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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 <i>(if different from Legal Business Name)</i>		
3. 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 <i>*See instructions before completing this section.</i>	19. E-MAIL ADDRESS
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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)*