



APPLICATION FOR MOTOR CARRIER AUTHORITY

PROCESS IMMEDIATELY

CALL ME WITH MY MC NUMBER AFTER APPLICATION HAS BEEN PROCESSED.

1. **Complete** the information on the form.
2. **Print** your full completed application.
3. **Sign** the application each place.
4. **Fax** the signed application to **904-425-8977**

If there are questions you are not sure of the answer, please skip that question and go on to the next and a representative will contact you to complete any missing information.

Contact Information

Contact Name		Contact Phone		E-mail Address	
Company Name		Dbas (doing business as)			
Company Physical Address			City	State	Zip Code
Company Mailing Address			City	State	Zip Code
Business Phone	Business Fax		Alternate E-mail		
EIN (Employment Identification Number)			SSN (Social Security Number)		

Type of Company*

Corporation	LLC	Sole Proprietor	Partnership	State of Inc.
*If your company is Incorporated, LLC, or Partnership, please identify the owners. If a Sole Proprietor (individual owner) please skip the following section ** If you also need permits (KYU, NY Hut, or NM Tax ID Permit) and have an EIN we will need both the EIN of the company and SSN of the applicant				
Name	Street Address	City, St, Zip		SSN#
Name	Street Address	City, St, Zip		SSN#
Name	Street Address	City, St, Zip		SSN#

Authority Requesting:

Brokerage Surety bond required	Common Carrier liability & cargo insurance required	Contract Carrier liability insurance only required
--	---	--

Operational Information

If you already have a USDOT number: Open Freight, INC. will need the PIN # to update your MCS-150)	USDOT Number	USDOT PIN number
Will the loaded gross weight of any of these trucks exceed 26,000 lbs.?	Yes	No
Number and type of trucks you are starting with:	Type of trailer you will haul: (flatbed, van, reefer, other) :	
Type of cargo you are hauling: (include all that apply) :		

Vehicle Information

Year	Make / Model	Empty Weight	Plate Number & State	Unit	VIN Number

Are you interested in:

Funding for your Invoices?

Fuel Tax & Log Auditing Services?

Dispatch Services?

Drug Testing?

OPEN FREIGHT INC. SERVICES AGREEMENT

I / We, _____, hereby appoint Open Freight Inc. to act as our agent for the purposes of electronically filing an operating authority application and/or MCS-150 (DOT Number) application with the Federal Motor Carrier Safety Administration. We understand that the credit card used for the application will have the following charges incurred and hereby authorize these charges as per your card member terms and conditions agreement:

SERVICE	PRICE	CLIENT CHARGES
FMCSA Common Carrier Authority: (includes US Dot and BOC-3)	\$399.00	
FMCSA Contract Carrier Authority: (includes US Dot and BOC-3)	\$399.00	
FMCSA Brokerage Authority: (includes BOC-3)	\$399.00	
FMCSA Expedited MC Certificate (highly recommended)	\$39.00	
IFTA License Application Fee and Processing:	varies	
KYU Number:	\$25.00	
New York Hut (\$70 for each additional truck):	\$94.00	
New Mexico Tax ID Permit (\$15 for each additional truck):	\$30.00	
Texas DOT Application Fee and Processing (\$25 for each additional truck):	\$245.00	
Authority Re-Activation Fees:	\$199.00	
Authority Name Change Fees:	\$59.00	
BOC-3 Filing Only:	\$39.00	
UCR (Unified Carrier Registration): *Based on number of power units in fleet		
TOTAL CLIENT CHARGES:		

Open Freight Inc will prepare and send to client: **BOC-3** (Resident Processing Agent Filing)
IFTA Application (for carriers with vehicles over 26,000 lbs.GVWR) *if ordered.*

Additionally, Open Freight Inc will serve as our contact agent with the FMCSA and/or Department of Transportation for a period of sixty (60) days from the date of this agreement or until the FMCSA Authority (Contract, Common or Brokerage) has been granted. Open Freight Inc continually monitors the FMCSA Licensing and Insurance database to advise you of your application status.

The process for obtaining new authority typically takes between 20-28 days. However, this time can vary and please remember that your authority will not be granted until the minimum required insurance policy has been filed with and verified by the FMCSA.

Client hereby attests that they are aware of the insurance and/or surety bond requirements necessary to obtain Federal Motor Carrier Operating Authority and will obtain said insurance within sixty (60) days from the date of this application.

Open Freight Inc will provide the client the MC Number and/or USDOT number when issued. The issuance of the aforementioned numbers does not constitute operating authority until the client receives a final operating certificate/permit from the Federal Motor Carrier Safety Administration / US Department of Transportation.

The client hereby attests that they have read and understand the preceding statements. Client has also executed and returned (via fax) the application forms provided by Open Freight Inc.

Credit Card Authorization

Card Type: Visa MasterCard American Express Discover

Individual's Name that appears on Card: _____ Phone # _____

Credit/Debit Card Number: _____ Expiration Date: _____ CCV# _____

Billing Address of Card: _____ City: _____ State: _____ Zip: _____

I hereby authorize the use of this card and agree to abide by the terms and conditions of the issuing provider for the purposes outlined above.

Signed this _____ day of _____, 200 _____. Signature of Cardholder: _____

As authorized signor for: _____

Limited Power of Attorney

This limited power of attorney is to remain in effect until the above referenced licenses are issued. BE IT KNOWN _____ that President / Owner of _____ has made and appointed, and by these presents does make and appoint Open Freight Inc. true and lawful agent for _____ True and lawful agent for it, place and stead, for the following specific and limited purpose of executing documents on behalf of _____ for the necessary applications for the services requested by _____ gives and grants Open Freight Inc. full power and authority to do and perform the following: Execute applications for the IFTA License, NYHUT License, New Mexico Tax ID Permit, and Texas DOT Number

Company Name: _____

Authorized Person: _____ Signature _____ Date _____

Witness Name: _____ Witness Signature _____ Date _____

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, 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. NAME OF MOTOR CARRIER		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME				
3. PRINCIPAL ADDRESS		4. CITY	5. STATE/PROVINCE	6. ZIP CODE+4	7. COLONIA (MEXICO ONLY)	
8. MAILING ADDRESS		9. CITY	10. STATE/PROVINCE	11. ZIP CODE+4	12. COLONIA (MEXICO ONLY)	
13. PRINCIPAL BUSINESS PHONE NUMBER		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER		
16. USDOT NO.	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO.			
			EIN	SSN		
20. INTERNET E-MAIL ADDRESS			21. CARRIER MILEAGE (to nearest 10,000 miles for last calendar year) YEAR			

22. COMPANY OPERATION (Mark all that apply)

A. Interstate Carrier
 B. Intrastate Hazmat Carrier
 C. Intrastate Non-Hazmat Carrier
 D. Interstate Hazmat Shipper
 E. Intrastate Hazmat Shipper
 F. Vehicle Registrant **Only**

23. OPERATION CLASSIFICATION (Mark all that apply)

A. Authorized For-Hire
 B. Exempt For-Hire
 C. Private Property
 D. Private Passengers (Business)
 E. Private Passengers (Non-Business)
 F. Migrant
 G. U. S. Mail
 H. Federal Government
 I. State Government
 J. Local Government
 K. Indian Tribe
 L. Other _____

24. CARGO CLASSIFICATIONS (Mark all that apply)

<input type="checkbox"/> A. GENERAL FREIGHT	<input type="checkbox"/> G. BUILDING MATERIALS	<input type="checkbox"/> M. PASSENGERS	<input type="checkbox"/> S. GARBAGE, REFUSE, TRASH	<input type="checkbox"/> Y. PAPER PRODUCT
<input type="checkbox"/> B. HOUSEHOLD GOODS	<input type="checkbox"/> H. MOBILE HOMES	<input type="checkbox"/> N. OIL FIELD EQUIPMENT	<input type="checkbox"/> T. U.S.MAIL	<input type="checkbox"/> Z. UTILITY
<input type="checkbox"/> C. METAL: SHEETS, COILS, ROLLS	<input type="checkbox"/> I. MACHINERY, LARGE OBJECTS	<input type="checkbox"/> O. LIVESTOCK	<input type="checkbox"/> U. CHEMICALS	<input type="checkbox"/> AA. FARM SUPPLIES
<input type="checkbox"/> D. MOTOR VEHICLES	<input type="checkbox"/> J. FRESH PRODUCE	<input type="checkbox"/> P. GRAIN, FEED, HAY	<input type="checkbox"/> V. COMMODITIES DRY BULK	<input type="checkbox"/> BB. CONSTRUCTION
<input type="checkbox"/> E. DRIVE AWAY/TOWAWAY	<input type="checkbox"/> K. LIQUIDS/GASES	<input type="checkbox"/> Q. COAL/COKE	<input type="checkbox"/> W. REFRIGERATED FOOD	<input type="checkbox"/> CC. WATER WELL
<input type="checkbox"/> F. LOGS, POLES, BEAMS, LUMBER	<input type="checkbox"/> L. INTERMODAL CONT.	<input type="checkbox"/> R. MEAT	<input type="checkbox"/> X. BEVERAGES	<input type="checkbox"/> DD. OTHER

25. HAZARDOUS MATERIALS (CARRIER OR SHIPPER) (Mark all that apply)

	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"/>	<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"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.2	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. DIV 6.1 POISON	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<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"/>	<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	Motor-coach	Number of vehicles carrying number of passengers (including the driver)																								
							School Bus			Mini-bus	Passenger Van		Limousine																		
							1-8	9-15	16+	16+	1-8	9-15	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. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. president, treasurer, general partner, limited partner)

1. _____ 2. _____

30. 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 _____ Date _____ Title _____ (Please print)



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

FORM OP-1 APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY

This application is for all individuals and businesses requesting authority to operate as motor property common or contract carriers or property brokers.

FOR FMCSA USE ONLY
Docket No. MC- _____
Filed _____
Fee No. _____
CC Approval No. _____

SECTION I

Applicant Information

Do you now have authority from or an application being processed by the former ICC, FHWA, OMCS, or FMCSA?				
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, identify the lead docket number(s):				
LEGAL BUSINESS NAME				
DOING BUSINESS AS NAME				
BUSINESS ADDRESS				
()				
Street Name and Number		City	State	Zip Code Telephone Number
MAILING ADDRESS (If different from above)				
Street Name and Number		City	State	Zip Code
REPRESENTATIVE (Person who can respond to inquiries)				
Name and title, position, or relationship to applicant				
Street Name and Number		City	State	Zip Code
Telephone Number ()		FAX Number ()		
USDOT Number (If available; if not, see Instructions.)				
FORM OF BUSINESS (Check only one.):				
<input type="checkbox"/> Corporation	State of Incorporation _____			
<input type="checkbox"/> Sole Proprietorship	Name of Individual _____			
<input type="checkbox"/> Partnership	Identify Partners _____			

Application for Motor Carrier and Broker Authority - OP-1 (con't)

SECTION II

Type of Authority

You must submit a filing fee of \$300.00 for each type of authority requested (for each box checked).

- MOTOR COMMON CARRIER OF PROPERTY (except HOUSEHOLD GOODS)
- MOTOR CONTRACT CARRIER OF PROPERTY (except HOUSEHOLD GOODS)
- MOTOR COMMON CARRIER OF HOUSEHOLD GOODS
- MOTOR CONTRACT CARRIER OF HOUSEHOLD GOODS
- BROKER OF PROPERTY (except HOUSEHOLD GOODS)
- BROKER OF HOUSEHOLD GOODS
- 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 TRANSPORTATION OF INTERNATIONAL HOUSEHOLD GOODS

SECTION III

Insurance Information

This section must be completed by ALL motor property carrier applicants. The dollar amounts in parentheses represent the minimum amount of bodily injury and property damage (liability) insurance coverage you must maintain and have on file with the FMCSA.

NOTE: Refer to the instructions for information on cargo insurance filing requirements for motor common carriers and surety bond/trust fund agreement filings for property brokers.

- Will operate vehicles having Gross Vehicle Weight Ratings (GVWR) of 10,000 pounds or more to transport:
 - Non-hazardous commodities (\$750,000).
 - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.9 (\$1,000,000).
 - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.9 (\$5,000,000).
- Will operate only vehicles having Gross Vehicle Weight Ratings (GVWR) under 10,000 pounds to transport:
 - Any quantity of Division 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).
 - Commodities other than those listed above (\$300,000).

Application for Motor Carrier and Broker Authority - OP-1 (con't)

SECTION IV

Safety Certification (Motor Carrier Applicants Only)

APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS -

If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal Motor Carrier Safety Regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

YES

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from Federal Motor Carrier Safety Regulations, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

YES

SECTION V

Affiliations

AFFILIATION WITH OTHER FORMER ICC, FHWA OR OMCS, NOW FMCSA-LICENSED ENTITIES. Disclose any relationship you have or have had with any other FMCSA-regulated entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

Application for Motor Carrier and Broker Authority - OP-1 (con't)

SECTION VII

~~Applicants for
Contract
Carriage of
Household
Goods~~

~~SCOPE OF OPERATING AUTHORITY. Check one or both of the boxes below~~

~~Contracting shippers have one or more of the distinct needs delineated in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1988).~~

~~Briefly describe the distinct need(s):~~

~~Contracts provide for assignment of one or more vehicle for the exclusive use of each shipper in the manner specified in Interstate Van Lines, Inc. Extensions- Household Goods, 5 I.C.C.2d 168 (1988).~~

SECTION VIII

Applicant's
Oath

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, _____, verify under penalty of
Name and title

perjury, under the laws of the United States of America, 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 \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 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 (21 U.S.C. 862).

Signature _____ Date _____