

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0013. Public reporting for this collection of information is estimated to average approximately 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory, and will be provided confidentially to the extent allowed by the Freedom of Information Act (FOIA). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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

Motor Carrier Identification Report

(Application for USDOT Number)

REASON FOR FILING (mark only one)

- NEW APPLICATION
 BIENNIAL UPDATE OR CHANGES
 OUT OF BUSINESS NOTIFICATION
 REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. LEGAL BUSINESS NAME		2. DOING BUSINESS AS NAME (if different from Legal Business Name)			
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. USDOT NUMBER	17. MC OR MX NUMBER	18. DUN & BRADSTREET NUMBER	19. IRS/TAX ID NUMBER *See instructions before completing this section.		
20. E-MAIL ADDRESS		21. CARRIER MILEAGE (to nearest 10,000 miles for the previous 12 months)			

22. COMPANY OPERATIONS (mark all that apply)

Interstate Carrier
 Intrastate Hazmat Carrier
 Intrastate Non-Hazmat Carrier
 Interstate Hazmat Shipper
 Intrastate Hazmat Shipper

23. OPERATION CLASSIFICATIONS (mark all that apply)

<input type="checkbox"/> Authorized For-Hire	<input type="checkbox"/> Private Motor Carrier of Passengers (Business)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Local Government
<input type="checkbox"/> Exempt For-Hire	<input type="checkbox"/> Private Motor Carrier of Passengers (Non-Business)	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Indian Tribe
<input type="checkbox"/> Private Property	<input type="checkbox"/> Migrant	<input type="checkbox"/> State Government	<input type="checkbox"/> Other _____

(what kind of broker, Property or Household Goods, should be written in)

24. CARGO CLASSIFICATIONS (mark all that apply)

<input type="checkbox"/> GENERAL FREIGHT	<input type="checkbox"/> BUILDING MATERIALS	<input type="checkbox"/> PASSENGERS	<input type="checkbox"/> GARBAGE, REFUSE, TRASH	<input type="checkbox"/> PAPER PRODUCT
<input type="checkbox"/> HOUSEHOLD GOODS	<input type="checkbox"/> MOBILE HOMES	<input type="checkbox"/> OIL FIELD EQUIPMENT	<input type="checkbox"/> U.S. MAIL	<input type="checkbox"/> UTILITY
<input type="checkbox"/> METAL: SHEETS, COILS, ROLLS	<input type="checkbox"/> MACHINERY, LARGE OBJECTS	<input type="checkbox"/> LIVESTOCK	<input type="checkbox"/> CHEMICALS	<input type="checkbox"/> FARM SUPPLIES
<input type="checkbox"/> MOTOR VEHICLES	<input type="checkbox"/> FRESH PRODUCE	<input type="checkbox"/> GRAIN, FEED, HAY	<input type="checkbox"/> COMMODITIES DRY BULK	<input type="checkbox"/> CONSTRUCTION
<input type="checkbox"/> DRIVE AWAY/TOWAWAY	<input type="checkbox"/> LIQUIDS/GASES	<input type="checkbox"/> COAL/COKE	<input type="checkbox"/> REFRIGERATED FOOD	<input type="checkbox"/> WATER WELL
<input type="checkbox"/> LOGS, POLES, BEAMS, LUMBER	<input type="checkbox"/> INTERMODAL CONTAINER	<input type="checkbox"/> MEAT	<input type="checkbox"/> BEVERAGES	<input type="checkbox"/> OTHER _____

25. HAZARDOUS MATERIALS (CARRIER OR SHIPPER) (mark all that apply) (C) CARRIER (S) SHIPPER (B) BULK - IN CARGO TANKS (NB) NON-BULK - IN PACKAGES

	C	S	B	NB		C	S	B	NB		C	S	B	NB					
A. DIV 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. DIV 2.2D (Ammonia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. HRCQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. DIV 2.3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. DIV 2.3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. CLASS 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. DIV 2.3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. CLASS 8B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. DIV 2.3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. CLASS 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. ELEVATED TEMP MAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. CLASS 3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. DIV 6.1 POISON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. INFECTIOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. CLASS 3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. MARINE POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. COMB LIQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. DIV 6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MM. HAZARDOUS SUB (RQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NN. HAZARDOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															OO. ORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motorcoach	Number of vehicles carrying number of passengers (including the driver)												
							School Bus			Bus	Passenger Van		Limousine						
							1-8	9-15	16+	16+	9-15	16+	1-8	9-15	16+				
OWNED																			
TERM LEASED																			
TRIP LEASED																			

27. DRIVER INFORMATION

	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius				
Beyond 100-Mile Radius				

28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes No

If yes, enter your USDOT Number: _____

29. COMPLIANCE CERTIFICATION

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, 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.

YES

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. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's website at www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm.

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

1. _____ 2. _____

31. 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)