



United States Department of Transportation  
**Federal Motor Carrier Safety Administration**

FMCSA Registration/Update(s)

(Application for USDOT Number/Operating Authority Registration)

# INSTRUCTIONS for FORM MCSA-1

**NOTE:** Mexico-domiciled motor carriers that operate, or seek authority to operate, beyond United States municipalities on the United States-Mexico border and their commercial zones should not complete this form. They must complete Forms OP-1(MX) and MCS-150.

## WHO MUST FILE

This form must be filed electronically by all for-hire motor carriers and private motor carriers operating commercial motor vehicles (CMVs), brokers, freight forwarders, hazardous materials safety permit applicants, cargo tank facilities, and intermodal equipment providers operating in interstate or foreign commerce. A new applicant must file the Form MCSA-1 before beginning operations. In addition, all for-hire motor carriers, brokers and freight forwarders must file this form electronically to notify the Agency of a transfer of operating authority registration and provide a copy of the operating authority registration being transferred. All supplemental documents should be scanned and uploaded as appropriate. A transferee of operating authority registration must complete the entire Form MCSA-1 to obtain a USDOT Number if it does not currently have one. All entities must use this form to update their information as required.

The following entities must register using this form if they engage in interstate commerce as defined in 49 CFR 390.5:

- For-hire motor carriers of property and passengers domiciled in the United States, Canada, and outside of North America.
- For-hire Mexico-domiciled motor carriers of property and household goods and Mexico-domiciled private motor carriers that seek to operate exclusively within U.S. municipalities on the United States-Mexico International Border and their commercial zones. Under North American Free Trade Agreement (NAFTA) Annex I, page I-U-20, a Mexico-domiciled carrier may not provide point-to-point transportation services, including express delivery services, within the United States for goods other than international cargo.
- U.S.-based motor carriers owned or controlled by Mexican nationals transporting passengers and/or international cargo (goods originating or terminating in a foreign country).
- Private motor carriers (except Mexico-domiciled private carriers operating beyond the border commercial zones).
- Property brokers of general freight and/or household goods.
- Freight forwarders of general freight and/or household goods.
- Intermodal equipment providers.
- Cargo Tank Facilities.

## REASONS TO FILE

1. **New registration**—to register for the first time.
2. **New entrant reapplication**—to reapply after new entrant registration has been revoked.
3. **Reinstatement**—to restore inactive or revoked registration to good standing.
4. **Biennial update**—to file the update required every 24 months. An entity may also update its record with FMCSA at any time within this 24-month period.
5. **Name /address change/form of business**—to file a change to a company's name, address, or form of business.
6. **Notification of transfers of operating authority registration (both transferee and transferor)**
7. **Other** —to file other miscellaneous changes.

*For each reason for filing, complete (or confirm the information in) the appropriate sections of Form MCSA-1 as shown in the table on page 2 of the form.*

## HOW TO FILE

An applicant must complete Form MCSA-1 and any attachments or statements in English and submit the completed material to FMCSA by filing online at the FMCSA Web site ([www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)).

## COST TO FILE

See Section O, titled "Filing Fee Information," of the Form MCSA-1 application.

## TELEPHONE ASSISTANCE

For additional assistance, or to obtain information regarding the status of an application, consult the FMCSA Web site ([www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)), call FMCSA Support Services at (800) 832-5660, or contact FMCSA Headquarters or State Division offices (See "Contacting Us" on the FMCSA Web site).

*Applicants should consult these instructions as they complete Form MCSA-1.*

This section provides general information about the seven reasons for filing the form MCSA-1. For the applicant's convenience, line-by-line instructions begin on page 5.

## AN OVERVIEW OF THE 7 REASONS FOR FILING FORM MCSA-1

### 1. New Registration

There is a \$300 fee for this transaction.

Check the "New Registration" box if registering for the first time or if you are already registered as one type of entity and are seeking to register as a different type of entity (e.g., motor carrier seeking new registration as a property broker).

In addition to completing this form, certain new applicants also must complete the additional requirements described below:

- **Financial Responsibility:** All for-hire motor carriers of property and passengers, property brokers, freight forwarders performing transfer, collection and delivery services, and private carriers of hazardous materials also must demonstrate that they have in effect the minimum amount of financial responsibility (49 CFR part 387). Applicants may not begin to operate until the required evidence of financial responsibility has been electronically filed with, and approved by, FMCSA and an active USDOT Number has been issued. *(A USDOT Number becomes active only after process agent and applicable financial responsibility filings have been completed and approved by FMCSA, and/or any protests by persons opposing an application for operating authority registration have been adjudicated.)*
- **Household Goods:** New for-hire motor carriers of household goods and freight forwarders of household goods must comply with the minimum cargo insurance requirements as provided in 49 CFR part 387. Operations may not begin until evidence of compliance with the minimum cargo insurance requirements has been electronically filed with, and approved by, FMCSA and an active USDOT Number has been issued. *(A USDOT Number becomes active only after process agent and applicable financial responsibility filings have been completed and approved by FMCSA, and/or any protests by persons opposing an application for operating authority registration have been adjudicated.)*
- **Designation of Agents for Service of Process:** New applicants must electronically submit a signed and dated Form BOC-3 titled, "Designation of Agents—Motor Carriers, Brokers and Freight Forwarders." It must include the street addresses (not the post office box number) of designated agents for service of legal process and administrative notices in connection with the enforcement of applicable Federal statutes or regulations. A person must be designated in each State in which the applicant expects to operate, even if it merely passes through the State. If the applicant chooses to use a Process Agent Service, a letter must be submitted with the completed Form MCSA-1 informing the FMCSA of this decision. Applicants must ensure that the Process Agent Service electronically files the BOC-3 with FMCSA within 90 days of the date the Form MCSA-1 is filed. An applicant may not operate until the BOC-3 has been filed with, and approved by, FMCSA and an active USDOT Number has been issued. *(A USDOT Number becomes active only after process agent and applicable financial responsibility filings have been completed and approved by FMCSA, and/or any protests by persons opposing an application for operating authority registration have been adjudicated.)*
- **Certifications and Oaths.** Applicants must sign electronically the completed certification statements and oaths, as follows:

Entity	Party who must sign
Sole proprietorship	Owner
Partnership	One partner
Corporation	An officer (President, Vice President, etc.)

### 2. New Entrant Reapplication

There is a \$300 fee for this transaction.

A new entrant whose USDOT Registration has been revoked, and whose operations have been placed out-of-service (OOS) by the FMCSA, may file to **re-apply** for new entrant USDOT Registration no sooner than 30 days after the date of revocation. There are three ways a motor carrier may re-apply if its U.S. DOT new entrant registration is revoked.

First, if the motor carrier failed a safety audit, the new entrant **must**: (1) submit an updated MCSA-1 Form, (2) submit evidence that it has corrected the deficiencies that resulted in revocation of its registration and otherwise ensure that it will have basic safety management controls in effect, and (3) begin the 18-month new entrant monitoring cycle again as of the date the re-filed application is approved.

- Second, if the motor carrier's new entrant registration was revoked because it failed to submit to a safety audit, it **must**: (1) submit an updated MCSA-1 Form; (2) begin the 18-month new entrant monitoring cycle again as of the date of the re-filed application is approved; and (3) submit to a safety audit.
- Third, if the new entrant is a for-hire motor carrier subject to the registration provisions under 49 U.S.C. 13901 and also has had its operating authority registration revoked, it **must** re-apply for operating authority registration as set forth in part 365. If revocation was based on the new entrant's failure to file the minimum amounts of financial responsibility or designate agents for service of process, it must also complete administrative filings as well in the reapplication process.

### 3. Reinstatement

**There is a \$10 fee for this transaction.**

Check the "Reinstatement" box to re-apply to reinstate the registration of a motor carrier, freight forwarder, broker, cargo tank facility or intermodal equipment provider that has been inactivated. Please be certain that all the requirements for operation have been met, including those pertaining to filing a process agent designation form and filing evidence of the required minimum financial responsibility requirements, if applicable.

### 4. Biennial Update

**There is no fee for this transaction.**

Check the "Biennial Update" box if the applicant has been issued a USDOT Number and is filing a biennial update in accordance with 49 CFR 390.201. The Form MCSA-1 is used for biennial updates every 24 months. A motor carrier may also update its record with FMCSA at any given time within this 24-month period. A regulated entity that registers its vehicles in a State that participates in the Performance and Registration Information Systems Management (PRISM) would fulfill the biennial update requirement through its annual State Driver's License Agency (SDLA) re-registration process. Once the applicant enters its USDOT Number in Section A, the on-line Form MCSA-1 will automatically fill in the remainder of the fields on the MCSA-1 Form with the registration data most recently provided by the applicant. The applicant must either certify that the existing registration information is correct, or re-enter any registration information that is incorrect or that has changed from the data visible to the applicant on the Form MCSA-1.

***Mexico-domiciled motor carriers holding a "Certificate of Registration" from the former Interstate Commerce Commission, the Federal Highway Administration, the former Office of Motor Carrier Safety or the Federal Motor Carrier Safety Administration, that was issued before April 18, 2002, and which designate a territorial scope of operations between points in specified States or between points in the United States, must also file biennial updates in accordance with 49 CFR 390.19.***

### 5. Name/Address/Form of Business Change

**There is no fee for this transaction.**

Check the "Name/Address/Form of Business Change" box to file changes to the legal name, doing business as (DBA) name, form of business, or address. You will be required to file an updated Form MCSA-1 within 30 days of a change in your name, address, or form of business.

### 6. Notification of Transfers of Operating Authority Registration

**There is no fee for this transaction.**

Check the "Notification of Transfers of Operating Authority Registration" box to notify FMCSA of a transfer of operating authority registration. Both the transferor and transferee are required to fill out Section O of the Form MCSA-1 within 30 days of a transfer of operating authority registration. If the transferee does not currently have a USDOT Number, it must complete the entire MCSA-1 Form. Both the transferor and the transferee are also required to provide a copy of the operating authority registration that is being transferred by scanning and uploading a copy of the document along with the transfer notification.

### 7. Other

Check the "Other" box to update registration information, such as vehicle information, driver information, etc. Also check this box to indicate updates to registration information made more frequently than the biennial update schedule.

An applicant applying for temporary authority can select the "other" registration box as a reason to file. Applications for temporary authority are described in 49 CFR 365.107(e). Applications for temporary authority will be entertained only in exceptional circumstances (i.e., natural disasters or national emergencies) when evidence of immediate service need can be specifically documented in a narrative supplement appended to Form MCSA-1 for motor property carriers and motor passenger carriers. Only a U.S.-domiciled motor carrier is eligible for temporary operating authority registration. Applicants must submit an MCSA-1 Form and a letter indicating need for emergency temporary authority. The 10-day protest period for temporary authority will be waived and the authority will be suspended after 120 days. The filing fee for an application for motor carrier temporary authority issued in an emergency situation is \$100.

# LINE-BY-LINE INSTRUCTIONS

- These instructions will assist applicants in completing the Form MCSA-1 accurately. A Form MCSA-1 that does not include all of the required information or contains incorrect information will be rejected by FMCSA and may result in loss of fees.
- The application must be completed in English.
- Applicants should print and retain a copy of the completed Form MCSA-1 and the instructions for their records.

## Section

# A

### BUSINESS DESCRIPTION

*(To be completed by all, except for those only providing notification of transfers of operating authority registration)*

#### Beginning on Page 3

**1. LEGAL BUSINESS NAME.** Provide applicant's full legal business name—the name of the sole proprietor or partnership, the name of the limited liability company as it appears on the articles of organization, or the complete corporate name as it appears on the incorporation certificate. It is important to spell, punctuate and space accurately the words forming the name of the registered entity. For example, FMCSA regards each of the following as a separate entity: John Jones; Harry L. Jones & John Jones; John Jones Trucking, Inc.

**2. DOING BUSINESS AS NAME (if different from Legal Business Name).** If the applicant uses a trade name that differs from its legal business name as shown in block 1, that name should be entered. Only one trade name, however, is permitted. For example: If the applicant is "John Jones," doing business as "Quick Way Trucking," "John Jones" should be entered as the Legal Business Name, and "Quick Way Trucking" should be entered as the Doing Business As Name. If the applicant does not have a trade name, leave this item blank.

**3. PRINCIPAL ADDRESS (Principal Place of Business).** Enter the principal address where the company is physically located and engaged in business operations related to the transportation of persons or property, and where safety records are regularly maintained. This address will be used by FMCSA for on-site visits to entities it regulates for the purpose of conducting safety audits, investigations, and other activities. A P.O. Box will not be accepted by FMCSA as a principal address. The principal place of business address is where all records must be kept and be made available for inspection upon request by an authorized representative of the FMCSA. A terminal address may be used here as long as it meets the principal place of business definition. Use the two-letter postal abbreviation for the State or the abbreviation of the Canadian Province/Territory. If the applicant is domiciled in Mexico, enter the "Colonia" or "Barrio" where the principal place of business is located.

**4. MAILING ADDRESS.** If the applicant receives mail at an address other than the principal place of business address given, please provide it here. This address may be either a street name and number or a P.O. Box. If the applicant's mailing address is its principal place of business address, check the box marked "SAME AS PRINCIPAL ADDRESS" and leave the mailing address blank.

**NOTE:** Applicants must give FMCSA written notice within 30 days of any change in their business or mailing address. Follow the directions for "Name/Address/Form of Business Change" and file the completed Form MCSA-1 with FMCSA. This will ensure that applicants receive notices from FMCSA and that documents filed on their behalf are included as part of the applicant's file. If a sole proprietor provides personal information on the Form MCSA-1, this information will be publicly available on FMCSA websites. This published information may include, but IS NOT LIMITED TO, the sole proprietor owner/operator's home address, telephone number and e-mail address when the contact information serves as the business contact information.

**Mexico-Domiciled Motor Carriers:** If an applicant is a Mexico-domiciled motor carrier and also maintains an office in the United States, this information should also be provided in response to Question 38 of Form MCSA-1.

**5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS.** The applicant should indicate the country in which its principal place of business is located. Check the appropriate box and include the RFC (Registro Federal de Contribuyentes or Federal Taxpayer Registration) number for a company in Mexico or NSC (National Safety Code) number(s) for a company in Canada, as applicable. If applicants have more than one NSC number, you will need to scan and upload the additional information when you file your application.

**6. PRINCIPAL BUSINESS TELEPHONE NUMBER.** Enter the telephone number, including area code, of the principal place of business. Please include the country code if the applicant is not domiciled in the United States.

**7. PRINCIPAL BUSINESS FAX NUMBER (optional).** Enter the fax number, including area code, of the principal place of business. Please include the applicant's country code if the applicant is not domiciled in the United States.

**8. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional).** Enter the cell phone number, including area code, of the principal place of business. Please include the applicant's country code if the applicant is not domiciled in the United States.

**9. USDOT NUMBER.** Entities that already have been issued a USDOT Number must provide it. Applicants that have not obtained a USDOT Number will be issued one after completion of the registration process. Applicants must obtain an active USDOT Number before beginning operations.

**10. IRS TAX ID NUMBER.\*** Enter the employer identification number (EIN) assigned to the company by the Internal Revenue Service.

*\*Sole proprietor owner/operators who do not have an EIN may submit their Social Security Number (SSN) instead of the EIN but are encouraged to obtain an EIN rather than using an SSN to register for a USDOT Number.*

**11. DUN AND BRADSTREET NUMBER.** Enter the business number issued to the applicant by Dun & Bradstreet, if known.

**12. FORM OF BUSINESS.** Check all boxes that apply to applicant's form of business:

- **Sole Proprietor**—An individual who owns and operates a business normally in his or her legal name and in which there is no legal distinction between the owner and the business. In some jurisdictions the proprietor can use a trade name or business name other than his or her legal name, but the individual is also required to file a 'doing business as (dba)' statement with local authorities. Every asset of the business is owned by the proprietor and all debts of the business are his or hers as well.
- **Partnership**—Two or more individuals operating as co-owners.
- **Corporation**—A legal entity created under the laws of a State, owned by shareholders whose liability for corporate debts is limited. Enter State of incorporation.
- **Limited Liability Company**—An entity created under the laws of a State that provides limited liability to its owners, with characteristics of both a corporation and a partnership or sole proprietorship (depending on how many owners there are).
- **Unit of State or Local Government**—An agency, department, commission, bureau, office, or other entity that is in any branch of a State or Local government.
- **Limited Liability Partnership (LLP)**—A partnership in which some or all partners (depending on the jurisdiction) have limited liability. In an LLP, no partner is responsible or liable (directly or indirectly) for an obligation of the partnership due to another partner's misconduct or negligence, thus shielding innocent members of these partnerships from liability.
- **Trust**—A relationship whereby property (real or personal, tangible or intangible) is transferred by one party (settlor) to be held by another party (trustee) for the benefit of a third party or parties (beneficiary(ies)). In effect, a trust is a legal device designed to provide financial assistance or something of value to someone without giving the person total control over the trust assets. It may be revocable or irrevocable, express or implied. The trustee owes a fiduciary duty to the beneficiaries (the beneficial owners of the trust property) and is obligated to administer the trust in accordance with both the terms of the trust and the governing law."
- **Other**—If the business forms listed above do not apply, please check the "Other" category and describe the form of business it intends to conduct.

**13. OWNERSHIP and CONTROL.** Applicants must check the appropriate box regarding citizenship of the principal owner or owners. The term "citizen" includes a sole proprietor, partner, corporation, or limited liability company.

**14. NAME(S) AND TITLE(S) OF SOLE PROPRIETOR, PARTNERS OR OFFICER(S).** List the names of the owners and, as appropriate, officers of the entity. If the applicant is a sole proprietor, please provide the applicant's full name. If the applicant is organized as a partnership, please provide the full names of the general and limited partners. If the applicant is organized as a corporation, please provide the full names of the officers and their respective titles. If the applicant is organized as a limited liability company, please provide the full names of the officers and their respective titles.

**15. OPERATION CLASSIFICATION.** Check all classifications that apply. If "Other," enter the type of operation in the space provided.

- **For-Hire Motor Carrier**—Transportation by a motor carrier for compensation, including:
  - **Property:** Transportation of general freight, hazardous materials or household goods. This category includes transportation exempt from the commercial registration requirements in Title 49 U.S.C. chapter 139. These exemptions can be found in 49 U.S.C. chapter 135.
  - **Passengers:**

*Charter & special operations*—Charter service is the transportation of groups, assembled by someone other than the carrier, who collectively contract with the motor carrier for the exclusive use of vehicle(s) for the duration of a particular trip or tour. The passengers must travel together for the entire trip. Special operations include almost any type of service that is neither charter transportation nor regularly-scheduled service over fixed routes. The carrier assembles the group through the sale of individual tickets and generally offers some service feature in addition to transportation between two points.

*Regular route*—Regularly scheduled service between specific points operated in accordance with a published schedule. It is not necessary for privately owned applicants to specify a particular route. However, public entities must describe the specific routes over which they propose to operate in Section G of this Form and must file new applications whenever seeking to add new routes after initial registration.

*Limousine/van operations*—Operation of a passenger vehicle usually built on a lengthened automobile chassis designed or used to transport 15 or fewer passengers, including the driver.

*FTA grantee*—A motor carrier of passengers providing transportation service within a transit service area under an agreement with a Federal, State, or local government funded, in whole or part, with a grant under 49 U.S.C. 5307, 5310, 5311, 5316 or 5317. Such carriers participate in the for-hire transportation of passengers between points in a transit service area located in more than one State.

- **Mexico-Owned, U.S.-Based Enterprise:** A U.S.-based company owned or controlled by persons of Mexico. Transportation of property by such an enterprise is limited to international cargo.
- **Private Motor Carrier**—Transportation by commercial motor vehicle, not for compensation, as defined in 49 CFR part 390.
  - **Property (Hazardous Materials):** transports any amount of hazardous materials.
  - **Property (Non-Hazardous Materials):** does not transport any hazardous materials.
  - **Passengers (Business):** A private motor carrier engaged in the interstate transportation of passengers which is provided in the furtherance of a commercial enterprise and not available to the public at large. Examples include companies that use buses to transport their employees without collecting a fee from them, or professional entertainers who use buses to transport themselves to or from performances. Commercial businesses that provide passenger transportation to the general public and charge a fee are not private motor carriers of passengers (business).
  - **Passengers (Non-Business):** A private motor carrier of passengers (nonbusiness) means a private motor carrier involved in the interstate transportation of passengers not provided in the furtherance of a commercial enterprise and not available to the public at large. Examples include churches, private schools, civic organizations, scout groups, and other organizations that own or lease a vehicle for the private transportation of their membership. If any of these organizations makes passenger transportation available to non-members and charges a fee for such service, it is operating as a for-hire carrier and is not a private motor carrier of passengers (non-business).
  - **Migrant Workers:** Interstate transportation of three or more migrant workers to or from their employment by any commercial motor vehicle other than a passenger automobile or station wagon.
- **Property Broker**—An entity that arranges for the interstate transportation of cargo belonging to others, using for-hire motor carriers subject to the commercial registration requirements to provide the actual transportation.
- **Freight Forwarder**—An entity that holds itself out to provide transportation of cargo belonging to others, using for-hire motor carriers subject to the commercial registration requirements to provide the actual interstate transportation. In the ordinary course of business, freight forwarders: (1) assemble and consolidate shipments, (2) conduct break bulk and distribution operations, and (3) assume responsibility for transportation of property from place of receipt to the place of destination. Freight Forwarders may or may not operate trucks.
- **Government Entity**—A U.S. Federal Government agency, State Government agency, local Government agency or Indian Tribe.
- **Cargo Tank Facility**—An entity that: (1) manufactures, repairs, inspects, tests, qualifies, or maintains a cargo tank to ensure that the cargo tank conforms to 49 CFR part 178, subpart J, and 49 CFR part 180, subpart E; (2) alters the certificate of construction of cargo tank; (3) ensures the continuing qualification of a cargo tank by performing a function prescribed in 49 CFR part 178 or 180; or (4) makes any representation indicating compliance with one or more of the requirements of 49 CFR part 178 or 180.
- **Intermodal Equipment Provider (IEP)**—Any person who interchanges intermodal equipment with a motor carrier pursuant to a written interchange agreement or has a contractual responsibility for the maintenance of the intermodal equipment.
- **Driveaway/Towaway Operation**—An operation in which an empty or unladen motor vehicle with one or more sets of wheels on the surface of the roadway is being transported: (1) between a vehicle manufacturer's facilities; (2) between a vehicle manufacturer and a dealership or purchaser; (3) between a dealership, or other entity selling or leasing the vehicle, and a purchaser or lessee; (4) to a motor carrier's terminal or repair facility for the repair of disabling damage (as defined in section 390.5) following a crash; or (5) to a motor carrier's terminal or repair facility for repairs associated with the failure of a vehicle component or system; or (6) by means of a saddle-mount or tow-bar.
- **Other**—An entity that transports property or passengers by a classification of operation not described above. Please enter other classification description.

**16. COMPANY CONTACT PERSON.** The person at the applicant's place of business who prepares the Form MCSA-1 or otherwise assists in completing the application. Provide the contact person's name, title, address, telephone number, fax number (optional), cell phone number (optional) and e-mail address (optional). This individual may be contacted by FMCSA if there are questions concerning this application.

**17. APPLICANT'S REPRESENTATIVE.** If someone other than the applicant prepares the Form MCSA-1, or otherwise assists the applicant in completing the application, provide the representative's name, title, or relationship to the applicant, address, telephone number, and fax number (optional), cell phone number (optional) and e-mail address (optional). This individual may be contacted by FMCSA if there are questions concerning this application.

**18. CERTIFICATION STATEMENT.** This certification applies to the representations made by the applicant on the Form MCSA-1. Applicants are certifying to the truthfulness of statements in this form under penalty of perjury.

# Section B

## OPERATION CLASSIFICATION AND INFORMATION

(To be completed by all motor carriers, freight forwarders with vehicles, and intermodal equipment providers)

**Beginning on Page 5**

**19. TYPE OF OPERATION.** Check the appropriate type(s) of operation:

**Interstate (Non-HM)**—Transportation of passengers or property: (1) across State lines, including international boundaries; or (2) within one State as part of a through movement that originates or terminates in another State or country.

**Interstate (HM)**—Transportation of any amount of hazardous material: (1) across State lines, including international boundaries; or (2) entirely within one State as part of a through movement that originates or terminates in another State or country.

**Intrastate (Non-HM)**—Transportation of passengers or property entirely within one State that is not part of a through movement that originates or terminates in another State or country.

**Intrastate (HM)**—Transportation of any amount of hazardous material entirely within the boundaries of a single State that is not part of a through movement that originates or terminates in another State or country.

**NOTE:** Any driver who engages in both interstate and intrastate transportation should be counted as an interstate driver.

**20. CARGO.** If the applicant will transport or handle property, check each type of cargo that the applicant will transport or handle. If "Other" is checked, enter the name of the commodity in the space provided.

**21. CARRIER MILEAGE.** Enter the total mileage of all CMVs to the nearest 10,000 miles operated by the applicant for the previous 12 months (whether leased or owned). If the applicant has been in operation for less than 12 months, enter mileage operated to date. If the applicant has not operated within the last 12 months, enter the number "0."

**22. (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) OF 10,001 POUNDS OR MORE THAT ARE OPERATED (if update) OR WILL BE OPERATED (if new application) IN THE U.S.** Enter the total number of commercial motor vehicles owned, term-leased or trip-leased by the applicant on the date the Form MCSA-1 is submitted and that have a GVWR, GCWR, GVW or GCW of 10,001 pounds or more.

A CMV is operated for purposes of this question if the vehicle is registered under Federal or State law, or both, in the name of the carrier, or is controlled by the carrier under a trip lease or term lease agreement (more than 30 days) during any given year. If a freight forwarder operates CMVs, it is also required to enter its fleet size on the MCSA-1 Form. Both a motor carrier and a freight forwarder (if operating CMVs) must include the number of CMVs operated under a trip lease or long term lease agreement in their fleet size determinations.

**If an intermodal equipment provider,** enter the trailer/chassis-equipment "serviced" and used to interchange with a commercial motor vehicle.

**Driveaway/Towaway Operations**—Persons who conduct driveaway operations do not need to provide vehicle information to FMCSA due to the nature of this service. However, those persons who provide towaway service must provide vehicle information to the Agency.

**Passenger vehicles** are defined as:

- **Motor coach**—A vehicle designed for long distance transportation of passengers, usually equipped with storage racks above the seats and a baggage hold beneath the passenger compartment.
- **School bus**—A vehicle designed and/or equipped mainly to carry primary and secondary students to and from school, usually built on a medium or large truck chassis.
- **Mini-bus**—A motor vehicle designed or used to transport 16 or more passengers, including the driver, and typically built on a small truck chassis. A mini-bus has a smaller seating capacity than a motor coach.
- **Van**—A small motor vehicle designed or used to transport 15 or fewer passengers, including the driver.
- **Limousine**—A passenger vehicle usually built on a lengthened automobile chassis designed or used to transport 15 or fewer passengers, including the driver.

**22. (b) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW OR GCW OF 10,001 POUNDS OR MORE THAT ARE OPERATED OR WILL BE OPERATING IN CANADA OR MEXICO** (To be completed by U.S.-domiciled motor carriers only). Enter the number of commercial motor vehicles that are operated or will be operating in Canada or Mexico that have a GVWR, GCWR, GVW or GCW of 10,001 or more pounds.

**22. (c) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW OR GCW OF 10,001 POUNDS OR MORE THAT ARE OPERATED OR WILL BE OPERATING IN INTERSTATE COMMERCE.** Enter the number of commercial motor vehicles that are operated or will be operating in interstate commerce that have a GVWR, GCWR, GVW or GCW of 10,001 or more pounds.



**22. (d) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW OR GCW OF 10,001 POUNDS OR MORE THAT ARE OPERATED OR WILL BE OPERATING SOLELY IN INTRASTATE COMMERCE.** Enter the number of commercial motor vehicles that are operated or will be operating solely in intrastate commerce that have a GVWR, GCWR, GVW or GCW of 10,001 or more pounds.

**23. (a) NUMBER OF DRIVERS WHO OPERATE OR WILL BE OPERATING IN THE U.S.** Enter the number of interstate and intrastate drivers used by the applicant on an average workday in the United States. Part-time, casual, term-leased, trip-leased and company drivers should be included. Enter the total number of drivers who have a commercial driver's license (CDL). Enter the number of drivers operating within a 100 air-mile radius of the driver's normal work reporting location in each category and the number of drivers operating beyond a 100 air-mile radius of the driver's normal work reporting location in each category.

**Interstate**—The driver transports passengers or property: (1) across State lines, including international boundaries; or (2) entirely within one State as part of a through movement that originates or terminates in another State or country.

**Solely Intrastate**—The driver transports passengers or property entirely within one State that is not part of a through movement that originates or terminates in another State or country.

**NOTE:** Any driver who engages in both interstate and intrastate transportation should be counted as an interstate driver.

**23. (b) NUMBER OF DRIVERS WHO OPERATE OR WILL BE OPERATING IN CANADA OR MEXICO.** (To be completed by U.S.-domiciled motor carriers only). Enter the number of interstate drivers used or expected to be used by the applicant on an average workday in Canada or Mexico.

## Section C

### HAZARDOUS MATERIALS (HM)

(To be completed only by HM motor carriers/shippers)

#### Beginning on Page 7

For the purposes of this section, the terms "bulk" and "non-bulk" are defined in 49 CFR 171.8, as follows:

**Bulk:** A packaging, without any intermediate form of containment, having a maximum capacity greater than 119 gallons for liquids, 882 pounds or 119 gallons for solids, or 1,000 pounds water capacity for gases.

**Non-Bulk:** A packaging having a capacity equal to or less than 119 gallons for liquids, 882 pounds or 119 gallons for solids, or 1,000 pounds water capacity for gases.

**NOTE:** The terms "bulk" and "non-bulk" used in this section refer specifically to the HM Regulations; therefore, it is important for the applicant to know the distinction between these terms and their use.

**24. HAZARDOUS MATERIALS CARRIED OR SHIPPED.** If the applicant is: (1) a motor carrier of hazardous materials, or (2) a motor carrier and shipper of hazardous materials, complete the appropriate section for each type of hazardous materials (HM) the applicant transports and/or ships. In the columns to the right of each category, check "C" for motor carrier and/or "S" for a shipper. Check "B" if the HM is transported in bulk and/or "NB" if the HM is transported in non-bulk quantities.

## Section D

### HAZARDOUS MATERIALS PERMITTING

(To be completed only by HM motor carriers applying for a hazardous materials safety permit under 49 CFR part 385, subpart E)

#### Beginning on Page 8

For the purposes of this section, the terms "bulk" and "non-bulk" are defined as follows:

For materials **Poison by Inhalation in Zone B**, bulk has the same meaning as in Section C.

For materials **Poison by Inhalation in Zones C and D**, the capacity of the packaging is 3,500 gallons or more.

For **Compressed or Refrigerated Liquefied Methane, Liquefied Natural Gas, or Liquefied Gas with a Methane Content of at least 85 Percent**, the capacity of the packaging is 3,500 gallons or more.

**Non-bulk** has the same meaning as in Section C.

**25.** Check all boxes that apply indicating the type of hazardous materials your company transports. If you do not transport hazardous materials in the types and quantities listed on the application in Section C, you do not need to complete this section, nor do you need a Hazardous Materials Safety Permit.

**26-30.** If you checked a box in question 25, answer questions 26 through 30.

**31. CERTIFICATION STATEMENT.** To be completed by an authorized official. The authorized person must electronically sign, date and provide his/her title.

## Section E

### CARGO TANK FACILITY

*(To be completed by applicants registering as cargo tank facilities under 49 CFR part 107, subpart F)*

#### **Beginning on Page 9**

- A Cargo Tank (CT) Number is required for a company that engages in the manufacture, assembly, inspection, testing, certification (Design Certifying Engineer) or repair of a cargo tank or of a cargo tank motor vehicle.
- FMCSA will assign a single USDOT Number to the registering company and a unique CT Number for each cargo tank facility registered. All assigned CT Numbers will be associated with the USDOT Number assigned to your company.

**32.** For each cargo tank facility being registered, please provide the following information:

**Functions.** Check the box corresponding to the description of the specific function to be performed on cargo tanks or cargo tank motor vehicles.

**Exemptions/Special Permits.** For each function checked, list all corresponding exemptions or special permits issued by the Department of Transportation pursuant to 49 U.S.C. 5117.

**Vehicles.** For each function checked, check all boxes corresponding to the types of DOT specification and special permit cargo tanks or cargo tank motor vehicles which the registrant intends to manufacture, assemble, repair, inspect, test or certify. For example, if you will perform "External Visual Inspections," check all vehicle types indicated in the corresponding row on which that function will be performed. This information is not required for the "Component Manufacture" function.

**Mobile Testing Information.** Check the appropriate box indicating whether the facility uses mobile testing/inspection equipment to perform inspections, tests, or repairs at a location other than the address listed in section A of this application.

**Process Agent.** If the registrant is not a resident of the United States, list the name and address of a permanent resident of the United States designated in accordance with 49 CFR 105.40 to serve as an agent for service of process. A post office box is not a valid address for a process agent.

**Responsible Person (Facility Location).** Provide the title, first and last name, phone number, fax number and e-mail address for the person at the facility location responsible for compliance with the applicable requirements of chapter 1, title 49 Code of Federal Regulations.

**Design Certified Engineers/Registered Inspectors.** Provide the name, address, city, state, zip/postal code, and type for each registered inspector or design certified engineer employed by the company to conduct certification, inspection, or testing functions.

**Non-Employee Design Certified Engineers/Registered Inspectors.** If the registrant engages non-employees to perform certification, inspection or testing functions, provide the name, address, city, state, zip/postal code, and certification number of each person performing such functions.

**Stamp:** For each person who manufactures a cargo tank or cargo tank motor vehicle, provide the stamp type, certification number, authorization date and expiration date of the manufacturer's current American Society of Mechanical Engineers (ASME) Certificate of Authorization for the use of the ASME "U" Stamp.

For each person who repairs a cargo tank or cargo tank motor vehicle, provide the stamp type, certification number, authorization date and expiration date of the repair facility's current National Board Certificate of Authorization for the use of the "R" stamp or ASME Certificate of Authorization for the use of the ASME "U" Stamp.

**Certification Statement.** The cargo tank certification statement must be completed by the person responsible for compliance with the applicable requirements of chapter 1, title 49, Code of Federal Regulations. Provide the name, title and e-mail address of the certifying official.

## Section F

### TRANSPORTATION OF HOUSEHOLD GOODS

*(To be completed by household goods motor carriers, household goods brokers, and household goods freight forwarders)*

*Beginning on Page 11*

#### 33. CERTIFICATION: ARBITRATION PROGRAM AND TARIFF.

- (1) If the applicant is a for-hire household goods motor carrier (as defined in 49 U.S.C. 13102(12)), the applicant must certify that it participates in a program offering arbitration as a means of settling loss and damage claims and disputes regarding carrier charges in addition to those collected at delivery. This is a condition of registration. Also, if the applicant is registering as a motor carrier, broker or freight forwarder of household goods, applicant must certify it is fit, willing and able to provide the service and comply with all applicable statutory and regulatory requirements.
- (2) Applicants applying for registration as a household goods motor carrier must provide certain information regarding their arbitration program and tariff. They must also certify they are familiar with FMCSA's consumer protection requirements applicable to household goods transportation.

The signature at the bottom of this item should be that of the company official who completes the Applicant's Oath.

## Section G

### TRANSPORTATION OF PASSENGERS

*(To be completed by passenger carriers)*

*Beginning on Page 12*

**34. GOVERNMENT FUNDING STATUS.** Specify the nature of governmental financial assistance you receive, if any, by checking the appropriate button (*check only one*).

*Applicants that do not receive any government funding or use equipment acquired with governmental financial assistance should select the "Non-recipient" response.*

**35. PASSENGER CARRIER COMPLIANCE CERTIFICATION.** Applicants transporting passengers must certify that they are fit, willing and able to comply with all applicable statutory and regulatory requirements.

## Section H

### SCOPE OF AUTHORITY

*(To be completed by passenger carriers)*

*Beginning on Page 13*

**36.** All Passenger Carrier applicants must complete this section. Check all boxes that apply.

The types of operating authority designated in this section correspond with the operation classifications in Section A of this form.

#### NOTE:

- "Regular Routes" refer only to passenger carriers that provide scheduled service over regular routes and, in the case of public recipients of governmental assistance, operate over named roads or highways between designated points.
- Passenger carriers engaged in charter and special operations do not provide scheduled service over regular routes.
- Public recipients of governmental assistance that request operating authority over regular routes must submit a detailed narrative description of the route(s) and a corresponding map that graphically displays the route(s), which must be scanned and uploaded along with the application.

**Section  
I****COMMERCIAL ZONE OPERATIONS**

*(To be completed by Mexico-domiciled motor carriers operating exclusively within U.S.-Mexico international border commercial zones)*

*Beginning on Page 13*

**37. SCOPE OF REGISTRATION.** If applicant is domiciled in Mexico, please check the appropriate box.

**38. UNITED STATES ADDRESS.** If applicant maintains an office within the continental United States, please provide the complete address, telephone number and fax number.

**Section  
J****NON-NORTH AMERICA-DOMICILED CARRIERS**

*(To be completed by motor carriers not domiciled in the United States, Mexico, or Canada)*

*Beginning on Page 14*

**39. SCOPE OF REGISTRATION.** If applicant is domiciled in a non-North American country, please check the appropriate box.

**40. PRINCIPAL BORDER CROSSING POINTS.** Applicant must indicate the principal U.S.-Mexico international border crossing points, including the city and State, that it intends to use.

**41. UNITED STATES ADDRESS.** If applicant maintains an office within the continental United States, please provide, the complete address, telephone number and 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)*

*Beginning on Page 15*

**42. FINANCIAL RESPONSIBILITY.** For-hire motor carriers of property and passengers (both exempt and non-exempt), freight forwarders and private carriers of hazardous materials must comply with requirements for demonstrating minimum financial responsibility for bodily injury and property damage (49 CFR part 387) and submit evidence of financial responsibility to FMCSA. Property brokers and freight forwarders must submit evidence of a surety bond or trust fund to ensure that the transportation for which they arrange is provided. Motor carriers and freight forwarders of household goods must also file evidence of cargo insurance. Check each box that describes the type of business the applicant will be conducting. Applicant must contact its insurance company or surety company and ensure that it electronically submits the required information in a timely manner.

Motor carriers of property and passengers and freight forwarders, in lieu of filing evidence of commercial insurance may also apply for self-insurance authorization on FMCSA prescribed form BMC-40, or have active authority to self-insure bodily injury and property damage and/or cargo liability in accordance with 49 U.S.C. 13906, 31138 and 31139.

If applicant is domiciled in Mexico and has been issued a Certificate of Registration, to operate exclusively within a border commercial zone, it is not required to file evidence of financial responsibility with FMCSA. However, the following documents must be carried on each of applicant's motor vehicles when they cross the border:

- A current Form MCS-90 indicating insurance coverage for 24 hours or longer.
- The Certificate of Registration.
- An insurance identification card, binder, or other document issued by an authorized insurer which specifies both the effective date and the expiration date of the insurance coverage.

# FINANCIAL RESPONSIBILITY: MINIMUM COVERAGE

## PASSENGER CARRIERS

Seating Capacity	Amount
Any vehicle with a seating capacity of 16 or more passengers, including the driver <sup>1</sup>	\$5,000,000
Any vehicle with a seating capacity of 15 or fewer passengers, including the driver <sup>2</sup>	\$1,500,000

<sup>1,2</sup> Unless exempt under section 387.27(b).

**NOTE for Certain FTA Grantees:** The above requirements do not apply to entities providing transportation service within a transit service area under an agreement with a Federal, State, or local government funded, in whole or in part, with a grant under 49 U.S.C. 5307, 5310, or 5311, including transportation designed and carried out to meet the special needs of elderly individuals and individuals with disabilities. In any case in which the transit service area is located in more than one State, the minimum level of financial responsibility for such motor vehicle will be at least the highest level required for any of such States. If an FTA Grantee provides service to a transit service area within a single State but participates in providing interstate transportation by entering into a through ticketing arrangement with an interstate carrier, it is subject to the minimum level of financial responsibility for the State in which it operates.

## MOTOR PROPERTY CARRIERS and FREIGHT FORWARDERS OPERATING MOTOR VEHICLES

### Bodily Injury and Property Damage Liability Requirements

Kind of Equipment	Commodity	Amount of Coverage Required
Freight vehicles under 10,001 pounds (4536 kilograms) GVWR	Property (non-hazardous).	\$300,000
Freight vehicles of 10,001 pounds (4536 kilograms) or more GVWR	Property (non-hazardous).	\$750,000
Freight vehicles of 10,001 pounds (4536 kilograms) or more GVWR	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons, or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas or compressed gas, or highway route controlled quantity or radioactive materials as defined in 49 CFR 173.455.	\$5,000,000
Freight vehicles of 10,001 pounds (4536 kilograms) or more GVWR	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in section 172.101, but not mentioned in the previous or next category.	\$1,000,000
Freight vehicles under 10,001 pounds (4536 kilograms) GVWR	Any quantity of Divisions 1.1, 1.2, or 1.3 material; any quantity of Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

### Cargo Insurance Requirements

Motor carriers and freight forwarders of household goods	\$5,000 for loss of or damage to property carried on any one vehicle and \$10,000 for the aggregate losses or damages occurring at any one time or place
----------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

## PROPERTY CARRIERS

A property broker must have a surety bond or trust fund in effect for at least \$10,000 (for general freight) or \$25,000 (for household goods).

## SELF-INSURED

Approval by FMCSA to self-insure in accordance with 49 U.S.C. 13906, 31138 and 31139 and regulations implementing these statutory provisions.

## MOTOR CARRIERS DOMICILED IN MEXICO

These carriers must carry the same amount of insurance coverage as U.S.-based motor carriers; however, they do not need to file evidence of insurance with FMCSA when operating exclusively within a border commercial zone. These carriers must carry in each of their vehicles when crossing into the U.S. a Form MCS-90, a Certificate of Registration, and acceptable evidence of required bodily injury and property damage insurance to cover the carrier's operation during the time it is in the United States.

**43. AFFILIATIONS WITH FMCSA LICENSED ENTITIES OR OTHER APPLICANTS APPLYING FOR USDOT NUMBER REGISTRATION.**

Applicants must disclose certain information concerning affiliations with other entities registered with FMCSA (or its predecessor agencies), or applying for registration with FMCSA, within the 3-year period preceding the filing of the application. For purposes of completing the MCSA-1 form, the term "affiliation" means any past or current relationship, through common ownership, common management, common control, or common familial relationship.

Applicants must indicate whether these entities have ever been disqualified from operating commercial motor vehicles in the United States pursuant to Section 219 of the Motor Carrier Safety Improvement Act of 1999 (P. L. 106-159, December 9, 1999).

**Section****L****SAFETY CERTIFICATIONS**

*(To be completed by Mexico-domiciled and non-North America-domiciled motor carriers)*

*Beginning on Page 17*

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

Mexico-domiciled and Non-North America-domiciled carriers must complete all applicable questions and attachments.

**Section****M****COMPLIANCE CERTIFICATIONS**

*(To be completed by motor carriers, brokers, cargo tank facilities, intermodal equipment providers, and freight forwarders)*

*Beginning on Page 19*

**45.** Check the applicable box in response to items 1 through 8. Read the certification statement carefully.

**Section****N****APPLICANT'S OATH**

*(To be completed by applicant's authorized official)*

*On Page 20*

**46.** All applicants must complete this section. False certifications are subject to the penalties described in the oath. Type or print the name and title of an individual authorized to sign documents on behalf of the applicant. The authorized signer is one of the following:

- In the case of a sole proprietorship, the owner.
- In the case of a partnership, an official partner.
- In the case of a corporation, an authorized corporate officer.
- An individual with power of attorney to act on behalf of the applicant (proof of the power of attorney must be uploaded and submitted with the application).

## Section

## O

**NOTIFICATION OF TRANSFERS OF OPERATING AUTHORITY REGISTRATION**

*(To be completed by both the transferee and the transferor)*

**Beginning on Page 21**

**47. LEGAL BUSINESS NAME.** Provide transferee's full legal business name—the name of the sole proprietor or partnership, the name of the limited liability company as it appears on the articles of organization, or the complete corporate name as it appears on the incorporation certificate. It is important to spell, punctuate and space accurately the words forming the name of the registered entity. For example, FMCSA regards each of the following as a separate entity: John Jones; Harry L. Jones & John Jones; John Jones Trucking, Inc.

**48. DOING BUSINESS AS NAME (if different from Legal Business Name).** If the transferee uses a trade name that differs from its legal business name as shown in block 1, that name should be entered. Only one trade name, however, is permitted. For example: If the applicant is "John Jones," doing business as "Quick Way Trucking," "John Jones" should be entered as the Legal Business Name, and "Quick Way Trucking" should be entered as the Doing Business As Name. If the applicant does not have a trade name, leave this item blank.

**49. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS).** Enter the principal address where the transferee is physically located and engaged in business operations related to the transportation of persons or property, and where safety records are regularly maintained. This address will be used by FMCSA for on-site visits to entities it regulates for the purpose of conducting safety audits, investigations, and other activities. A P.O. Box will not be accepted by FMCSA as a principal address. A terminal address may be used here as long as it meets the principal address (principal place of business) definition. Use the two-letter postal abbreviation for the State or the abbreviation of the Canadian Province/Territory. If the applicant is domiciled in Mexico, enter the "Colonia" or "Barrio" where the principal place of business is located.

**50. MAILING ADDRESS.** If the transferee receives mail at an address other than the principal place of business address given, please provide it. This address can either include a street name and number or may be a P.O. Box. If the transferee's mailing address is the same as the principal place of business address, check the box marked "SAME AS PRINCIPAL ADDRESS" and leave the mailing address blank.

**51. PRINCIPAL BUSINESS TELEPHONE NUMBER.** Enter the principal telephone number, including area code, of the principal place of business. Please include the country code if the transferee is not domiciled in the United States.

**54. USDOT NUMBER.** Entities that already have been issued a USDOT Number must provide it. Transferees that have not obtained a USDOT Number will be issued one after completing the entire Form MCSA-1 registration process. Transferees must obtain an 'active' USDOT Number before beginning operations.

**55 THROUGH 62.** The transferor should enter essentially the same information requested of the transferee in questions 47 through 53. Question 54 is somewhat different in that the transferor will have a USDOT Number.

*Both the transferor and transferee must provide a copy of the operating authority registration being transferred by scanning and uploading a copy of the document along with the transfer notification.*

## Section

## P

**FILING FEE INFORMATION**

*(FMCSA does not refund filing fees)*

**Beginning on Page 22**

**63.** Enter the type of filing. If this is a New Registration, enter all the entity types for which the applicant is registering. If applicants apply to register as more than one of the following classifications (motor carrier, freight forwarder, broker, intermodal equipment provider or cargo tank facility) the applicant must tender \$600 for each. If this is a request for reinstatement of registration, enter all the entity types for which reinstatement is sought.

Indicate how the applicant intends to pay. Not all transactions require a fee.

## Attachments to Section

# L

### *Beginning on Page 23*

If applicants are motor carriers domiciled in Mexico or outside of North America, they are required to complete Attachments A-D and F. If such applicants transport hazardous materials, they should also complete Attachment E.

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## **OTHER CONSIDERATIONS**

Before beginning operation, an applicant may be responsible for complying with other laws, such as State registration requirements and payment of fuel taxes.



Date Received: _____	Inactive: _____
USDOT Number: _____	Active: _____

The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399.

Public reporting for this collection of information is estimated to be 1 hour, 20 minutes per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is 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 valid OMB Control Number for this information collection is 2126-XXXX. 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-MBL, U.S. Department of Transportation, Washington, D.C. 20590.



United States Department of Transportation  
**Federal Motor Carrier Safety Administration**

FMCSA Registration/Update(s)

(Application for USDOT Number/Operating Authority Registration)

# FORM MCSA-1

*Please read the instructions for this form carefully before proceeding!*

*Form MCSA-1, attachments, and statements must be completed in English.*

**There are seven reasons to file this form:**

If your reason for filing this form is:	1. New Registration	The <b>Filing Fee</b> is: \$300
	2. New Entrant Reapplication	\$300
	3. Reinstatement	\$10
	4. Biennial Update	No fee
	5. Name/Address/Form of Business Change(s)	No fee
	6. Notification of Transfer of Operating Authority Registration (Transferee and Transferor)	No fee
	7. Other	*(see instructions)

For each reason checked, please complete all appropriate sections of Form MCSA-1 as indicated on the next page.

<b>TYPE OF OPERATION:</b>		<i>If reasons 1 or 2 were checked, complete these sections:</i>	<i>If reason 3 was checked, complete these sections:</i>	<i>If reasons 4, 5, or 7 were checked, complete these sections:</i>	<i>If reason 6 was checked, complete these sections:</i>
<b>Motor Carrier (Domiciled in the U.S. or Canada) of:</b>	Household Goods	A,B,F,K,M,N,O,P	A,B,F,K,M,N,P	A,B,F,K,N	0
	Hazardous Materials Carrier/Shipper	A,B,C,D,K,M,N,O,P	A,B,C,D,K,M,N,P	A,B,C,D,K,N	0
	Property	A,B,K,M,N,O,P	A,B,K,M,N,P	A,B,K,N	0
	Passengers	A,B,G,H,K,M,N,O,P	A,B,G,H,K,M,N,P	A,B,G,H,K,N	0
<b>Motor Carrier (Domiciled in Mexico) of:</b>	Household Goods	A,B,F,I,K,L,M,N,O,P	A,B,F,I,K,L,M,N,P	A,B,F,I,K,N	0
	Hazardous Materials Carrier/Shipper	A,B,C,D,I,K,L,M,N,O,P	A,B,C,D,I,K,L,M,N,P	A,B,C,D,I,K,N	0
	Property	A,B,I,K,L,M,N,O,P	A,B,I,K,L,M,N,P	A,B,I,K,N	0
	Passengers	A,B,G,H,I,K,L,M,N,O,P	A,B,G,H,I,K,L,M,N,P	A,B,G,H,I,K,N	0
<b>Motor Carrier (Not Domiciled in North America) of:</b>	Household Goods	A,B,F,J,K,L,M,N,O,P	A,B,F,J,K,L,M,N,P	A,B,F,J,K,N	0
	Hazardous Materials Carrier/Shipper	A,B,C,D,J,K,L,M,N,O,P	A,B,C,D,J,K,L,M,N,P	A,B,C,D,J,K,N	0
	Property	A,B,J,K,L,M,N,O,P	A,B,J,K,L,M,N,P	A,B,J,K,N	0
	Passengers	A,B,G,H,J,K,L,M,N,O,P	A,B,G,H,J,K,L,M,N,P	A,B,G,H,J,K,N	0
<b>Broker of:</b>	Household Goods	A,F,K,M,N,O,P	A,F,K,M,N,P	A,F,K,N	0
	Property	A,K,M,N,O,P	A,K,M,N,P	A,K,N	0
<b>Freight Forwarder (with Vehicles) of:</b>	Household Goods	A,B,F,K,M,N,O,P	A,B,F,K,M,N,P	A,B,F,K,N	0
	Property	A,B,K,M,N,O,P	A,B,K,M,N,P	A,B,K,N	0
<b>Freight Forwarder (no Vehicles) of:</b>	Household Goods	A,K,M,N,O,P	A,K,M,N,P	A,K,N	0
	Property	A,K,M,N,O,P	A,K,M,N,P	A,K,N	0
<b>Intermodal Equipment Providers</b>		A,B,M,N,O,P	A,B,M,N,P	A,B,N	(n/a)
<b>Cargo Tank Facility</b>		A,E,M,N,O,P	A,E,M,N,P	A,E,N	(n/a)

**Section  
A**

**BUSINESS DESCRIPTION**

*(To be completed by all, except for those only providing notification of transfers of operating authority registration)*

**1. LEGAL BUSINESS NAME:** \_\_\_\_\_

**2. DOING BUSINESS AS NAME** *(if different from Legal Business Name):* \_\_\_\_\_

**3. PRINCIPAL ADDRESS (Principal Place of Business)** *(a P.O. Box number will not be accepted):*

\_\_\_\_\_  
STREET ADDRESS/ROUTE NUMBER    CITY    STATE/PROVINCE    ZIP CODE + 4    COLONIA *(Mexico only)*    FOREIGN COUNTRY

**4. MAILING ADDRESS** *(this may be a P.O. Box number):*    *Same as Principal Address*    P.O. Box Number: \_\_\_\_\_

*Mailing address below:*

\_\_\_\_\_  
STREET ADDRESS/ROUTE NUMBER    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 National Safety Code Number)*    *(Mexican Federal Taxpayer Registry Number)*    *(Enter other country here)*

**6. PRINCIPAL BUSINESS TELEPHONE NUMBER:** \_\_\_\_\_

**7. PRINCIPAL BUSINESS FAX NUMBER** *(optional):* \_\_\_\_\_

**8. PRINCIPAL BUSINESS CELL PHONE NUMBER** *(optional):* \_\_\_\_\_

**9. USDOT NUMBER:** \_\_\_\_\_  
*(if updating or if applicant otherwise has an active USDOT number):*

**10. IRS TAX ID NUMBER:** \_\_\_\_\_  
*(enter the Employer Identification Number assigned to the applicant by the Internal Revenue Service)*

**11. DUN & BRADSTREET NUMBER:** \_\_\_\_\_

**12. FORM OF BUSINESS** *(select one):*    *Sole Proprietor*    *Partnership*    *Limited liability company*    *Limited liability partnership*  
*Corporation (indicate state where incorporated):* \_\_\_\_\_    *Unit of state or local government*  
*Trust*    *Other (please specify):* \_\_\_\_\_

**13. OWNERSHIP and CONTROL** *(select one):*    *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:*  
\_\_\_\_\_

**14. NAME(S) AND TITLE(S)\* OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS**

*(\*e.g., President, Treasurer, General Partner, Limited Partner):*

\_\_\_\_\_  
NAME    TITLE

\_\_\_\_\_  
NAME    TITLE

\_\_\_\_\_  
NAME    TITLE

\_\_\_\_\_  
NAME    TITLE

**15. OPERATION CLASSIFICATION** (check all that apply):

**a. For-Hire Motor Carrier**

**Property** (if checked, please specify):

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

**Passengers** (if checked, please specify):

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

**Mexico-Owned, U.S.-Based Enterprise** (if checked, please specify):

- 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 international transportation of Household Goods
- United States-based enterprise owned or controlled by persons of Mexico transporting passengers in Charter or Special Operations
- United States-based enterprise owned or controlled by persons of Mexico providing transportation of passengers over regular routes.

**b. Private Motor Carrier**

**Property — Hazardous Materials**    **Property — Non-Hazardous Materials**

**Passengers — Business**    **Passengers — Non-Business**    **Migrant Workers**

**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. Driveaway/Towaway**

**i. Other** (please specify): \_\_\_\_\_

**16. COMPANY CONTACT PERSON** (please designate an individual within your company to respond to inquiries):

_____ NAME		_____ TITLE	
_____ STREET ADDRESS/ROUTE NUMBER		_____ CITY	
_____ STATE/PROVINCE	_____ ZIP/POSTAL CODE	_____ E-MAIL ADDRESS*	
_____ COLONIA (Mexico only)		_____ FOREIGN COUNTRY	
_____ TELEPHONE NO.	_____ FAX NO.* (*optional field)	_____ CELL PHONE NO.*	

**17. APPLICANT'S REPRESENTATIVE** (please designate an individual to respond to inquiries, if applicable):

_____ NAME		_____ TITLE	
_____ STREET ADDRESS/ROUTE NUMBER		_____ CITY	
_____ STATE/PROVINCE	_____ ZIP/POSTAL CODE	_____ E-MAIL ADDRESS*	
_____ COLONIA (Mexico only)		_____ FOREIGN COUNTRY	
_____ TELEPHONE NO.	_____ FAX NO.* (*optional field)	_____ CELL PHONE NO.*	

**18. 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 type or 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 AND INFORMATION**

*(To be completed by all motor carriers, freight forwarders with vehicles, and intermodal equipment providers)*

**19. TYPE OF OPERATION** *(please check all that apply):*

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| Interstate (Non-Hazardous Materials) | Interstate (Hazardous Materials) |
| Intrastate (Non-Hazardous Materials) | Intrastate (Hazardous Materials) |

**20. CARGO** *(please check all classifications of cargo that applicant transports or handles):*

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

**21. CARRIER MILEAGE** *(please estimate the total number of miles, to the nearest 10,000, of commercial motor vehicle[s] operated by the applicant [leased or owned] in the U.S. during the previous 12 months):* \_\_\_\_\_

**22. (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 ARE OPERATED (if update) OR WILL BE OPERATING (if new application) 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)			Minibus(es)	Van(s)		Limousine(s)			
								Number of vehicles carrying number of passengers (including the driver)									
								1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
Owned																	
Term Leased																	
Trip Leased																	
Serviced																	
Towaway/ Driveaway*																	

\*Persons who conduct driveaway operations do not need to provide vehicle information due to the nature of these operations.

**(b) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW, OR GCW ≥ 10,001 POUNDS THAT ARE OPERATED OR WILL BE OPERATING IN CANADA OR MEXICO (to be completed by U.S.-domiciled motor carriers only):**

Canada: \_\_\_\_\_ Mexico: \_\_\_\_\_

**(c) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW, OR GCW ≥ 10,001 POUNDS THAT ARE OPERATED OR WILL BE OPERATING IN INTERSTATE COMMERCE:**

Interstate: \_\_\_\_\_

**(d) NUMBER OF VEHICLES WITH A GVWR, GCWR, GVW, OR GCW ≥ 10,001 POUNDS THAT ARE OPERATED OR WILL BE OPERATING SOLELY IN INTRASTATE COMMERCE:**

Solely Intrastate: \_\_\_\_\_

**23. (a) NUMBER OF DRIVERS WHO OPERATE OR WILL BE OPERATING IN THE U.S.:**

	Interstate	Solely Intrastate	Total Drivers	Total Commercial Driver's License (CDL) Drivers
Within 100 Air-Mile Radius				
Beyond 100 Air-Mile Radius				

**(b) NUMBER OF DRIVERS WHO OPERATE OR WILL BE OPERATING IN CANADA OR MEXICO (to be completed by U.S.-domiciled motor carriers only):**

Canada: \_\_\_\_\_ Mexico: \_\_\_\_\_

# Section C

## HAZARDOUS MATERIALS (HM)

(To be completed only by HM motor carriers/shippers)

### 24. HAZARDOUS MATERIALS CARRIED OR SHIPPED (please check all that apply):

C=Carried S=Shipped B=Bulk NB=Non-Bulk [\(see instructions\)](#)

<b>a. Division 1.1 Explosives</b> (with mass explosion hazard)	C	S	B	NB	<b>v. Division 4.3 Dangerous when wet material</b>	C	S	B	NB
<b>b. Division 1.2 Explosives</b> (with projection hazard)	C	S	B	NB	<b>w. Division 5.1 Oxidizer</b>	C	S	B	NB
<b>c. Division 1.3 Explosives</b> (with predominantly fire hazard)	C	S	B	NB	<b>x. Division 5.2 Organic peroxide</b>	C	S	B	NB
<b>d. Division 1.4 Explosives</b> (with no significant blast hazard)	C	S	B	NB	<b>y. Division 6.1 Poison</b> (poisonous liquid with no inhalation hazard)	C	S	B	NB
<b>e. Division 1.5 Very insensitive explosives; blasting agents</b>	C	S	B	NB	<b>z. Division 6.1 Solid</b> (meets the definition of a poisonous solid)	C	S	B	NB
<b>f. Division 1.6 Extremely insensitive detonating substances</b>	C	S	B	NB	<b>aa. Division 6.1A Poison liquid</b> (which is PIH Zone A)	C	S	B	NB
<b>g. Division 2.1 Flammable gas</b>	C	S	B	NB	<b>bb. Division 6.1B Poison liquid</b> (which is PIH Zone B)	C	S	B	NB
<b>h. Division 2.1 Liquefied petroleum gas (LPG)</b>	C	S	B	NB	<b>cc. Division 6.2 Infectious substance</b> (etiologic agent)	C	S	B	NB
<b>i. Division 2.1 Methane gas</b>	C	S	B	NB	<b>dd. Class 7 Radioactive materials</b> (other than Highway Route Controlled Quantity of Radioactive Material [HRCQ])	C	S	B	NB
<b>j. Division 2.2 Non-flammable compressed gas</b>	C	S	B	NB	<b>ee. HRCQ</b>	C	S	B	NB
<b>k. Division 2.2 Anhydrous ammonia</b>	C	S	B	NB	<b>ff. Class 8 Corrosive material</b>	C	S	B	NB
<b>l. Division 2.3A Poison gas</b> (which is Poison Inhalation Hazard [PIH] Zone A)	C	S	B	NB	<b>gg. Class 8A Corrosive liquid</b> (which is PIH Zone A)	C	S	B	NB
<b>m. Division 2.3B Poison gas</b> (which is PIH Zone B)	C	S	B	NB	<b>hh. Class 8B Corrosive liquid</b> (which is PIH Zone B)	C	S	B	NB
<b>n. Division 2.3C Poison gas</b> (which is PIH Zone C)	C	S	B	NB	<b>ii. Class 9 Miscellaneous hazardous material</b>	C	S	B	NB
<b>o. Division 2.3D Poison gas</b> (which is PIH Zone D)	C	S	B	NB	<b>jj. Elevated temperature material</b> (meets definition in 49 CFR § 171.8 of an elevated temperature material)	C	S	B	NB
<b>p. Class 3 Flammable and combustible liquid</b>	C	S	B	NB	<b>kk. Infectious waste</b> (meets definition in 49 CFR § 171.8 of an infectious waste)	C	S	B	NB
<b>q. Class 3A Flammable liquid</b> (which is PIH Zone A)	C	S	B	NB	<b>ll. Marine pollutants</b> (meets definition in 49 CFR § 171.8 of a marine pollutant)	C	S	B	NB
<b>r. Class 3B Flammable liquid</b> (which is PIH Zone B)	C	S	B	NB	<b>mm. Hazardous substances (RQ)</b> (meets definition in 49 CFR § 171.8 of a reportable quantity of a hazardous substance)	C	S	B	NB
<b>s. Combustible liquid</b> (refer to 49 CFR § 173.20 [b])	C	S	B	NB	<b>nn. Hazardous waste</b> (meets definition in 49 CFR § 171.8 of a hazardous waste)	C	S	B	NB
<b>t. Division 4.1 Flammable solid</b>	C	S	B	NB	<b>oo. Other regulated material</b> (meets definition in 49 CFR § 171.8 of Other Regulated Material)	C	S	B	NB
<b>u. Division 4.2 Spontaneously combustible material</b>	C	S	B	NB					

**Section**  
**D**

**HAZARDOUS MATERIALS PERMITTING**

*(To be completed only by HM motor carriers applying for a hazardous materials safety permit under 49 CFR part 385, subpart E)*

**25. WHICH OF THE FOLLOWING HAZARDOUS MATERIALS DOES YOUR COMPANY TRANSPORT?** *(please check all that apply):*

Highway Route Controlled Quantities (HRCQ) of radioactive materials

More than 25 kilograms (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 (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 packaging that has a 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 liters (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 liters (3,500 gallons).

**26. IF YOU CHECKED ANY ITEM IN QUESTION 24, ARE YOU APPLYING FOR OR RENEWING A HAZARDOUS MATERIAL SAFETY PERMIT?** *(select one):*

*Initial                      Renewal*

**27. IF YOUR COMPANY DOES NOT HAVE A USDOT NUMBER, HOW MANY ACCIDENTS, AS DEFINED IN 49 CFR 390.5, HAS YOUR COMPANY HAD IN THE PAST 12 MONTHS?** *(select one):*

*Not applicable              No USDOT Number/Number of Accidents: \_\_\_\_\_*

**28. DOES YOUR COMPANY CERTIFY THAT IT HAS A SATISFACTORY SECURITY PROGRAM IN PLACE AS REQUIRED IN 49 CFR PART 385, SUBPART E?** *(select one):*

*Yes                              No*

**29. IS YOUR COMPANY REQUIRED BY ANY STATE TO HAVE A PERMIT FOR ANY OF THE HAZARDOUS MATERIALS LISTED IN QUESTION 24?** *(select one):*

*Yes                              No*

**30. IF YOUR ANSWER TO QUESTION 29 IS YES, CHECK THE STATES IN WHICH YOU HAVE THE PERMIT** *(please check all that apply):*

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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.



**31. 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, (please type or print name) under the laws of the United States of America, I certify that all 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 applicants registering as cargo tank facilities under 49 CFR part 107, subpart F)

**32. PLEASE REFER TO INSTRUCTIONS FOR SECTION E TO COMPLETE THE FOLLOWING INFORMATION FOR EACH CARGO TANK FACILITY BEING REGISTERED** (please check all that apply):

FUNCTIONS	EXEMPTIONS/ SPECIAL PERMITS		VEHICLES					
			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
External Visual Inspection			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Internal Visual Inspection			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Leakage Test			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Lining Inspection			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Thickness Test			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Pressure Test			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Manufacture			MC331 MC338		DOT406 DOT407 DOT412			
Assembly			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Repair (non-American Society of Mechanical Engineers [ASME])			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Repair (ASME)			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Certification (Design Certified Engineer)			MC306 MC307 MC312	MC330 MC331 MC338	DOT406 DOT407 DOT412	MC300 MC301 MC302	MC303 MC304 MC305	MC310 MC311
Component Manufacture								

**MOBILE TESTING INFORMATION**

Where do you use testing/inspection equipment? None Fixed Facility Mobile Both

**PROCESS AGENT** (to be completed if the registrant is not a resident of the United States):

**RESPONSIBLE PERSON** (facility location):

_____			_____	
NAME			NAME	
_____			_____	
STREET ADDRESS/ROUTE NUMBER (no P.O. Box)			TITLE	E-MAIL ADDRESS
_____			_____	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	TELEPHONE NO.	FAX NO.

**DESIGN CERTIFIED ENGINEERS/REGISTERED INSPECTORS/AUTHORIZED INSPECTORS EMPLOYED BY THE COMPANY:**

_____	_____
NAME	TYPE
_____	_____
STREET ADDRESS/ROUTE NUMBER	TYPE
_____	_____
CITY	STATE/PROVINCE ZIP/POSTAL CODE

**NON-EMPLOYEE DESIGN CERTIFIED ENGINEERS/REGISTERED INSPECTORS/AUTHORIZED INSPECTORS:**

_____	_____	_____	_____
NAME	CARGO TANK #	TYPE	COMPANY
_____	_____	_____	_____
STREET ADDRESS/ROUTE NUMBER	CARGO TANK #	TYPE	COMPANY
_____	_____	_____	_____
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

**ASME "U" STAMP OR NBCA "R" STAMP:**

_____	_____	_____	_____
STAMP TYPE	CERTIFICATION #	AUTHORIZATION DATE	EXPIRATION DATE
_____	_____	_____	_____
STAMP TYPE	CERTIFICATION #	AUTHORIZATION DATE	EXPIRATION DATE

I, \_\_\_\_\_, certify that all Registered Inspectors and Design Certifying Engineers used in performance of the (please type or print name) 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 penalty of perjury, under the laws of the United States of America, 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 F

## TRANSPORTATION OF HOUSEHOLD GOODS

(To be completed by household goods motor carriers, household goods brokers, and household goods freight forwarders)

### 33. 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 services necessary to transport household goods. I am familiar with FMCSA regulations for household goods movements and 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

#### Broker of Household Goods

I, \_\_\_\_\_, certify that applicant is fit, willing, and able to provide household goods brokerage operations and to comply with all pertinent statutory and regulatory requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

#### Freight Forwarder of Household Goods

I, \_\_\_\_\_, certify that applicant is fit, willing, and able to provide household goods freight-forwarding operations and to comply with all pertinent statutory and regulatory requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

#### Household Goods Motor Carrier Applicants Must:

1. Provide evidence of participation in an arbitration program and a copy of the notice they provide to shippers of the availability of binding arbitration.
2. Identify their tariff and provide a copy of the notice to shippers of the availability of that tariff for inspection, indicating how that notice is provided.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Section**  
**G**

**TRANSPORTATION OF PASSENGERS**

*(To be completed by passenger carriers)*

**34. GOVERNMENT FUNDING STATUS** — Specify the nature of governmental financial assistance you receive, if any, by checking the appropriate button *(check only one)*:

**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 recipient and charter and special operations 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 applicants for regular-route or charter and special transportation that do not receive governmental financial assistance.

**35. PASSENGER CARRIER COMPLIANCE CERTIFICATION:**

I, \_\_\_\_\_, certify that I am fit, willing, and able to comply with all pertinent statutory and regulatory requirements *(please type or print name)* 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:** \_\_\_\_\_ **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. The term charter and special transportation corresponds to the term “demand responsive service,” and “service over regular routes,” corresponds to the term “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](http://www.fmcsa.dot.gov).

**Section  
H**

**SCOPE OF AUTHORITY**

*(To be completed by passenger carriers)*

**36. ALL PASSENGER CARRIER APPLICANTS MUST COMPLETE THIS SECTION** *(check all that apply):*

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* must 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. 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 U.S.-Mexico international border commercial zones)*

*"Within U.S.-Mexico International Border Commercial Zones" refers to service in 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.*

**37. SCOPE OF REGISTRATION** *(check all that apply):*

- 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.

**38. 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/ROUTE NUMBER	CITY	STATE	ZIP CODE + 4	TELEPHONE NUMBER	FAX NUMBER
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**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:*

**39. SCOPE OF REGISTRATION (check all that apply):**

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 carrier providing charter and tour bus operations between points outside of the United States and all points in the United States.

Transportation of passengers by a non-North America-domiciled private motor carrier between points outside of the United States and all points in the United States.

**40. INDICATE THE PRINCIPAL BORDER CROSSING POINTS THAT APPLICANT INTENDS TO UTILIZE:**

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**41. 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/ROUTE NUMBER	CITY	STATE	ZIP CODE + 4	TELEPHONE NUMBER	FAX NUMBER
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**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)*

*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 43(f), under this section.*

**42. FINANCIAL RESPONSIBILITY** (check all that apply):

**(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.

Applicant has one or more vehicles with a seating capacity of 16 passengers or more, including the driver\* (\$5,000,000 U.S.)

Applicant has only motor vehicles with a seating capacity of 15 passengers or fewer, including the driver\* (\$1,500,000 U.S.)

*\*unless exempted under 49 CFR 387.27(b)*

Applicant 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 which it operates (transit service area) (see 49 U.S.C. § 31138[e][4]).

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

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

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) to 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.)

Commodities other than those listed above (\$300,000 U.S.)

Applicant will maintain cargo insurance (HHG motor carriers only) (\$5,000 / \$10,000 U.S.)

**42. FINANCIAL RESPONSIBILITY** *(continued)*:

**(c) Property Broker**

Applicant's surety company/financial institution *has filed* *will file* a property broker's surety bond or trust fund agreement in the amount of \$10,000 (general freight) or \$25,000 (household goods).

**(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

and applicant is in full compliance with the conditions of the Agency's decision authorizing it to self-insure. *Yes* *No*

**(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 it: (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 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 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 / \$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.-Mexico international border commercial zones? *(See 49 CFR 387.303(b)[4])* *Yes* *No*

**(g) Insurance Information** *(Proof of insurance will be mandatory before registration/operating authority registration can be finalized but this insurance information need not be completed at time of the initial MCSA-1 Form submission.)*

Applicant must maintain insurance coverage for bodily injury and property damage. Please provide the following information:

**Insurance Company:**

INSURANCE COMPANY

MAXIMUM INSURANCE AMOUNT

STREET ADDRESS/ROUTE NUMBER

POLICY NUMBER

CITY

DATE ISSUED

STATE/PROVINCE

ZIP/POSTAL CODE

INSURANCE EFFECTIVE DATE

EXPIRATION DATE

**Self-Insured:**

BI&PD liability up to: \$ \_\_\_\_\_

Cargo liability up to: \$ \_\_\_\_\_



**43. AFFILIATION WITH FMCSA-LICENSED ENTITIES OR OTHER APPLICANTS APPLYING FOR USDOT NUMBER REGISTRATION**

Do you currently have, or have you had within the last 3 years of the date of filing this application, relationships involving common stock, common ownership, common management, common control or familial relationships with any FMCSA-regulated entities?

Yes No

If yes, provide the name(s) of the company, USDOT Number, MC/FF/MX number, and the company's latest U.S. DOT safety rating.

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 NUMBER	MC/FF/MX NUMBER	LEGAL NAME	DBA NAME	CURRENT SAFETY RATING	REVOKED
USDOT NUMBER	MC/FF/MX NUMBER	LEGAL NAME	DBA NAME	CURRENT SAFETY RATING	REVOKED
USDOT NUMBER	MC/FF/MX NUMBER	LEGAL NAME	DBA NAME	CURRENT SAFETY RATING	REVOKED

**Section**



**SAFETY CERTIFICATIONS**

(To be completed by Mexico-domiciled and non-North America-domiciled motor carriers)

**44. 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	POSITION/TITLE
STREET ADDRESS/ROUTE NUMBER	CITY STATE ZIP CODE

(c) Applicant certifies that the following tasks and measures will be fully accomplished and procedures fully implemented **before it commences** interstate 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 three 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 Mexican Government's Secretaria de Comunicaciones y Transportes SCT (Ministry of Communications and Transport) 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

**II. Hours-Of-Service** *(continued)*

- |                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 Testing** *(to be completed by motor carriers subject to drug and alcohol testing only)*

- |                                                                                                                                                                                                                                                                                                                                       |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 | No |
| 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 | No |

**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 | No |
| 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 | No |
| 3. The carrier will ensure, <i>once operations in the United States have begun</i> , 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 | No |
| 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 | No |
| 5. <i>(To be completed by Non-North American-domiciled carriers only.)</i> 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 I1 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. | Yes | No |

**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 | No |
| 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 | No |
| 3. The carrier has established an accident countermeasures program and driver training program to reduce accidents.                                                                                                                           | Yes | No |
| 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 | No |

**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 U.S. DOT/FMCSA or other authorized Federal or State official. | Yes | No |
| 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 | No |

**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, as Attachment E to this application, 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 | No |
| 2. The carrier has established a system and procedures for inspection, repair and maintenance of its reusable hazardous materials packages ( <i>cargo tanks, portable tanks, cylinders, intermediate bulk containers, etc.</i> ) 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 | No |
| 3. The HM carrier has established a system and procedures for filing and maintaining HM shipping documents.                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
| 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 | No |
| 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 | No |
| 6. <i>(To be completed by cargo tank [CT] motor carriers of hazardous materials.)</i> 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, CT Facility 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.                                                                                                  | Yes | No |

**Section**  
**M**
**COMPLIANCE CERTIFICATIONS**

*(To be completed by motor carriers, brokers, cargo tank facilities, intermodal equipment providers, and freight forwarders)*

**45. 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 |
| 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 for documents may be served on the contact person identified on Page 4 (Section A, Item No. 18), or the designated process agent. | Yes | No |
| 3. Is applicant presently disqualified from operating commercial motor vehicles in the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
| 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, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations.                                                                                                                                                                                                                                                                            | Yes | No |
| 5. Applicant is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before the filing of this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
| <b><i>To be completed only by a Non-North America-Domiciled Motor Carrier:</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| 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 |
| 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 |

**To be completed only by a Mexico-Domiciled Motor Carrier:**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**

*(To be completed by applicant's authorized official)*

**46. 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, that all information *(please type or print name)* 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

# Section O

## NOTIFICATION OF TRANSFERS OF OPERATING AUTHORITY REGISTRATION

### TRANSFEEE

47. LEGAL BUSINESS NAME

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

49. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS)  
(a P.O. Box will **not** be accepted)

STREET ADDRESS

CITY

STATE/PROVINCE

ZIP CODE + 4

COLONIA (Mexico only)

FOREIGN COUNTRY

50. MAILING ADDRESS (this may be a P.O. Box number)

Same as Principal Address: Yes No

STREET ADDRESS

CITY

STATE/PROVINCE

ZIP CODE + 4

COLONIA (Mexico only)

FOREIGN COUNTRY

51. PRINCIPAL BUSINESS TELEPHONE NUMBER

52. PRINCIPAL BUSINESS FAX NUMBER (optional)

53. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional)

54. USDOT NUMBER (if the transferee does not have an active USDOT  
Number, it must complete the entire MCSA-1 Form)

Applicant has active USDOT Number: Yes No

If yes, enter USDOT Number here: \_\_\_\_\_

### TRANSFEROR

55. LEGAL BUSINESS NAME

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

57. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS)  
(a P.O. Box will **not** be accepted)

STREET ADDRESS

CITY

STATE/PROVINCE

ZIP CODE + 4

COLONIA (Mexico only)

FOREIGN COUNTRY

58. MAILING ADDRESS (this may be a P.O. Box number)

Same as Principal Address: Yes No

STREET ADDRESS

CITY

STATE/PROVINCE

ZIP CODE + 4

COLONIA (Mexico only)

FOREIGN COUNTRY

59. PRINCIPAL BUSINESS TELEPHONE NUMBER

60. PRINCIPAL BUSINESS FAX NUMBER (optional)

61. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional)

62. USDOT NUMBER

Applicant has active USDOT Number: Yes No

If yes, enter USDOT Number here: \_\_\_\_\_

**Section  
P**

**FILING FEE INFORMATION**

*(FMCSA does not refund filing fees)*

**63. TYPE OF FILING** *(check all that apply):*

**New Registration**

- For-Hire *(except FTA grantees)*
- Motor Private Carrier
- Freight Forwarder
- Broker
- Intermodal Equipment Provider
- Cargo Tank Facility

**Reinstatement**

- For-Hire *(except FTA grantees)*
- Motor Private Carrier
- Freight Forwarder
- Broker
- Intermodal Equipment Provider
- Cargo Tank Facility

**Other** *(no fee)*

- FTA grantee
- All Other

**Total Number of New Registration Boxes Checked:** \_\_\_\_\_ × \$300 = \$ \_\_\_\_\_

**Total Number of Reinstatement Boxes Checked:** \_\_\_\_\_ × \$10 = \$ \_\_\_\_\_

**FILING FEE TOTAL:** \$ \_\_\_\_\_

**METHOD OF PAYMENT** *(check one):*

**ELECTRONIC FUNDS TRANSFER (EFT)**

\_\_\_\_\_

BANK NAME

\_\_\_\_\_

BANK ROUTING NUMBER *(nine digits)*

\_\_\_\_\_

CHECKING ACCOUNT NUMBER

**VISA**

**MASTERCARD**

**DISCOVER**

**AMERICAN EXPRESS**

\_\_\_\_\_

CREDIT CARD NUMBER *(sixteen digits)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 CARD EXPIRATION DATE *(month, year)*

\_\_\_\_\_

CARD SECURITY CODE *(three digits)*

\_\_\_\_\_

TYPE OR PRINT NAME OF CARD OWNER

\_\_\_\_\_

SIGNATURE OF CARD OWNER

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 DATE APPLICATION WAS COMPLETED *(month, day, year)*

**FEE POLICY:**

- **FMCSA does not refund filing fees.**
- *Your filing fees must be payable to the Federal Motor Carrier Safety Administration, by Electronic Funding Transfer, or by an approved credit card.*
- *Electronic Funding Transfers must be from an account in a bank in the United States.*
- *Fees are required for each type of registration requested. Applicant may select more than one type of registration on a single Form MCSA-1 and submit a single payment for the total fees due. For example, if applicant wishes to be registered as both a motor carrier and a broker, applicant may file a single Form MCSA-1 and make a single payment of \$600.*
- *FMCSA will not process an applicant's Form MCSA-1 until the payment has been deducted from his/her banking or credit card account.*

# Attachments to Section L

To be completed only by a Mexico-domiciled or non-North America-domiciled motor carrier

**ATTACHMENT A** (for Section L, 44[c], Part III "Drug and Alcohol Testing," #2)

Below applicant has listed:

- (1) The name, address and title 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	TITLE
_____	STREET _____ CITY STATE ZIP CODE _____	_____
_____	STREET _____ CITY STATE ZIP CODE _____	_____
_____	STREET _____ CITY STATE ZIP CODE _____	_____

NAME OF DRUG TESTING LABORATORY	ADDRESS	TELEPHONE NUMBER
_____	STREET _____ CITY STATE ZIP CODE _____	_____
_____	STREET _____ CITY STATE ZIP CODE _____	_____
_____	STREET _____ CITY STATE ZIP CODE _____	_____

NAME OF ALCOHOL TESTING SERVICE	ADDRESS	TELEPHONE NUMBER
_____	STREET _____ CITY STATE ZIP CODE _____	_____
_____	STREET _____ CITY STATE ZIP CODE _____	_____
_____	STREET _____ CITY STATE ZIP CODE _____	_____

**ATTACHMENT B** (for Section L, 44[c], Part V "Accident Register," #2)

Applicant is attaching a copy of its accident register for the last 12 months.

Applicant is beginning operations and explains below how it will maintain its accident register once it begins operations in the U.S.:

**ATTACHMENT C** (for Section L, 44[c], Part V "Accident Monitoring Program," #4)

The following fully describes applicant's accident monitoring program for operations in the U.S.:



**ATTACHMENT D** (for Section L, 44[c], Part VI "Production of Records," #2)

The following are employed by the applicant to respond to inquiries for records:

NAME	ADDRESS	TELEPHONE NUMBER
_____	STREET _____ CITY STATE ZIP CODE	_____
_____	STREET _____ CITY STATE ZIP CODE	_____
_____	STREET _____ CITY STATE ZIP CODE	_____
_____	STREET _____ CITY STATE ZIP CODE	_____
_____	STREET _____ CITY STATE ZIP CODE	_____

**ATTACHMENT E** (for Section L, 44[c], Part VII "Hazardous Materials," #1)

Applicant is attaching a copy of the materials used 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.

NAME	DESCRIPTION OF HAZARDOUS MATERIAL SAFETY FUNCTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ATTACHMENT F** (for Section L, 44[c], Part II "Hours-of-Service Monitoring Program," #3)

Applicant will describe below the monitoring procedures designed to ensure that its drivers complete log books correctly, as well as the procedures for record keeping and review of drivers. If applicant has drivers operating under the 100 air-mile exception, describe the maintenance of those records below as well. If necessary, attach supporting files to this document.

**Attachments to Section****O**

*To be completed by both the Transferor and Transferee when Operating Authority Registration is transferred.*

**ATTACHMENT G** (for Section O, "Notification of Transfers of Operating Authority Registration")

Applicant is attaching a copy of the operating authority registration that is being transferred.