]

## D. SEND ORDER FORM AND PAYMENT 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