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

Intermodal Equipment Provider Identification Report

(Application for USDOT Number)

REASON FOR FILING *(mark only one)*

NEW APPLICATION
 BIENNIAL UPDATE OR CHANGES
 OUT OF BUSINESS NOTIFICATION

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

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

If yes, enter your USDOT Number: _____

| | | |
|-----------------------------|--|--------------------|
| 17. DUN & BRADSTREET NUMBER | 18. IRS/TAX ID NUMBER <i>*See instructions before completing this section.</i> | 19. E-MAIL ADDRESS |
|-----------------------------|--|--------------------|

20. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S. (TRAILER CHASSIS ONLY)

| | |
|----------|--|
| OWNED | |
| LEASED | |
| SERVICED | |

21. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), PARTNERS OR OFFICERS AND TITLES *(e.g. president, treasurer, general partner, limited partner)*

1. _____ 2. _____

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

I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature _____ Title _____ Date _____

(please print)