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

Combined Motor Carrier Identification Report and HM Permit Application

(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 Web site at www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm.

30. WHICH OF THE FOLLOWING HAZARDOUS MATERIALS DOES YOUR COMPANY TRANSPORT? (check all that apply)

- Highway Route Controlled Quantities (HRCQ) of radioactive materials.
- More than 25 kg (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 package (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).

31. IF YOU CHECKED QUESTION 30, ARE YOU APPLYING FOR OR RENEWING A HM SAFETY PERMIT? (please check one) Initial Renewal

32. IF YOUR COMPANY DOES NOT HAVE A U.S. DOT NUMBER, HOW MANY ACCIDENTS AS DEFINED IN 49 CFR 390.5 HAS YOUR COMPANY HAD IN THE PAST 365 DAYS? _____

33. DOES YOUR COMPANY CERTIFY THAT THEY HAVE A SATISFACTORY SECURITY PROGRAM IN PLACE AS REQUIRED IN 49 CFR PART 385, SUBPART E? Yes No

34. IS YOUR COMPANY REQUIRED BY ANY STATE(S) TO HAVE A PERMIT FOR ANY OF THE HAZARDOUS MATERIALS LISTED IN QUESTION 30? Yes No

35. IF YOUR ANSWER TO QUESTION 34 IS YES, CHECK THE STATE(S) IN WHICH YOU HAVE THE PERMIT:

- | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AK | <input type="checkbox"/> AL | <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"/> IA | <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> IN | <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"/> VA | <input type="checkbox"/> VT | <input type="checkbox"/> WA | <input type="checkbox"/> WI | <input type="checkbox"/> WV | <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.

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

1. _____ 2. _____

37. 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)