



# Open Freight, Inc. APPLICATION FOR USDOT NUMBER

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



**PROCESS IMMEDIATELY**  
CALL ME 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		

## Contact Information

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## Operational Information

Will the loaded gross weight of any of these trucks (including trailer) exceed 26,000 lbs.?	
Number and type of trucks you are starting with:	Number and type of trailers you will haul: (flatbed, van, reefer, other)
Type of cargo you are hauling: (include all that apply) :	

## Open Freight, Inc. SERVICES AGREEMENT

I / We, \_\_\_\_\_, hereby appoint Open Freight, Inc. to act as our agent for the purposes of electronically filing an 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
USDOT Number Processing Fee:	\$49.00	\$49.00
<b>TOTAL CLIENT CHARGES:</b>		<b>\$49.00</b>

Open Freight, Inc. will serve as our contact agent with the Department of Transportation for a period of sixty (60) days from the date of this agreement. Additionally, Open Freight, Inc. will prepare and Email or Fax to client a copy of the MCS-150 Form including the associated PIN number.

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

## 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

# MOTOR CARRIER IDENTIFICATION REPORT

## (Application for U.S. DOT Number)

### REASON FOR FILING (Check 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 STREET ADDRESS/ROUTE NUMBER		4. CITY		5. MAILING ADDRESS (P O BOX)		6. MAILING CITY	
7. STATE/PROVINCE		8. ZIP CODE+4	9. COLONIA (MEXICO ONLY)	10. STATE/PROVINCE		11. ZIP CODE+4	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER			14. PRINCIPAL CONTACT CELLULAR 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. COMPANY OPERATION (Circle all that apply)

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

22. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year)                      YEAR

23. OPERATION CLASSIFICATION (Circle All that Apply)

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

24. CARGO CLASSIFICATIONS (Circle All that Apply)

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

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C – CARRIED    S – SHIPPED    B(BULK) – IN CARGO TANKS    NB(NON-BULK) – IN PACKAGES

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

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

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus	Van		Limousine							
							Number of vehicles carrying number of passengers (including the driver) below												
							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 U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?    Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, enter your U.S. DOT Number. \_\_\_\_\_

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. \_\_\_\_\_ (Please print Name)

2. \_\_\_\_\_ (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, \_\_\_\_\_ (Please print Name), 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)