



Intermodal Equipment Provider Identification Report
(Application for USDOT Number)

INSTRUCTIONS for FORM MCS-150C

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FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION OVERVIEW

The FMCSA's primary mission is to **reduce crashes, injuries and fatalities involving large trucks and buses** on our nation's highways. To carry out our mission, we:

- Develop and enforce data-driven regulations that balance motor carrier (truck and bus companies) safety with industry efficiency;
- Harness safety information systems to focus on higher risk carriers in enforcing the safety regulations;
- Target educational messages to carriers, commercial drivers, and the public; and
- Partner with stakeholders, including Federal, State, and local enforcement agencies, the motor carrier industry, safety groups, and organized labor on efforts to reduce bus and truck-related crashes.

In Section 4118 of the Safe, Accountable, Flexible, Efficient, Transportation Equity Act: A Legacy for Users (SAFETEA-LU), Congress directed FMCSA to improve highway safety by issuing rules for intermodal equipment providers (IEPs) and their intermodal equipment (IME).

On December 17, 2008, FMCSA published a final rule, *Requirements for Intermodal Equipment Providers and for Motor Carriers and Drivers Operating Intermodal Equipment*. The regulations, for the first time, made IEPs subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and call for shared safety responsibility among IEPs, motor carriers, and drivers.

Among other things, the regulations require IEPs to: register and file an IEP Identification Report (MCS-150C); establish a systematic inspection, repair, and maintenance program to assure the safe operating condition of each intermodal chassis; maintain documentation of their maintenance program; mark each intermodal chassis offered for transportation in interstate commerce; and provide a means to respond effectively to driver and motor carrier reports about intermodal chassis mechanical defects and deficiencies.

Registering and filing an MCS-150C is an IEP's first step toward complying with the requirements of the IEP rule. There are two ways to do this:

1. For IEPs with Internet access, FMCSA encourages you to visit our website, www.fmcsa.dot.gov/registration/form-mcs-150c-intermodal-equipment-provider-identification-report. The website includes an on-screen fillable MCS-150C form. After completing the form, it must be printed out and signed. It can then be sent to FMCSA by mail, fax, or e-mail.
2. For applicants without Internet access, FMCSA can mail instructions, forms, and other materials designed to assist in the off-line registration process. Please contact FMCSA at 1-800-832-5660 for assistance.

These instructions assume that the applicant has determined that a USDOT Number is required and that the MCS-150C form must be submitted.

The website is a resource and will prove helpful as IEPs move toward complying with the new requirements.

FILING OPTIONS

After you have completed the application, there are three options for filing the necessary forms to obtain a USDOT Number. FMCSA suggests making a copy of the application for the company's files.

- **Option 1: Filing Application by Mail.**
 - Mail completed application to:
Federal Motor Carrier Safety Administration
Attention: MC-RS, ATTN: IEP Registration
1200 New Jersey Avenue SE, Room W65-206
Washington, DC 20590
- **Option 2: Filing Application by Fax.**
 - Fax completed application to:
Federal Motor Carrier Safety Administration
Attention: MC-RS, IEP Registration
202-366-3477
- **Option 3: Filing Application by E-Mail.**
 - Scan the completed and signed application into PDF format.
 - Upload the completed application to the web site at <https://ask.fmcsa.dot.gov/app/ask/>.
 - Please place "IEP Registration" in the Subject line.

NOTE: Applications that are incomplete, unreadable, or unsigned will be rejected and returned via mail, which will delay the receipt of the company's USDOT Number.

STEP-BY-STEP INSTRUCTIONS

These instructions will assist in preparing a complete and accurate MCS-150C application. The instruction numbers below correspond to the numbered items on the MCS-150C form. When completing the application, please print clearly in black or blue ink or type all information.

Reason for Filing (Top of Form) — The information in the table below represents the valid reasons for filing the MCS-150C form. Select one of the three reasons and mark its corresponding box at the top of the form under "Reason for Filing," and complete all the items on the form that are mandatory for the selected reason.

If you would like to:	Select the following under "Reason for Filing":	Complete the following form items:
Obtain a USDOT Number – first time filer.	NEW APPLICATION	All applicable items (1-22).
File the formal MCS-150C Biennial Update, or update MCS-150C information.	BIENNIAL UPDATE OR CHANGES	All applicable items 1-16, 21-22, and any others where information has changed since the company's last update.
Notify FMCSA that the company is no longer operating as an intermodal equipment provider.	OUT OF BUSINESS NOTIFICATION	All applicable items 1-16 and 21-22.
Reapply after New Entrant Registration has been revoked (USDOT Number inactivated).	REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)	All applicable items (1-22). In item 16 enter the USDOT Number previously assigned to the company.
Reactivate your inactive USDOT Number.	REACTIVATE	All applicable items (1-22). In item 16 enter the USDOT Number.

NOTE: If the company was previously assigned a USDOT Number, **do not** submit this form to obtain a new USDOT Number. That is, if the company currently has or has had at any time a USDOT Number, then the only valid reasons for completing this form are: out of business notification; biennial update; or other changes to the company's MCS-150C application information.

See instructions labeled "To find out if a company already has a USDOT Number" on [page iv](#) of this document.

If a sole proprietor owner/operator submits personal information for registration purposes to obtain a USDOT number or operating authority, 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.

- 1. Legal Business Name** — This is the legal name of the business entity that owns/controls the intermodal equipment provider operation. The name entered here should be the full legal business name (the name on the incorporation certificate, partnership agreement, tax records, etc.).
- For example, if the company is a:
- **Sole Proprietorship/Individual**, enter the legal name, e.g., "John A. Doe"
 - **Partnership**, enter the legal names of all partners, e.g., "John A. Doe and Jane B. Smith"
 - **Corporation**, enter the name on the incorporation certificate (*this name must include the type of corporation*), e.g., "John Doe INC", "John Doe LLC".
- 2. Doing Business As Name** — Enter the company's trade name if it is different from the company's official business name (the name entered in item 1). For example, if you entered "John A. Doe" in item 1 as the company's official business name, but the trade name, or "Doing Business As" name, is "John's Trucking Company", you would enter "John's Trucking Company" in this item.
- 3-6. Principal Place of Business** — Enter the physical address where the company is engaged in business operations related to transportation and where safety records are maintained. This address will be used by FMCSA for on-site visits to intermodal equipment providers for the purpose of conducting roadability reviews, investigations, and other activities. A P.O. Box is not acceptable as a Principal Place of Business nor is the address of a consultant, service agent, or attorney of a Motor Carrier unless the Motor Carrier engages in operations related to the transportation of persons or property at that location.
- 7. Colonia (Mexico Only)** — If the company's principal address (and safety records location) is in Mexico, enter the "Colonia" or "Barrio" in Mexico.
- 8-11. Mailing Address** — Enter the mailing address where the company wants all its FMCSA correspondence to be sent (this may be a P.O. Box). If all parts of this address are the same as the "Principal Place of Business" (*items 3-6*), check the "Same as Principal Address" button and skip items 8-11. However, if any parts of the mailing and principal addresses differ, check the "Mailing address below" button and complete all items 8-11.
- 12. Colonia (Mexico Only)** — If the company's mailing address is in Mexico, enter the "Colonia" or "Barrio" in Mexico.
- 13. Principal Business Phone Number** — Enter the primary telephone number, including area code, for the "Principal Place of Business" (*items 3-6*). (This may be a cell phone number.)
- 14. Principal Contact Cell Phone Number** — Enter the cell phone number, if any, including area code. If this is the same as the "Principal Business Phone Number" (*item 13*), enter "Same".
- 15. Principal Business Fax Number** — Enter the company's fax number, if any, including area code. This number is for the location provided as "Principal Place of Business" (*items 3-6*) above. If there is no fax number available leave this item blank.
- 16. USDOT Number** — If the company is a new applicant (that is, if it does not have a USDOT Number) check the "No" button. If the company is not a new applicant (that is, if it already has a USDOT Number) check the "Yes" button and enter the company's USDOT Number.
- 17. Dun & Bradstreet Number** — If the company has a Dun & Bradstreet identifier number, enter it. If you do not know the number, visit www.dnb.com, or call Dun & Bradstreet at 1-800-999-3867.
- 18. IRS/Tax ID Number** — Enter the Employer Identification Number (EIN) assigned to the Motor Carrier company by the Internal Revenue Service. (**Sole proprietor owner/operators who do not have an EIN may submit their SSN instead of EIN, but are encouraged to obtain an EIN rather than using an SSN to register for a DOT number.**)
- 19. E-Mail Address** — Enter the e-mail address, if the company has one, for the official point of contact.
- 20. Number of Vehicles That Will Be Operated in the U.S. (Trailer Chassis Only)** — Provide the total number of each type of commercial motor vehicle (CMV) that the company uses in its U.S. operations. This must be broken out by the method used to acquire the vehicle (owned, leased, or serviced).
- OWNED:** Any equipment offered for transportation that is the legal right of possession of the applicant; this includes but is not limited to equipment for which the applicant is in contract to purchase.
- LEASED:** Any equipment offered for transportation that is not the legal right of possession or ownership of the applicant but is under a lease agreement. This lease agreement includes trip leased (equipment leased for less than 30 days) or term leased (equipment leased for 30 days or more). A lease is a contract whereby one party agrees to give to another party the use and possession of equipment for a specified period of time as well as a specified fixed monetary sum.
- SERVICED:** Any entity that by its action or direction makes or keeps equipment fit for use, as by inspecting, adjusting, repairing, maintaining, so that the equipment remains ready for use or release.
- 21. Enter name(s) of sole proprietor, officers, or partners and their titles** — If the company's legal business structure is "Sole Proprietor," then enter the owner's name and title in the spaces provided; otherwise, enter the names of two company partners if the company is a partnership or two corporate officers and their titles if the company is a corporation (for example, corporate officers might include President, Vice President, Secretary, Treasurer).

22. Certification Statement — Print or type the name of the individual authorized to sign documents on behalf of the entity listed in item 1 (Name of Intermodal Equipment Provider). This individual must sign, date, and print or type his/her name and title in the spaces provided. The individual's signature must match his/her name. The authorized signer in this item should match one of the names provided in response to item 21.

NOTE: If this form is not signed and dated with a printed/typed name and title of an authorized individual, the application will be rejected and a USDOT Number **will not** be assigned.

WHERE CAN I GET ADDITIONAL HELP AND INFORMATION?

For your convenience, the following is a list of helpful links, most of which are referenced in this instructions document. Information is provided in English-only unless otherwise specified.

1. Downloadable IEP Registration Forms:

Go to www.fmcsa.dot.gov/registration/form-mcs-150c-intermodal-equipment-provider-identification-report.

2. To find out if a company already has a USDOT Number:

Call FMCSA toll-free at 1-800-832-5660 or go to <https://safer.fmcsa.dot.gov/>:

- Under the section "FMCSA Searches" select "Company Snapshot."
- Select the option labeled "Name" and enter either the company's "D.B.A. Name" (Doing Business As Name) or its Legal Name.
- Click on the "Search" button.
- The system will inform you whether a USDOT Number is assigned to the name entered.

Search Criteria

Users can search by DOT Number, MC/MX Number or Company Name.

☐ USDOT Number ☐ MC/MX Number ☒ Name

Enter Value:

3. To get a Dun & Bradstreet number or find out if a company already has one:

www.dnb.com.

4. For more definitions relating to Intermodal Equipment providers:

www.fmcsa.dot.gov/regulations/title49/section/390.5.

5. For general information regarding the Requirements for Intermodal Equipment Providers and for Motor Carriers and Drivers Operating Intermodal Equipment, go to:

www.fmcsa.dot.gov/registration/form-mcs-150c-intermodal-equipment-provider-identification-report.

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

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

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 be approximately 20 minutes per response (and 7.5 minutes for the biennial update), 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. 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, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Intermodal Equipment Provider Identification Report

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FORM MCS-150C

REASON FOR FILING (select only one):

New Application *Biennial Update or Changes* *Out of Business Notification*
Reapplication (after revocation of new entrant) *Reactivate*

1. LEGAL BUSINESS NAME: _____

2. DOING BUSINESS AS NAME (if different from Legal Business Name): _____

3-7. PRINCIPAL PLACE OF BUSINESS (see [49 CFR 390.5T](#)):

3. STREET ADDRESS/ROUTE NUMBER 4. CITY 5. STATE/PROVINCE 6. ZIP CODE 7. COLONIA (Mexico only)

8-12. MAILING ADDRESS: Same as Principal Address Mailing address below:

8. STREET ADDRESS/ROUTE NUMBER 9. CITY 10. STATE/PROVINCE 11. ZIP CODE 12. COLONIA (Mexico only)

13-15. CONTACT NUMBERS:

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 ADMINISTRATION?

Yes No If yes, enter your USDOT Number: _____

17-18. IDENTIFICATION NUMBERS:

17. DUN & BRADSTREET NUMBER 18. IRS/TAX ID NUMBER
(see instructions before completing this section)

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, PARTNERS, OR OFFICERS, AND TITLES

(e.g., president, treasurer, general partner, limited partner)

1. _____
2. _____
(please type or print names)
- _____ *(please type or print titles)*

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
(please type or print name)
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 type or print)