

Open Freight, Inc.
APPLICATION FOR BROKERAGE AUTHORITY



Please indicate if you would like
 Open Freight, Inc. to expedite your application
 without contacting you first.



PROCESS IMMEDIATELY
CALL ME WITH MY MC NUMBER AFTER
APPLICATION HAS BEEN PROCESSED

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

Otherwise, once we receive the faxed application,
 a representative will contact you to answer any additional questions.
 If there are questions you are not sure of the answer,
 please skip that question and go on to the next.
 A representative will contact you to complete any missing information.

Company Information

Company Name		Dba (doing business as)		
Company Physical Street Address		City	State	Zip
Company Mailing Address (If Different From Physical Address)		City	State	Zip
Business Phone	Business Fax:	Email Address		
EIN (Employer Identification Number)		SSN (Social Security Number)		
Type of Company* <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership				State of Incorporation
<i>*If your company is Incorporated or LLC, please identify all majority owners. If a Sole Proprietor (one individual owner) please skip this section.</i>				
Name	Street Address	City/ State /Zip		
Name	Street Address	City/ State /Zip		
Name	Street Address	City/ State /Zip		

Contact Information

Contact Name	Additional Contact Phone	Alternate Email Address
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Authority Requested:

Brokerage Authority * surety bond required	Common Carrier Authority * liability and cargo insurance required	Contract Carrier Authority * liability insurance only required
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Open Freight, Inc.
SERVICES AGREEMENT

I / We, _____, hereby appoint Open Freight, Inc. to act as our agent for the purposes of electronically filing a brokerage operating authority 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		Standard Process Time	Application Fee	Open Freight, Inc. Processing Fee	SERVICE COST	CLIENT CHARGES
FMCSA Brokerage Authority:	(Includes BOC-3 Filing)	20-28 days	\$300.00	\$99.00	\$399.00	
FMCSA Expedited MC Certificate: (Highly Recommended)	(Includes Watching Service and MC Certificate)	Received 3-5 Days Prior to Service Date			\$39.00	
Authority Re-Activation	(Includes BOC-3 Filing and Expedited MC Certificate)	FMCSA Reactivation Time Varies			\$199.00	
Authority Name Change	(Includes BOC-3 Filing)	BOC-3 registers on FMCSA database in 2-4 Days			\$59.00	
TOTAL CLIENT CHARGES:						

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 Brokerage Authority has been granted.

The undersigned hereby states and attests that they have read, executed, and returned (via fax) the application forms provided by Open Freight, Inc.

Additionally, Open Freight, Inc. will prepare and send to client: **BOC-3** (Resident Processing Agent Filing)

Client hereby attests that they are aware of the insurance 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. continually monitors FMCSA Licensing and Insurance database to advise you of your application status. The process for obtaining new brokerage authority typically takes between 20-28 days. However, this time can vary and please remember that your authority is not granted until minimum required insurance is filed and verified by the FMCSA.

Open Freight, Inc. will provide the client the MC Number when issued. The issuance of the aforementioned numbers does not constitute operating authority until the client receives a final operating license from the Federal Motor Carrier Safety Administration. The client hereby attests that they have read and understand the preceding statements.



Credit Card Authorization



Individual's Name that appears on Card: _____

Credit/Debit Card Number: _____ Expiration Date: _____

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: _____





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).

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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 _____