

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-XXXX. Public reporting for this collection of information is estimated to be approximately 1 hour, 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, and will be provided confidentiality to the extent allowed by law. 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, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

FMCSA REGISTRATION / UPDATE(S)

(APPLICATION FOR USDOT NUMBER/OPERATING AUTHORITY)

FORM MCSA-1

PLEASE READ THE INSTRUCTIONS FOR THIS FORM CAREFULLY BEFORE PROCEEDING

There are six reasons to file this form: New Registration, Reinstatement, New Entrant Reapplication, Biennial Update, Name / Address / Form of Business Change(s), or Other Update(s). For each reason please complete the appropriate sections of this form as indicated below. Form MCSA-1, attachments, and statements must be completed in English.

	1 - 2	3 - 5	6
<p><i>PLEASE COMPLETE ALL APPLICABLE SECTIONS</i></p> <p>TYPE OF OPERATION</p>	<p><i>NEW REGISTRATION(1), NEW ENTRANT REAPPLICATION (2)</i></p> <p><i>(Sections and attachments (ATT) to be Completed)</i></p>	<p><i>BIENNIAL UPDATE (3), NAME / ADDRESS / FORM OF BUSINESS CHANGE(S) (4), OTHER UPDATE(S) (5)</i></p> <p><i>(Sections to be Completed)</i></p>	<p><i>REINSTATEMENT</i></p> <p><i>(Sections to be Completed)</i></p>
<p>MOTOR CARRIER (NOT DOMICILED IN MEXICO) OF:</p> <p>HOUSEHOLD GOODS</p> <p>HAZARDOUS MATERIALS CARRIER/SHIPPER</p> <p>PROPERTY</p> <p>PASSENGERS</p>	<p>A, B, F, K, M, N, O</p> <p>A, B, C, D, K, M, N, O</p> <p>A, B, K, M, N, O</p> <p>A, B, G, H, K, M, N, O</p>	<p>A, B, F, K, N</p> <p>A, B, C, D, K, N</p> <p>A, B, K, N</p> <p>A, B, G, H, K, N</p>	<p>A, B, F, J, K, M, N, O</p> <p>A, B, C, D, K, M, N, O</p> <p>A, B, K, M, N, O</p> <p>A, B, G, H, K, M, N, O</p>
<p>MOTOR CARRIER (DOMICILED IN MEXICO) OF:</p> <p>HOUSEHOLD GOODS</p> <p>HAZARDOUS MATERIALS CARRIER/SHIPPER</p> <p>PROPERTY</p> <p>PASSENGERS</p>	<p>A, B, F, I, K, L, M, N, O</p> <p>A, B, C, D, I, K, L, M, N, O</p> <p>A, B, I, K, L, M, N, O</p> <p>A, B, G, H, I, K, L, M, N, O</p>	<p>A, B, F, I, K, N</p> <p>A, B, C, D, I, K, N</p> <p>A, B, I, K, N</p> <p>A, B, G, H, I, K, N</p>	<p>A, B, F, I, K, L, M, N, O</p> <p>A, B, C, D, I, K, L, M, N, O</p> <p>A, B, I, K, L, M, N, O</p> <p>A, B, G, H, I, K, L, M, N, O</p>
<p>MOTOR CARRIER (NOT DOMICILED IN NORTH AMERICA) OF:</p> <p>HOUSEHOLD GOODS</p> <p>HAZARDOUS MATERIALS CARRIER/SHIPPER</p> <p>PROPERTY</p> <p>PASSENGERS</p>	<p>A, B, F, J, K, L, M, N, O</p> <p>A, B, C, D, J, K, L, M, N, O</p> <p>A, B, J, K, L, M, N, O</p> <p>A, B, G, H, J, K, L, M, N, O</p>	<p>A, B, F, J, K, N</p> <p>A, B, C, D, J, K, N</p> <p>A, B, J, K, N</p> <p>A, B, G, H, J, K, N</p>	<p>A, B, F, J, K, L, M, N, O</p> <p>A, B, C, D, J, K, L, M, N, O</p> <p>A, B, J, K, L, M, N, O</p> <p>A, B, G, H, J, K, L, M, N, O</p>
<p>BROKER OF:</p> <p>HOUSEHOLD GOODS</p> <p>PROPERTY</p>	<p>A, B, F, K, M, N, O</p> <p>A, B, K, M, N, O</p>	<p>A, B, F, K, N</p> <p>A, B, K, N</p>	<p>A, B, F, K, M, N, O</p> <p>A, K, M, N, O</p>
<p>FREIGHT FORWARDER (WITH VEHICLES) OF:</p> <p>HOUSEHOLD GOODS</p> <p>PROPERTY</p>	<p>A, B, F, K, M, N, O</p> <p>A, B, K, M, N, O</p>	<p>A, B, F, K, N</p> <p>A, B, K, N</p>	<p>A, B, F, K, M, N, O</p> <p>A, B, K, M, N, O</p>
<p>FREIGHT FORWARDER, (NO VEHICLES) OF:</p> <p>HOUSEHOLD GOODS</p> <p>PROPERTY</p>	<p>A, K, M, N, O</p> <p>A, K, M, N, O</p>	<p>A, K, N</p> <p>A, K, N</p>	<p>A, K, M, N, O</p> <p>A, K, M, N, O</p>
<p>INTERMODAL EQUIPMENT PROVIDERS</p>	<p>A, B, M, N, O</p>	<p>A, B, N</p>	<p>A, B, M, N, O</p>
<p>CARGO TANK FACILITY</p>	<p>A, E, M, N, O</p>	<p>A, E, N</p>	<p>A, E, M, N, O</p>

REASONS FOR FILING (Check only one)

- NEW REGISTRATION
- NEW ENTRANT REAPPLICATION
- REINSTATEMENT
- BIENNIAL UPDATE
- NAME / ADDRESS / FORM OF BUSINESS CHANGE(S)
- OTHER UPDATE(S)

FEES

- \$300
- \$300
- \$10
- No fee**
- No fee**
- No fee**

SECTION A. BUSINESS DESCRIPTION (TO BE COMPLETED BY ALL)

1. LEGAL BUSINESS NAME

2. DOING BUSINESS AS NAME (if different from Legal Business Name)

3. BUSINESS ADDRESS/PRINCIPAL PLACE OF BUSINESS

_____ STREET ADDRESS /ROUTE NUMBER _____ CITY _____ STATE/PROVINCE _____ ZIP CODE+4 _____ COLONIA (Mexico Only) _____ FOREIGN COUNTRY

4. MAILING ADDRESS (Must include the physical street name and number; P.O. Box Numbers are not accepted.)

_____ STREET ADDRESS _____ CITY _____ STATE/PROVINCE/ _____ ZIP CODE+4 _____ COLONIA (Mexico Only) _____ FOREIGN COUNTRY

5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS

- United States Canada Mexico Other Country

_____ Canadian NSC Number
(National Safety Code)

_____ Mexico RFC Number
(Federal Taxpayer Registry)

6. PRINCIPAL BUSINESS TELEPHONE NUMBER

7. PRINCIPAL BUSINESS FAX NUMBER

8. PRINCIPAL BUSINESS CELL PHONE NUMBER

9. USDOT NUMBER (if updating)

10. MC, MX AND FF NUMBER(S) (if updating)

MOTOR CARRIER (MC)	MEXICO DOMICILED CARRIER (MX)	FREIGHT FORWARDER (FF)

11. *IRS TAX ID NUMBER (See instructions)

EIN NUMBER

OR

SSN NUMBER

12. DUN & BRADSTREET NUMBER (if applicable)

13. FORM OF BUSINESS (Select all that apply)

- Sole Proprietor Partnership Limited Liability Company Corporation State of Incorporation _____
 Unit of State or Local Government

14. OWNERSHIP and CONTROL

- Owned/controlled by citizen of U.S. Owned/controlled by citizen of Mexico
 Owned/controlled by citizen of Canada Owned/controlled by citizen of other foreign country _____
Name of Country

15. NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS AND TITLES, (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

16. REVENUE: Enter your gross annual operating revenue for the last calendar year

Year: Revenue (U.S. Dollars): \$ _____ Number of months if partial year _____

17. OPERATION CLASSIFICATION (Check all items that apply)

a. For-Hire Motor Carrier

- Property
 - Hazardous Materials
 - Household Goods
 - Exempt Commodities
 - Other Non-Hazardous Freight

- Passengers
 - Charter & Special Operations
 - Regular Route
 - Limousine/Van Operations
 - FTA Grantee

- Mexico-owned, U.S.-based Enterprise
 - United States-based Enterprise Owned or Controlled by Persons of Mexico Providing Truck Services for the Transportation of International Cargo (except Household Goods)
 - United States-based Enterprise Owned or Controlled by Persons of Mexico Providing Truck Services for the Transportation of International Household Goods Shipments
 - Charter & Special Operations (passengers) – Mexico-owned, U.S.-based Enterprise
 - Regular Route (passengers) – Mexico-owned, U.S.-based Enterprise

c. Property Broker

- General Freight (except Household Goods)
- Household Goods

d. Freight Forwarder

- General Freight (except Household Goods)
- Household Goods

e. Government Entity

f. Cargo Tank Facility

g. Intermodal Equipment Provider

h. Other _____

b. Private Motor Carrier

- Property – Hazardous Materials
- Property – Non-Hazardous Freight
- Passengers - Business
- Passengers - Non-business
- Migrant Workers

18. COMPANY CONTACT PERSON (Please designate an individual within your company to respond to inquiries)

Name, title, and position

Street Address

City

State/Province

Country

Zip Code/Postal Code

Colonia – Mexico only

() _____
Telephone Number

() _____
Fax Number (optional)

() _____
Cell Phone (optional)

Internet E-mail Address (optional)

19. APPLICANT'S REPRESENTATIVE (Please designate an individual to respond to inquiries, if applicable)

Name and title, position, and relationship to applicant

Street Address

City

State/Province

Country

Zip Code/Postal Code

Colonia – Mexico only

(____) _____
Telephone Number

(____) _____
Fax Number (optional)

(____) _____
Cell Phone (optional)

Internet E-mail Address (optional)

20. CERTIFICATION STATEMENT (to be completed by the applicant)

I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and, if applicable, the Federal
(Please Print Name)

Hazardous Materials Regulations, and the Federal Motor Carrier Commercial Regulations. Under penalties of perjury, under the laws of the United States of America, I certify that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment up to 5 years and fines up to \$250,000 for each offense. Additionally, these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines up to \$250,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat.4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002(d), Nov. 29, 1990, 104 Stat. 4827) (21 U.S.C. § 826).

Signature _____ Date _____ Title _____

SECTION B. OPERATION CLASSIFICATION (TO BE COMPLETED BY ALL MOTOR CARRIERS, FREIGHT FORWARDERS WITH VEHICLES AND INTERMODAL EQUIPMENT PROVIDERS)

21. TYPE OF OPERATION Please check all that apply: (HM= Hazardous Materials)

- INTERSTATE (NON-HM) INTERSTATE (HM) INTRASTATE (NON-HM) INTRASTATE (HM)

22. CARGO Please check all classifications of cargo that applicant transports or handles:

- | | |
|---|--|
| a. <input type="checkbox"/> General Freight | p. <input type="checkbox"/> Grain, Feed, Hay |
| b. <input type="checkbox"/> Household Goods | q. <input type="checkbox"/> Coal/Coke |
| c. <input type="checkbox"/> Metal: Sheets, Coils, Rolls | r. <input type="checkbox"/> Meat |
| d. <input type="checkbox"/> Motor Vehicles | s. <input type="checkbox"/> Garbage, Refuse, Trash |
| e. <input type="checkbox"/> Driveaway-Towaway | t. <input type="checkbox"/> U.S. Mail |
| f. <input type="checkbox"/> Logs, Poles, Beams, Lumber | u. <input type="checkbox"/> Chemicals |
| g. <input type="checkbox"/> Building Materials | v. <input type="checkbox"/> Commodities (Dry), in Bulk |
| h. <input type="checkbox"/> Mobile Homes | w. <input type="checkbox"/> Refrigerated Food |
| i. <input type="checkbox"/> Machinery, Large Objects | x. <input type="checkbox"/> Beverages |
| j. <input type="checkbox"/> Fresh Produce | y. <input type="checkbox"/> Paper Products |
| k. <input type="checkbox"/> Liquid/Gases | z. <input type="checkbox"/> Utility Service |
| l. <input type="checkbox"/> Intermodal Containers | aa. <input type="checkbox"/> Farm Supplies |
| m. <input type="checkbox"/> Passengers | bb. <input type="checkbox"/> Construction |
| n. <input type="checkbox"/> Oil Field Equipment | cc. <input type="checkbox"/> Water Well |
| o. <input type="checkbox"/> Livestock | dd. <input type="checkbox"/> Other (Please specify): _____ |

23. MILEAGE (to the nearest 10,000 miles for last calendar year)

Please estimate the total number of miles your commercial motor vehicle(s) (leased or owned) traveled in the U.S. during the last calendar year.

Calendar Year: Mileage: _____

24. (a) NUMBER OF VEHICLES WITH A GROSS VEHICLE WEIGHT RATING (GVWR), GROSS COMBINATION WEIGHT RATING (GCWR), GROSS VEHICLE WEIGHT (GVW) OR GROSS COMBINATION WEIGHT (GCW) ≥ 10,001 POUNDS THAT WILL BE OPERATING IN THE U.S.

	Straight Truck(s)	Truck Tractor(s)	Trailer (s)	IEP Trailer Chassis only	Hazmat Cargo Tank Truck(s)	Hazmat Cargo Tank Trailer(s)	Motor Coaches	School Bus(es)			Mini-bus(es)	Van(s)		Limousine				
								Number of vehicles carrying number of passengers (including the driver) below										
								1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+		
Owned																		
Term Leased																		
Trip Leased																		
Serviced																		

(b) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW OR GCW ≥ 10,001 POUNDS THAT WILL BE OPERATING IN CANADA OR MEXICO. (To be completed by US-domiciled motor carriers only)

CANADA	MEXICO

(c) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW OR GCW ≥ 10,001 POUNDS THAT OPERATE INTERSTATE.

25. (a) NUMBER OF DRIVERS THAT WILL BE OPERATING IN THE U.S.

	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL COMMERCIAL DRIVER'S LICENSE(CDL) DRIVERS
Within 100 air-mile Radius				
Beyond 100 air- mile Radius				

(b) NUMBER OF DRIVERS THAT WILL BE OPERATING IN CANADA OR MEXICO. *(To be completed by US-domiciled motor carriers only)*

CANADA	MEXICO

SECTION C. HAZARDOUS MATERIALS (HM)
(TO BE COMPLETED BY HM MOTOR CARRIERS/SHIPPERS)

26. HAZARDOUS MATERIALS CARRIED (Please circle all that apply)

C (Carried) S (Shipped) B (Bulk) – >119 gallons for liquids, 882 pounds (lbs) for solids, 1,000 lbs. water capacity for gases in a single package NB (Non-Bulk) – <119 gallons

C	S	A.	Div 1.1 Explosives (with mass explosion hazard)	B	NB	C	S	V.	Div 4.3 Dangerous when wet material	B	NB
C	S	B.	Div 1.2 Explosives (with projection hazard)	B	NB	C	S	W.	Div 5.1 Oxidizer	B	NB
C	S	C.	Div 1.3 Explosives (with predominantly fire hazard)	B	NB	C	S	X.	Div 5.2 Organic Peroxide	B	NB
C	S	D.	Div 1.4 Explosives (with no significant blast hazard)	B	NB	C	S	Y.	Div 6.2 Infectious substance (Etiologic agent)	B	NB
C	S	E.	Div 1.5 Very insensitive explosives; blasting agents	B	NB	C	S	Z.	Div 6.1 A (Poison Liquid which is a PIH Zone A)	B	NB
C	S	F.	Div 1.6 Extremely insensitive detonating substances	B	NB	C	S	AA.	Div 6.1 B (Poison Liquid which is a PIH Zone B)	B	NB
C	S	G.	Div 2.1 Flammable gas	B	NB	C	S	BB.	Div 6.1 Poison (Poisonous liquid with no inhalation hazard)	B	NB
C	S	H.	Div 2.1 Liquefied Petroleum Gas (LPG)	B	NB	C	S	CC.	Div 6.1 Solid (Meets the definition of a poisonous solid)	B	NB
C	S	I.	Div 2.1 Methane Gas	B	NB	C	S	DD.	Class 7 Radioactive materials.	B	NB
C	S	J.	Div 2.2 Non-flammable compressed gas	B	NB	C	S	EE.	Highway Route Controlled Quantity of Radioactive Material (HRCQ)	B	NB
C	S	K.	Div 2.2 (Anhydrous Ammonia)	B	NB	C	S	FF.	Class 8 Corrosive material	B	NB
C	S	L.	Div 2.3 A (Poison Gas which is Poison Inhalation Hazard (PIH) Zone A)	B	NB	C	S	GG.	Class 8 A (Corrosive liquid which is a PIH Zone A)	B	NB
C	S	M.	Div 2.3 B (Poison Gas which in PIH Zone B)	B	NB	C	S	HH.	Class 8 B (Corrosive liquid which is a PIH Zone B)	B	NB
C	S	N.	DIV 2.3 C (Poison Gas which is PIH Zone C)	B	NB	C	S	II.	Class 9 Miscellaneous hazardous material	B	NB
C	S	O.	DIV 2.3 D (Poison Gas which is PIH Zone D)	B	NB	C	S	JJ.	Elevated Temperature Material (Meets definition in 49 CFR § 171.8 for an elevated temperature material)	B	NB
C	S	P.	Class 3 Flammable and combustible liquid	B	NB	C	S	KK.	Infectious Waste (Meets definition in 49 CFR 171.8 for an infectious waste)	B	NB
C	S	Q.	Class 3 A (Flammable liquid which is a PIH Zone A)	B	NB	C	S	LL.	Marine Pollutants (Meets Definition in 49 CFR § 171.8 for a marine pollutant)	B	NB
C	S	R.	Class 3 B (Flammable liquid which is a PIH Zone B)	B	NB	C	S	MM.	Hazardous Substances (RQ) (Meets definition in 49 CFR § 171.8 of a reportable quantity of a hazardous substance)	B	NB
C	S	S.	Combustible Liquid (Refer to 49 CFR § 173.20 (b))	B	NB	C	S	NN.	Hazardous Waste (Meets definition in 49 CFR § 171.8 of a hazardous waste)	B	NB
C	S	T.	Div 4.1 Flammable Solid	B	NB	C	S	OO.	ORM (Meets definition in 49 CFR § 171.8 of Other Regulated Material)	B	NB
C	S	U.	Div 4.2 Spontaneously combustible material	B	NB						

SECTION D. HAZARDOUS MATERIALS PERMITTING (TO BE COMPLETED BY HM MOTOR CARRIERS)

27. WHICH OF THE FOLLOWING HAZARDOUS MATERIAL(S) DOES YOUR COMPANY TRANSPORT? CHECK ALL THAT APPLY:

- Highway Route Controlled Quantities (HRCQ) of Radioactive materials.
- More than 25 kg (55 pounds) of a Division 1.1, 1.2, or 1.3 material or a quantity of Division 1.5 material that requires placarding.
- For materials that meet the definition of "material poisonous by inhalation" (TIH) as defined in 49 CFR 171.8: More than 1 liter (L)(1.08 quarts) per package of a material meeting the definition of a Hazard Zone A TIH material, a material meeting the definition of a Hazard Zone B TIH material in a bulk package (capacity greater than 450 liters [119 gallons]), or a material meeting the definition of a Hazard Zone C or D TIH material in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons).
- Shipments of compressed or refrigerated liquid methane or liquefied natural gas with a methane content of at least 85% in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons)

28. IF YOU CHECKED QUESTION 27, ARE YOU APPLYING FOR OR RENEWING A HAZARDOUS MATERIAL (HM) SAFETY PERMIT? PLEASE CHECK ONE:

- Initial
- Renewal

29. IF YOUR COMPANY DOES NOT HAVE A U.S. DOT NUMBER, HOW MANY ACCIDENTS AS DEFINED IN 49 CFR 390.5 HAS YOUR COMPANY HAD IN THE PAST 12 MONTHS?

30. DOES YOUR COMPANY CERTIFY IT HAS A SATISFACTORY SECURITY PROGRAM IN PLACE AS REQUIRED IN 49 CFR PART 385, SUBPART E?

- Yes
- No

31. IS YOUR COMPANY REQUIRED BY ANY STATE(S) TO HAVE A PERMIT FOR ANY OF THE HAZARDOUS MATERIALS LISTED IN QUESTION 27?

- Yes
- No

32. IF YOUR ANSWER TO QUESTION 31 IS YES, CHECK THE STATE(S) IN WHICH YOU HAVE THE PERMIT.

- | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AR | <input type="checkbox"/> AZ | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DC | <input type="checkbox"/> DE | <input type="checkbox"/> FL | <input type="checkbox"/> GA |
| <input type="checkbox"/> HI | <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> MA | <input type="checkbox"/> MD | <input type="checkbox"/> ME |
| <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MO | <input type="checkbox"/> MS | <input type="checkbox"/> MT | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> NE | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM |
| <input type="checkbox"/> NV | <input type="checkbox"/> NY | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA | <input type="checkbox"/> PR | <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN |
| <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | | | |

NOTE: All motor carriers must comply with all pertinent Federal, State, local and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by a State agency operating a plan pursuant to Section 18 of the Occupational Safety and Health Act of 1970 ("OSHA State plan agency"). Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

33. CERTIFICATION STATEMENT (TO BE COMPLETED BY AN AUTHORIZED OFFICIAL)

I, _____, certify that I am familiar with the 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 _____

SECTION E. CARGO TANK FACILITY (TO BE COMPLETED BY AN APPLICANT REGISTERING CARGO TANK FACILITIES UNDER 49 CFR PART 107, SUBPART F)

34. Please refer to instructions for Section E to complete the following information for each cargo tank facility being registered.

Functions	Exemptions/Special permits		Vehicles					
			MC306	MC330	DOT406	MC300	MC303	MC310
<input type="checkbox"/> External Visual Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Internal Visual Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Leakage Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Lining Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Thickness Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Pressure Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	
<input type="checkbox"/> Manufacture			<input type="checkbox"/> MC331 <input type="checkbox"/> MC338		<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412			
<input type="checkbox"/> Assembly			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Repair (Non-ASME)			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Repair (ASME)			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Certification (Design Certified Engineer)			<input type="checkbox"/> MC306 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312	<input type="checkbox"/> MC330 <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	<input type="checkbox"/> DOT406 <input type="checkbox"/> DOT407 <input type="checkbox"/> DOT412	<input type="checkbox"/> MC300 <input type="checkbox"/> MC301 <input type="checkbox"/> MC302	<input type="checkbox"/> MC303 <input type="checkbox"/> MC304 <input type="checkbox"/> MC305	<input type="checkbox"/> MC310 <input type="checkbox"/> MC311
<input type="checkbox"/> Component Manufacture								
Mobile Testing Information								
Where do you use testing/ inspection equipment?	<input type="radio"/> None		<input type="radio"/> Fixed Facility		<input type="radio"/> Mobile		<input type="radio"/> Both	

Processing Agent	
<i>(To be completed if the registrant is not a resident of the United States)</i>	
Name:	
Street:	
City:	
State:	Zip/Postal Code
Responsible Person (Facility Location)	
Title:	Position:
First Name:	Last Name:
Phone:	Fax:
Email:	

Design Certified Engineers/Registered Inspectors

Name:	Type:
Street:	Type:

Non-Employee Design Certified Engineers/Registered Inspectors

Cargo Tank #	Type	Company

Stamp

Stamp Type	Certification #	Authorization Date	Expiration Date

I certify that all Registered Inspectors and Design Certifying Engineers used in performance of the prescribed functions meet the minimum qualification requirements set forth in 49 CFR 171.8, that I am the person responsible for ensuring compliance with the applicable requirements of this chapter, and that I have knowledge of the requirements applicable to the functions to be performed.

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.

<input type="radio"/> Yes	<input type="radio"/> No
----------------------------------	---------------------------------

Certifying Name:

Certifying Title:

Certifying Email:

SECTION F. TRANSPORTATION OF HOUSEHOLD GOODS (TO BE COMPLETED BY HOUSEHOLD GOODS MOTOR CARRIERS, HOUSEHOLD GOODS BROKERS, AND HOUSEHOLD GOODS FREIGHT FORWARDERS)

35. CERTIFICATION: ARBITRATION PROGRAM AND TARIFF

MOTOR CARRIER OF HOUSEHOLD GOODS (including United States-based enterprises transporting international household goods shipments)

I, _____, certify that I am fit, willing, and able to provide the specialized
Print First and Last Name and Title

services necessary to transport household goods. I am familiar with FMCSA regulations for household goods movements, have acquired or am willing to acquire the protective equipment and trained operators necessary to perform household goods movements. I certify that my tariff is available for inspection by shippers upon reasonable request. I further certify that I will offer arbitration as a means of settling loss and damage disputes and disputes regarding carrier charges in addition to those collected at delivery. The following information can be used to contact a representative of the arbitration program in which I will participate.

Contact information for the arbitration program in which I will participate:

Name	Address	Telephone Number

Signature of Motor Carrier Representative

SECTION G. TRANSPORTATION OF PASSENGERS (TO BE COMPLETED BY PASSENGER CARRIERS)

36. GOVERNMENT FUNDING STATUS - SPECIFY THE NATURE OF GOVERNMENTAL FINANCIAL ASSISTANCE YOU RECEIVE, IF ANY, BY CHECKING THE APPROPRIATE BOX BELOW (Check only one box)

- Public recipient** - Applicant is any of the following: any State; any municipality or other political subdivision of a State; any public agency or instrumentality of such entities of one or more State(s); an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, or person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.
- Private recipient** - Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease or operation of any bus.
- Non-recipient** - Applicant is not receiving, or using equipment acquired with, governmental financial assistance.

Public Interest Criteria: Regular route public and private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

Public Recipient Applicants: All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- (1) No motor carrier of passengers (other than a motor carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- (2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be scanned and uploaded along with your application.

Fitness Only Criteria: No additional evidence is needed from non-recipient applicants for charter and special transportation.

37. PASSENGER CARRIER COMPLIANCE CERTIFICATION

I, _____, certify that I am fit, willing, and able to comply with all pertinent
Print Name and Title

statutory and regulatory requirements including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

Signature of Company Official

Date

Title

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations, located at 49 CFR Part 37, Subpart H. Charter and special transportation corresponds to demand responsive service and service over regular routes corresponds to fixed route service under the Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, please refer to the Federal Motor Carrier Safety Administration's website at www.fmcsa.dot.gov.

SECTION H. SCOPE OF AUTHORITY (TO BE COMPLETED BY PASSENGER CARRIERS)

38.

- (1) Charter and special transportation, in interstate or foreign commerce, between points in the United States.
- (2) Charter and special transportation, in interstate or foreign commerce, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- (3) Service as a passenger carrier over regular routes. (Regular route passenger carrier authority to perform regularly scheduled service.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle. Public recipient applicants requesting authority to operate over regular routes should scan and upload to the application a description of the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).
- (4) Service as a passenger carrier over regular routes provided by United States-based enterprises owned or controlled by persons of Mexico. Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.
- (5) Intrastate regular route authority
Are you also requesting **intrastate authority** to provide the service described in item 3 or 4?
YES NO

NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate regular route authority. No carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route(s).

SECTION I. COMMERCIAL ZONE OPERATIONS (TO BE COMPLETED BY MEXICO-DOMICILED MOTOR CARRIERS OPERATING EXCLUSIVELY WITHIN COMMERCIAL ZONES)

“Within Commercial Zones” refers to service between Mexico and the United States entirely within the commercial zone of a municipality that is adjacent to Mexico. A Mexico-domiciled motor carrier may not provide point-to-point transportation services, including express delivery services, within the United States for goods other than international cargo.

39. SCOPE OF REGISTRATION

- Service as a for-hire motor carrier of property (except household goods) within the commercial zones
- Service as a for-hire motor carrier of household goods within the commercial zones
- Service as a private motor carrier of property (handling applicant’s own goods) within the commercial zones
- Service as a passenger motor carrier within the commercial zones

40. UNITED STATES ADDRESS: (a) Do you currently maintain an office in the United States?

YES NO

(b) If yes, please provide the full street address, telephone number, and fax number.

_____ Street Address _____

_____ City _____ State _____ Country _____ Zip Code _____

(_____) _____ (Telephone Number) (_____) _____ (Fax Number)

SECTION J. NON-NORTH AMERICA-DOMICILED CARRIERS (TO BE COMPLETED BY MOTOR CARRIERS NOT DOMICILED IN THE UNITED STATES, MEXICO OR CANADA)

“Non-North America-domiciled” refers to an applicant whose principal place of business is located outside of the United States, Mexico, or Canada and is seeking to provide the following transportation service in foreign commerce:

41. SCOPE OF REGISTRATION

- Transportation of property by a Non-North America-domiciled motor carrier between points outside of the United States and all points in the United States.
- Transportation of passengers by a non-North America-domiciled passenger carrier providing charter and tour bus operations between points outside of the United States and points in the United States.
- Transportation of passengers by a non-North America-domiciled private motor carrier of passengers between points outside of the United States and points in the United States.

42. Indicate the principal border crossing points that applicant intends to utilize.

43. UNITED STATES ADDRESS: (a) Do you currently maintain an office in the United States?

YES NO

(b) If yes, please provide the full street address, telephone number, and fax number.

Street Address

City

State

Country

Zip Code

(____) _____
(Telephone Number)

(____) _____
(Fax Number)

SECTION K. ADDITIONAL INFORMATION (TO BE COMPLETED BY FOR-HIRE MOTOR CARRIERS AND PRIVATE HAZARDOUS MATERIALS CARRIERS, INCLUDING THOSE DOMICILED IN MEXICO AND OUTSIDE OF-NORTH AMERICA, AND BY BROKERS AND FREIGHT FORWARDERS)

44. FINANCIAL RESPONSIBILITY (Check all boxes that apply)

If applicant is a Mexico-domiciled motor carrier of property and operates exclusively within the U.S.-Mexico border commercial zones, please skip to item 44f, under this section.

a. MOTOR PASSENGER CARRIER

For-Hire motor passenger carriers operating in the United States, including Mexico-domiciled motor passenger carriers, must maintain public liability insurance. The minimum amount of coverage is shown in parentheses.

(Please check only one): Applicant

- Has one or more vehicles with a seating capacity of 16 passengers or more, including the driver (\$5,000,000 U.S.)
- Has only motor vehicles with a seating capacity of 15 passengers or fewer, including the driver (\$1,500,000 U.S.)
- Receives a grant from the Federal Transit Administration (FTA) under 49 U.S.C. §§ 5307, 5310, or 5311. Applicant understands that it is not required to comply with FMCSA's minimum levels of public liability insurance, and that applicant is required to maintain financial responsibility at the highest level required by any State within its transit service area (see 49 U.S.C. § 31138 (e) (4)).

Applicant's transit area lies within the borders of the following State(s): _____

Applicant will maintain financial responsibility in the amount of \$ _____

Applicant's insurance company has filed will file proof of liability insurance coverage.

Note: Grantees under 49 U.S.C. §§ 5307, 5310, or 5311 that file evidence of State-prescribed financial responsibility limits that are lower than the Federal limits will be registered to provide interstate service within their designated transit service area only.

b. MOTOR PROPERTY CARRIER

- Applicant will operate motor vehicles having a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) of 10,001 pounds (4,536 kg.) or more to transport:
 - Non-hazardous commodities (\$750,000 U.S.)
 - Hazardous materials referenced in the FMCSA regulations at 49 CFR 387.303(b)(2)(c) (\$1,000,000 U.S.)
 - Hazardous materials referenced in the FMCSA regulations at 49 CFR 387.303(b)(2)(b) (\$5,000,000 U.S.)

- Applicant will only operate motor vehicles having a gross vehicle weight under 10,001 pounds (4,536 kg). Applicant will transport:
 - Any quantity of Divisions 1.1, 1.2 or 1.3 explosives, any quantity of poison gas (Division 2.3, Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A materials), or highway route-controlled quantity radioactive materials as defined in 49 CFR 173.455 (\$5,000,000 U.S.)
- Applicant will operate vehicles under 10,001 pounds
 - Commodities other than those listed above (\$300,000 U.S.)

c. PROPERTY BROKER

(Please select one): Applicant's surety company/financial institution

- Has filed a property broker's surety bond or trust fund agreement in the amount of \$10,000
- Will file a property broker's surety bond or trust fund agreement in the amount of \$10,000

d. SELF-INSURED CARRIERS/FREIGHT FORWARDERS

Applicant has received authorization from FMCSA to self-insure its:

- Bodily Injury and Property Damage (BI&PD) liability
- Cargo liability
- both BI&PD and Cargo liability

and applicant is in full compliance with the conditions of the Agency's decision authorizing it to self-insure.

e. FREIGHT FORWARDER

- Applicant will operate as a freight forwarder only and seeks a waiver of BI&PD liability requirements by certifying that in its forwarding operations applicant: (1) will not own or operate any motor vehicles upon highways in the transportation of property; (2) will not perform transfer, collection, or delivery services; and (3) will not have motor vehicles operated under its direction and control in the performance of transfer, collection, or delivery services.
- Applicant will operate vehicles having Gross Vehicle Weight Ratings (GVWR) of 10,001 pounds or more to transport:
 - Non-hazardous commodities (\$750,000 U.S.).
 - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(c)(\$1,000,000 U.S.).
 - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(b)(\$5,000,000 U.S.).
- Applicant will operate only vehicles having Gross Vehicle Weight Ratings (GVWR) under 10,001 pounds to transport:
 - Any quantity of Classes A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity of radioactive materials (\$5,000,000 U.S.).
 - Commodities other than those listed above (\$300,000 U.S.).
- Applicant will maintain cargo insurance (HHG freight forwarders only) (\$5,000 U.S. / \$10,000 U.S.).

f. MOTOR CARRIERS DOMICILED IN MEXICO ONLY

Has applicant operated, or does applicant currently operate, under insurance issued by an insurance or surety company in amounts meeting FMCSA minimum financial responsibility requirements for periods of 24 hours or longer for movements in the U.S. border commercial zones?

- Yes No See 49 CFR 387.303(b)(4)

g. INSURANCE INFORMATION

Applicant must maintain insurance coverage for bodily injury and property damage

Please provide the following information:

Insurance Company _____
 Address _____

 Maximum Insurance Amount _____
 Policy Number _____
 Date Issued _____
 Insurance Effective Date _____ Expiration Date _____

SELF INSURED for _____ BI&PD and _____ Cargo or self-insured up to _____ for BI&PD and/or _____ Cargo.

45. AFFILIATION WITH OTHER FORMER ICC, FHWA, OMCS, OR FMCSA LICENSED ENTITIES

Disclose all relationships applicant now has, or have had in the past 3 years, with other FMCSA-regulated entities. This could be in the form of a percentage of stock ownership, a loan, or a management position. If this requirement applies to applicant, provide the name of the company, MC/MX/FF-Number, USDOT Number, and the company's latest U.S. DOT safety rating. (If applicant requires more space, scan and upload the additional information)

Applicant must indicate whether these entities are currently disqualified from operating commercial motor vehicles anywhere in the United States pursuant to section 219 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA) (Public Law 106-159, 113 Stat. 1748 (Dec. 9, 1999)).

USDOT #	MC/MX/FF No.	Legal Name	DBA Name	Current Safety Rating	Revoked

46. DESIGNATION OF AGENTS FOR SERVICE OF PROCESS

Form No. BOC-3

on file with FMCSA.

will be filed electronically.

SECTION L. SAFETY CERTIFICATIONS (TO BE COMPLETED BY MEXICO-DOMICILED and NON-NORTH AMERICA-DOMICILED MOTOR CARRIERS)

47. SAFETY CERTIFICATIONS FOR MEXICO-DOMICILED AND NON-NORTH AMERICA-DOMICILED CARRIERS

a. Applicant maintains current copies of all U.S. DOT Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards and if applicable the Federal Hazardous Materials Regulations (if a property carrier transporting hazardous materials), and Federal Motor Carrier Commercial Regulations, understands and will comply with such regulations, and has ensured that all company personnel are aware of these requirements.

YES NO

b. Individual responsible for compliance with applicable regulatory and safety requirements.

Full Name	Complete Address	Position Title

c. Applicant certifies that the following tasks and measures will be fully accomplished and procedures fully implemented before it commences operations in the United States:

I. DRIVER QUALIFICATIONS

1. The carrier has in place a system and procedures for ensuring the continued qualification of drivers to operate safely, including a safety record for each driver, procedures for verification of proper age and licensing of each driver, and procedures for identifying drivers who are not complying with the U.S. safety regulations, and a description of a retraining and educational program for poorly performing drivers.

YES NO

2. The carrier has procedures in place to review drivers' employment and driving histories for at least the last 3 years, to determine whether the individual is qualified and competent to drive safely.

YES NO

3. The carrier has established a program to review the records of each driver at least once every twelve (12) months and will maintain a record of the review.

YES NO

4. The carrier will ensure, once operations in the United States have begun, that all of its drivers operating in the United States are at least 21 years of age and possess a valid Commercial Driver's License or a valid Licencia Federal de Conductor (LFC) and that the driver's LFC is registered in Mexico's SCT database.

YES NO

II. HOURS-OF-SERVICE

1. The carrier has in place a record keeping system and procedures to monitor the hours-of-service performed by drivers, including procedures for continuing review of drivers' log books, and for ensuring compliance with all operations requirements.

YES NO

2. The carrier has ensured that all drivers to be used in the United States are knowledgeable of the United States' hours-of-service requirements, and has clearly and specifically instructed drivers about the application to them of the 11-hour, 14-hour, and 60- and 70-hour rules, as well as the requirement for preparing daily log entries in their own handwriting for each 24-hour period.

YES NO

3. The carrier has attached, as Attachment F to this application, statements describing the carrier's monitoring procedures to ensure that its drivers complete logbooks correctly, and describing the carrier's record keeping and driver review procedures.

YES NO

4. The carrier will ensure, once operations in the United States have begun, that its drivers operate within the hours-of-service rules and are not fatigued while on duty.

YES NO

III. DRUG AND ALCOHOL <i>(To be completed by motor carriers subject to drug and alcohol testing only)</i>		
1. The carrier is familiar with the alcohol and controlled substance testing requirements of 49 CFR part 382 and 49 CFR part 40 and has in place a program for systematic testing of drivers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. The carrier has attached, as Attachment A to this application, the name, address, and telephone number of the person(s) responsible for implementing and overseeing alcohol and drug programs and the name, address and telephone number of the drug testing laboratory and alcohol testing services that are used by the company.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IV. VEHICLES		
1. The carrier has established a system and procedures for inspection, repair and maintenance of its vehicles in a safe condition, and for preparation and maintenance of records of inspection, repair, and maintenance in accordance with the U.S. DOT's Federal Motor Carrier Safety Regulations and, if applicable, the Federal Hazardous Materials Regulations and the Federal Commercial Regulations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. The carrier has inspected all vehicles that will be used in the United States before the beginning of such operations and has proof of the inspection on board the vehicle as required by 49 CFR 396.17.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. The carrier will ensure, once operations in the United States have begun, that all vehicles it operates in the United States were manufactured or have been retrofitted in compliance with the applicable U.S. DOT Federal Motor Vehicle Safety Standards or Canadian Motor Vehicle Safety Standards in effect at the time of manufacture.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. The carrier will ensure, once operations in the United States have begun, that all violations and defects noted on inspection reports are corrected before vehicle and drivers are permitted to enter the United States.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. The carrier will ensure that all vehicles operated in the United States are inspected at least every 90 days by a certified inspector in accordance with the requirements for a Level I Inspection under the criteria of the North American Standard Inspection, as defined in 49 CFR 350.105, once operations in the United States begin and until such time as the carrier has held permanent registration from the FMCSA for at least 36 consecutive months. After the 36-month period expires, the carrier will ensure that all vehicles operated in the United States are inspected in accordance with 49 CFR 396.17 at least once every 12 months thereafter. <i>(To be completed by Non-North America-domiciled carriers only)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
V. ACCIDENT MONITORING		
1. The carrier has in place a program for monitoring vehicle accidents and it maintains an accident register in accordance with 49 CFR 390.15.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. The carrier has attached, as Attachment B to this application, a copy of its accident register for the previous 12 months, or a description of how the company will maintain this register once it begins operations in the United States.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. The carrier has established an accident countermeasures program and driver training program to reduce accidents.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. The carrier has attached, as Attachment C to this application, a description and explanation of the accident monitoring program it has implemented for its operations in the United States.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

VI. PRODUCTION OF RECORDS		
1. The carrier can and will produce records demonstrating compliance with the safety requirements within 48 hours of receipt of a request from a representative of the USDOT/FMCSA or other authorized Federal or State official.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. The carrier is including as Attachment D to this application the name, address, and telephone number of the employee to be contacted for requesting records.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VII. HAZARDOUS MATERIALS (To be completed by motor carriers of hazardous materials only)		
1. The HM carrier has full knowledge of the U.S. DOT Hazardous Materials Regulations, and has established programs for the thorough training of its personnel as required under 49 CFR part 172, Subpart H and 49 CFR 177.816. The HM carrier has attached a statement providing information concerning (1) the names of employees responsible for ensuring compliance with HM regulations, (2) a description of their HM safety functions, and (3) a copy of the information used to provide HM training.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. The carrier has established a system and procedures for inspection, repair and maintenance of its reusable hazardous materials packages (cargo tanks, portable tanks, cylinders, intermediate bulk containers, etc.) in a safe condition, and for preparation and maintenance of records of inspection, repair and maintenance in accordance with the U.S. DOT Hazardous Materials Regulations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. The HM carrier has established a system and procedures for filing and maintaining HM shipping documents.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. The HM carrier has a system in place to ensure that all HM trucks are marked and placarded as required by 49 CFR part 172, subparts D and F.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. The carrier will register under 49 CFR part 107, subpart G, if transporting any quantity of hazardous materials requiring the vehicle to be placarded.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TO BE COMPLETED BY CARGO TANK (CT) MOTOR CARRIERS OF HAZARDOUS MATERIALS (HM):	YES	NO
6. The carrier submits with this application certificates of compliance for each cargo tank the company utilizes in the U.S., together with the name, qualifications, Cargo Tank Facility (CT) number, and CT Facility number registration statement of the facility it will be utilizing to conduct the test and inspections of such tanks as required by 49 CFR part 180.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION M. COMPLIANCE CERTIFICATIONS (TO BE COMPLETED BY MOTOR CARRIERS, BROKERS AND FREIGHT FORWARDERS)

48. By signing these certifications, the certifying official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for examination of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the authority granted.

1. Applicant is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements.	YES NO <input type="checkbox"/> <input type="checkbox"/>
2. Applicant is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request. Applicant understands that the written request may be served on the contact person identified on Page 4 (Section A, Item No. 18), or the designated process agent.	YES NO <input type="checkbox"/> <input type="checkbox"/>
3. Applicant is not presently disqualified from operating commercial motor vehicles in the United States.	YES <input type="checkbox"/>
4. Applicant understands that the agent(s) for service of process designated on FMCSA Form BOC-3 will be deemed applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. § 13303, for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations.	YES NO <input type="checkbox"/> <input type="checkbox"/>
5. Applicant is not prohibited from filing this application because FMCSA registration is currently under suspension, or was revoked less than 30 days before the filing of this application.	YES NO <input type="checkbox"/> <input type="checkbox"/>
<i>TO BE COMPLETED ONLY BY A NON-NORTH AMERICA-DOMICILED MOTOR CARRIER</i>	
6. Applicant is willing and able to have all vehicles operated in the United States inspected at least every 90 days by a certified inspector and have decals affixed attesting to satisfactory compliance with applicable inspection criteria. This requirement will end after applicant has held permanent registration from FMCSA for three consecutive years.	YES NO <input type="checkbox"/> <input type="checkbox"/>
7. If applicant's registration has been revoked, the deficiencies cited in the revocation proceeding have been corrected. Applicant is providing an explanation of how it has corrected these deficiencies and how it will otherwise ensure that basic safety management controls are maintained.	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>TO BE COMPLETED ONLY BY A MEXICO-DOMICILED MOTOR CARRIER</i>	
8. Applicant has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482 (c) of the Internal Revenue Code.	YES NO <input type="checkbox"/> <input type="checkbox"/>

Signature

NOTE: All motor carriers operating within the United States, including foreign-domiciled motor carriers applying for USDOT registration by this form, must comply with all applicable Federal, State, local, and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by an OSHA state plan agency pursuant to section 18 of the Occupational Safety and Health Act of 1970. Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

SECTION N. APPLICANT'S OATH

49. This oath applies to all supplemental filings to this application. The signature must be that of an authorized official of the applicant, not the legal representative.

I, _____, verify under penalty of perjury, under the laws of the United States of America,
(PRINT NAME)

that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827) (21 U.S.C. 862).

Signature _____ Title _____ Date _____

ATTACHMENTS TO SECTION L

TO BE COMPLETED ONLY BY A MEXICO-DOMICILED OR NON-NORTH AMERICA-DOMICILED MOTOR CARRIER

**ATTACHMENT A
FOR SECTION L, 47
DRUG AND ALCOHOL TESTING
(BOX III 2)**

Below applicant has listed:

- (1) The name, address and position of the person or persons designated by applicant as responsible for implementing and overseeing its alcohol and drug testing programs.
- (2) The name, address, and telephone number of both its drug testing laboratory and its alcohol testing service. If the alcohol testing service information is identical to the information for the drug testing laboratory, applicant should enter "Same" in the space for the alcohol testing service.

NAME	ADDRESS	POSITION
NAME OF DRUG TESTING LABORATORY	ADDRESS	TELEPHONE NUMBER
NAME OF ALCOHOL TESTING SERVICE	ADDRESS	TELEPHONE NUMBER

TO BE COMPLETED ONLY BY A MEXICO-DOMICILED OR NON-NORTH AMERICA-DOMICILED MOTOR CARRIER

**ATTACHMENT B
FOR SECTION L, 47
ACCIDENT REGISTER
(BOX V 2)**

- Applicant is attaching a copy of its accident register for the last 12 months.
- Applicant is beginning operations and the following explains how it will maintain its accident register once it begins operations in the U.S.:

TO BE COMPLETED ONLY BY A MEXICO-DOMICILED OR NON-NORTH AMERICA-DOMICILED HAZARDOUS MATERIALS MOTOR CARRIER

**ATTACHMENT E
FOR SECTION L, 47
HAZARDOUS MATERIALS (HM)
(BOX VII 2)**

Applicant is attaching a copy of the materials we employ to provide HM training. Below applicant has listed its employees (other than drivers) who are responsible for ensuring compliance with HM regulations and a description of the HM safety functions of each employee. Applicant has also attached a copy of its training materials.

EMPLOYEE	DESCRIPTION OF HM SAFETY FUNCTION

