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, and will be provided confidentiality to the extent allowed by the Freedom of Information Act (FOIA). 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.

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

Intermodal Equipment Provider Identification Report

(Application for USDOT Number)

REASON FOR FILING *(mark only one)*

◯ NEW APPLICATION ◯ BIENNIAL UPDATE OR CHANGES ◯ OUT OF BUSINESS NOTIFICATION

1. LEGAL BUSINESS NAME		2. DOING BUSINESS AS NAME *(if different from Legal Business Name)*		
3. BUSINESS ADDRESS/PRINCIPAL PLACE OF BUSINESS	4. CITY	5. STATE/PROVINCE	6. ZIP CODE	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS	9. CITY	10. STATE/PROVINCE	11. ZIP CODE	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER	14. PRINCIPAL CONTACT CELL PHONE NUMBER	15. PRINCIPAL BUSINESS FAX NUMBER		

16. HAVE YOU EVER BEEN ISSUED A USDOT NUMBER BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? ◯ Yes ◯ No

If yes, enter your USDOT Number: _____

17. DUN & BRADSTREET NUMBER	18. IRS/TAX ID NUMBER ***See instructions before completing this section.**	19. 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), PARTNERS OR OFFICERS AND TITLES *(e.g. president, treasurer, general partner, limited partner)*

1. _____ 2. _____

22. CERTIFICATION STATEMENT *(to be completed by authorized official)*

I, _____, 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 _____ Title _____ Date _____
(please print)