OMB NO: 2126-0013
Expiration Date:

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-MMI, Washington, D.C. 20590.

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

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 BUISINESS 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. INTERNET E-MAIL ADDRESS

20. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S. (TRAILER CHASSIS 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)*