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 2126-0016. Public reporting for this collection of information is estimated to be approximately 2 hours 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

FORM OP-1(FF) APPLICATION FOR FREIGHT FORWARDER AUTHORITY

This application is for businesses requesting Operating Authority as a freight forwarder in interstate or foreign commerce. Freight forwarders arrange transportation of goods by FMCSA-licensed carriers. Freight forwarders issue bills of lading to shippers and are responsible for the loss of or damage to the goods.

FOR FMCSA USE ONLY	
Docket No. FF	Fee No.
Filed	CC Approval No.

SECTION I — Applicant Information

1. Do you now have authority from or an application being processed by the FMCSA, FHWA, OMCS, or ICC? ◯ Yes ◯ No If yes, identify the MC/FF Number (or lead docket number): _____

2. LEGAL BUSINESS NAME	3. DOING BUSINESS AS NAME *(if different from Legal Business Name)*

PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS)

4. STREET NAME AND NUMBER *(No P.O. Box)*	5. CITY	6. STATE	7. ZIP CODE	8. TELEPHONE NUMBER	9. FAX NUMBER

MAILING ADDRESS *(if different from Principal Address above)*

10. STREET NAME AND NUMBER	11. CITY	12. STATE	13. ZIP CODE	14. TELEPHONE NUMBER	15. FAX NUMBER

REPRESENTATIVE *(person who can respond to inquiries)*

16. NAME	17. TITLE, POSITION, OR RELATIONSHIP TO APPLICANT

18. STREET NAME AND NUMBER	19. CITY	20. STATE	21. ZIP CODE	22. TELEPHONE NUMBER	23. FAX NUMBER

24. USDOT NUMBER *(if available; if not, see instructions)*

FORM OF BUSINESS *(select only one)*

◯ 25. CORPORATION STATE OF INCORPORATION _____

◯ 26. SOLE PROPRIETORSHIP LEGAL NAME OF OWNER _____

◯ 27. PARTNERSHIP LEGAL NAME OF EACH PARTNER _____

SECTION II — Type of Operating Authority *(select at least one)*

28. Check box(es) for each type of Operating Authority requested.
You must submit a filing fee of $300.00 for each box checked.

☐ Freight Forwarder of Property (except Household Goods) ☐ Freight Forwarder of Household Goods

SECTION III — Insurance Information *(select only one vehicle-operating category below; within that category, check all boxes that apply).*

29. Freight forwarders that perform transfer, collection, and delivery service must maintain appropriate levels of bodily injury and property damage (BI & PD) insurance and environmental restoration coverage. The amounts in parentheses represent the minimum amount of BI & PD liability insurance coverage that companies must maintain and have on file with the FMCSA.
(All freight forwarders must maintain minimum levels of cargo insurance. See the instructions for more details.)

◯ Applicant will operate one or more vehicle(s) having a gross vehicle weight rating (GVWR) of 10,000 pounds or more to transport:

- ☐ Non-hazardous commodities ($750,000)
- ☐ Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(c) ($1,000,000)
- ☐ Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(b) ($5,000,000)

◯ Applicant will operate **only** vehicles having a gross vehicle weight rating (GVWR) under 10,000 pounds to transport:

- ☐ Any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity of radioactive materials ($5,000,000)
- ☐ Commodities other than those listed above ($300,000)

◯ Applicant seeks a waiver of liability (BI & PD) insurance requirements and certifies that in its forwarding operations it:
(1) will not own or operate any motor vehicles upon the 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.

SECTION IV — Household Goods Certification

30. FREIGHT FORWARDER OF HOUSEHOLD GOODS APPLICANTS *(in Section II of this application) must certify as follows:*

Applicant is fit, willing, and able to provide household goods freight-forwarding operations and to comply with all pertinent statutory and regulatory requirements. This assessment of fitness includes applicant's general familiarity with former ICC, FHWA, or OMCS, now FMCSA regulations for household goods movements. The proposed operations will be consistent with the public interest and the transportation policy of 49 USC 13101 and **applicant will offer arbitration as a means of settling loss and damage disputes on collect-on-delivery shipments**. ☐ Yes

SECTION V — Safety Certification *(for vehicle-operating freight forwarders only)*. Select only one.

31. APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS.
If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the USDOT's Federal Motor Carrier Safety Regulations (FMCSRs) at 49 CFR, Chapter 3, Subchapter B (Parts 350-399)*, you must certify as follows:*

Applicant has access to and is familiar with all applicable USDOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials, and will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it: (1) Has in place a system and an individual responsible for ensuring overall compliance with FMCSRs. (2) Can produce a copy of the FMCSRs and the Hazardous Materials Transportation Regulations. (3) Has in place a driver safety training/orientation program. (4) Has prepared and maintains an accident register (49 CFR 390.15). (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR 391). (6) Has in place policies and procedures consistent with USDOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR 392, 395, and 396). (7) Is familiar with, and will have in place on the appropriate effective date, a system for complying with USDOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 40). ◯ Yes

32. EXEMPT APPLICANTS.
If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from FMCSRs, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials. ◯ Yes

SECTION VI — Control Relationships

33. Applicant is engaged principally in the business of manufacturing, buying, or selling articles and commodities, or is in control of, or controlled by, or under common control with any such entity. ◯ Yes ◯ No

If "Yes," describe the relationship and indicate to what extent the involved entity engaged in manufacturing, buying, or selling commodities uses the services of freight forwarders. If applicant itself is engaged in manufacturing, buying, or selling as described above, indicate to what extent it performs its own forwarding operations in conjunction with the assembly, consolidation, and shipment of the commodities it manufactures, buys, or sells.

SECTION VII — Affiliations

34. Disclose any relationship you have or have had with any other FMCSA-regulated entity (including entities licensed by the FHWA, OMCS, or ICC) within the past 3 years. Examples include, but are not limited to, a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC/FF Number, USDOT Number, and that company's latest DOT safety rating. If you require more space, attach the information to this application form.

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.

SECTION IX — Applicant's Oath

35. This oath applies to all supplemental filings to this application. *The signature must be that of the applicant, not a legal representative. Print name in the first blank space.*

I, _____, verify under penalty of perjury, under the laws of the United States of America, 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 USC 1001 by imprisonment up to 5 years and fines up to $10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 USC 1621, which provides for fines up to $2,000 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 (21 USC 862).

Signature _____ Title _____ Date _____

Payment Instructions

(1) **Each type of Operating Authority requested in Section II of the application form requires a $300 processing fee.**
Calculate the total amount due as follows:

	× $300 =	
Number of boxes checked in Section II		*Total payment due*

(2) Select payment method:

◯ Check or Money Order — Make payable to **FMCSA** in United States currency. *Payment must be drawn upon funds deposited in a bank located in the U.S.*

◯ Credit Card — Complete the **Credit Card Payment Authorization** below.

Credit Card Payment Authorization		
Select Credit Card: ◯ Visa ◯ MasterCard	Credit Card Number:	Expiration Date:
Name *(exactly as it appears on card)*:		Payment Amount:
Credit Card Billing Address		
Street Name and Number:		
City:	State:	Zip Code:
Signature:		Payment Date:

Mailing Instructions *(to apply online, please see "How to Apply" [Topic II] in the instructions)*

(1) Save a copy of the completed application form(s), all supporting documents (if any), and payment details for the company's business records.

(2) Depending upon the type of payment and method of mail delivery, send the completed application form(s), any supporting documents, and payment to one of the following addresses.
Note: Sending payment to the wrong address will delay application processing by 2-3 weeks.

Check or Money Order:

Standard First-Class Mail
Federal Motor Carrier Safety Administration
P.O. Box 530226
Atlanta, GA 30353-0226

Express Mail Only
Bank of America
Lockbox #530226
1075 Loop Road
Atlanta, GA 30337

Credit Card:

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, MC-RIO
Washington, DC 20590