



Freight Carrier Registration Program

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Identification

*SCAC: SSTS *DUINS #:
*Operator's #: PC/NX 411353
*Legal Name:
DBA:

Location

*Street1: Street2:
*City: *State:
Zip: *Country: USA
*Phone: *Int'l Phone:

Contact Information

*CEO Name: *Email:
*CFO Name: *Email:
GM Name: Email:
POC Name: Email:

Level of Service

*DOT Authority: General Commodity(FAX) *Transportation Protective Services: No
*Modes: Motor

NOTE: Fields marked with an * are mandatory!

Version 8.1

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