

# High Pursuit

## Authority cheat sheet



**By Shawn Williamson**  
**@truck\_king85**



This document reflects the answers provided to the URS Application Summary, FORM MCSA-1 on DATE OF APPLICATION SUBMISSION.

<b>REASONS TO FILE</b>					
<input checked="" type="checkbox"/> NEW REGISTRATION (first time registering)					
<b>BUSINESS DESCRIPTION</b>					
<b>1. LEGAL BUSINESS NAME</b> ABC TRUCKING LLC					
<b>2. DOING BUSINESS AS NAME (if different from Legal Business Name)</b>					
<b>3. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will <u>not</u> be accepted)</b>					
123 ANYWHERE ST	BALTIMORE	MARYLAND	21229		
<small>STREET ADDRESS/ROUTE NUMBER</small>	<small>CITY</small>	<small>STATE/PROVINCE</small>	<small>ZIP CODE+4</small>	<small>COLONIA (Mexico Only)</small>	<small>FOREIGN COUNTRY</small>
<b>4. MAILING ADDRESS (This may be a P.O. Box Number) <input type="checkbox"/> SAME AS PRINCIPAL ADDRESS</b>					
123 ANYWHERE ST	BALTIMORE	MARYLAND	21229		
<small>STREET ADDRESS/ROUTE NUMBER</small>	<small>CITY</small>	<small>STATE/PROVINCE</small>	<small>ZIP CODE+4</small>	<small>COLONIA (Mexico Only)</small>	<small>FOREIGN COUNTRY</small>
<b>5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS</b>					
<input checked="" type="checkbox"/> United States	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico	<input type="checkbox"/> Other Country		
<small>Canadian NSC Number (National Safety Code)</small>			<small>Mexico RFC Number (Federal Taxpayer Registry)</small>		
<b>6. PRINCIPAL BUSINESS TELEPHONE NUMBER</b>			(443) 111-1111		
<b>7. PRINCIPAL FAX TELEPHONE NUMBER (optional)</b>					
<b>8. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional)</b>					
<b>10. IRS TAX ID NUMBER</b> Enter the Employer Identification Number (EIN) assigned to the applicant by the Internal Revenue Service (See instructions) 851234567			<b>11. DUN &amp; BRADSTREET NUMBER (if applicable)</b>		



**11. UNIT OF GOVERNMENT**

Federal       State       Local       Tribal

**12. FORM OF BUSINESS (Select the business form that applies)**

Sole Proprietor       Corporation      State of Incorporation \_\_\_\_\_  
 Partnership       Limited Liability Partnerships      State \_\_\_\_\_  
 Trusts       Limited Liability Company      State MARYLAND  
 Other (please specify) \_\_\_\_\_

**13. OWNERSHIP and CONTROL**

Owned/controlled by citizen of U.S.       Owned/controlled by citizen of Mexico  
 Owned/controlled by citizen of Canada       Owned/controlled by citizen of other foreign country \_\_\_\_\_

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

NAME: JANE DOE

TITLE: SOLE MEMBER



**15. OPERATION CLASSIFICATION**

**a. For-Hire Motor Carrier**

- Property
  - Hazardous Materials
  - Household Goods
  - Exempt Commodities
  - Other Non-Hazardous Freight
  
- Passengers
  - Charter & Special Operations
  - Regular Route
  - Exempt per 49 USC 13506
  - Migrant Workers
  
- Mexico-owned, U.S.-based Enterprise
  - 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 international transportation of Household Goods.
  - United States-based enterprise owned or controlled by persons of Mexico transporting passengers in Charter or Special Operations.
  - United States-based enterprise owned or controlled by persons of Mexico providing transportation of passengers over regular route.

**b. Private Motor Carrier**

- Property – Hazardous Materials
- Property – Non-Hazardous
- Passengers – Business
- Passengers – Non-business
- Migrant Workers

**c. Property Broker**

- General Freight (except Household Goods)
- Household Goods

**d. Freight Forwarder**

- General Freight (except Household Goods)
- Household Goods
- Operates Vehicles
- Hazardous Materials

**e.  Cargo Tank Facility**

**f.  Intermodal Equipment Provider**

**g.  Driveaway/Towaway**

**h.  Other**

**16. COMPANY CONTACT PERSON (Please designate an individual within your company to respond to inquiries)**

JANE DOE, SOLE MEMBER

NAME AND TITLE

123 ANYWHERE ST

STREET ADDRESS/ROUTE NUMBER

BALTIMORE

CITY

MARYLAND

STATE/PROVINCE

21229

ZIP CODE+4

COLONIA (Mexico Only)

(443) 111-1111

TELEPHONE NUMBER

FAX NUMBER (optional)

CEL PHONE (optional)

ABCTRUCKINGLLC@  
GMAIL.COM

E-MAIL ADDRESS (optional)



**17. APPLICANT'S REPRESENTATIVE (Please designate a consultant or agent to respond to inquiries, if applicable)**

JANE DOE

NAME AND TITLE, AND RELATIONSHIP TO APPLICANT

123 ANYWHERE ST

STREET ADDRESS/ROUTE NUMBER

BALTIMORE

CITY

MARYLAND

STATE/PROVINCE

21229

ZIP CODE+4

COLONIA (Mexico Only)

(443) 111-1111

TELEPHONE NUMBER

FAX NUMBER (optional)

CEL PHONE (optional)

ABCTRUCKINGLLC@  
GMAIL.COM

E-MAIL ADDRESS (optional)

**18. CERTIFICATION STATEMENT (to be completed by the applicant )**

I, JANE DOE, certify that I am familiar with the Federal Motor Carrier Safety Regulations and, if applicable, the Federal  
(Please Print Name)

Hazardous Materials Regulations, and the Federal Motor Carrier Commercial Regulations. Under penalties of perjury, under the laws of the United States of America, I certify 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 \$250,000 for each offense. Additionally, these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines up to \$250,000 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, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat.4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002(d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. § 826).

Signature Electronic signature recorded Date 08/07/2020 Title SOLE MEMBER



**22. (a) NUMBER OF COMMERCIAL MOTOR VEHICLE(S) THAT WILL BE OPERATING IN THE U.S.**

	Straight Truck(s)	Truck Tractor(s)	Trailer (s)	IEP Trailer Chassis only	Hazmat Cargo Tank Truck(s)	Hazmat Cargo Tank Trailer(s)	Motor Coaches	School Bus(es)	Mini-bus(es)	Van(s)	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	0	1	0	0															
Term Leased	0	0	0	0															
Trip Leased	0	0	0	0															
Serviced				0															
Tow/ Drive-away <sup>1</sup>	0	0	0	0															

**(b) NUMBER OF COMMERCIAL MOTOR VEHICLES THAT WILL BE OPERATING IN CANADA OR MEXICO.**

CANADA	MEXICO
0	0

**(c) NUMBER OF COMMERCIAL MOTOR VEHICLES THAT WILL BE OPERATING SOLELY IN INTERSTATE COMMERCE.**

SOLELY INTERSTATE
1

**(d) NUMBER OF COMMERCIAL MOTOR VEHICLES THAT WILL BE OPERATING SOLELY IN INTRASTATE COMMERCE.**

SOLELY INTRASTATE
0

**23. (a) NUMBER OF DRIVERS WHO WILL BE OPERATING IN THE U.S.**

	INTERSTATE	SOLELY INTRASTATE	TOTAL DRIVERS	NUMBER OF DRIVERS WITH A COMMERCIAL DRIVER'S LICENSE (CDL), LICENCIA FEDERAL DE CONDUCTOR (LFC), OR A VALID CANADIAN LICENSE CLASS 1, 2, 3 OR 4 (OR CLASS A, B, C, OR D IF LICENSED IN ONTARIO)
Within 100 air-mile Radius	1	0		1
Beyond 100 air-mile Radius	0	0		

**(b) NUMBER OF DRIVERS WHO WILL BE OPERATING IN CANADA OR MEXICO.**

CANADA	MEXICO
0	0

<sup>1</sup> Persons who conduct driveaway operations do not need to provide vehicle information due to the nature of these operations.

## HAZARDOUS MATERIALS

### 24. HAZARDOUS MATERIALS CARRIED OR SHIPPED

C (Carried)    S (Shipped)    B (Bulk)    NB (Non-Bulk)    See Instructions

C	S	<b>A.</b>	Div 1.1 Explosives (with mass explosion hazard)	B	NB	C	S	<b>V.</b>	Div 4.3 Dangerous when wet material	B	NB
C	S	<b>B.</b>	Div 1.2 Explosives (with projection hazard)	B	NB	C	S	<b>W.</b>	Div 5.1 Oxidizer	B	NB
C	S	<b>C.</b>	Div 1.3 Explosives (with predominantly fire hazard)	B	NB	C	S	<b>X.</b>	Div 5.2 Organic Peroxide	B	NB
C	S	<b>D.</b>	Div 1.4 Explosives (with no significant blast hazard)	B	NB	C	S	<b>Y.</b>	Div 6.2 Infectious substance (Etiologic agent)	B	NB
C	S	<b>E.</b>	Div 1.5 Very insensitive explosives; blasting agents	B	NB	C	S	<b>Z.</b>	Div 6.1 A (Poison Liquid which is a PIH Zone A)	B	NB
C	S	<b>F.</b>	Div 1.6 Extremely insensitive detonating substances	B	NB	C	S	<b>AA.</b>	Div 6.1 B (Poison Liquid which is a PIH Zone B)	B	NB
C	S	<b>G.</b>	Div 2.1 Flammable gas	B	NB	C	S	<b>BB.</b>	Div 6.1 Poison (Poisonous liquid with no inhalation hazard)	B	NB
C	S	<b>H.</b>	Div 2.1 Liquefied Petroleum Gas (LPG)	B	NB	C	S	<b>CC.</b>	Div 6.1 Solid (Meets the definition of a poisonous solid)	B	NB
C	S	<b>I.</b>	Div 2.1 Methane Gas	B	NB	C	S	<b>DD.</b>	Class 7 Radioactive materials (Other than Highway Route Controlled Quantity of Radioactive Material (HRCQ).	B	NB
C	S	<b>J.</b>	Div 2.2 Non-flammable compressed gas	B	NB	C	S	<b>EE.</b>	HRCQ	B	NB
C	S	<b>K.</b>	Div 2.2 (Anhydrous Ammonia)	B	NB	C	S	<b>FF.</b>	Class 8 Corrosive material	B	NB
C	S	<b>L.</b>	Div 2.3 A (Poison Gas which is Poison Inhalation Hazard (PIH) Zone A)	B	NB	C	S	<b>GG.</b>	Class 8 A (Corrosive liquid which is a PIH Zone A)	B	NB
C	S	<b>M.</b>	Div 2.3 B (Poison Gas which in PIH Zone B)	B	NB	C	S	<b>HH.</b>	Class 8 B (Corrosive liquid which is a PIH Zone B)	B	NB
C	S	<b>N.</b>	Div 2.3 C (Poison Gas which is PIH Zone C)	B	NB	C	S	<b>II.</b>	Class 9 Miscellaneous hazardous material	B	NB
C	S	<b>O.</b>	Div 2.3 D (Poison Gas which is PIH Zone D)	B	NB	C	S	<b>JJ.</b>	Elevated Temperature Material (Meets definition in 49 CFR § 171.8 for an elevated temperature material)	B	NB
C	S	<b>P.</b>	Class 3 Flammable and combustible liquid	B	NB	C	S	<b>KK.</b>	Infectious Waste (Meets definition in 49 CFR § 171.8 for an infectious waste)	B	NB
C	S	<b>Q.</b>	Class 3 A (Flammable liquid which is a PIH Zone A)	B	NB	C	S	<b>LL.</b>	Marine Pollutants (Meets Definition in 49 CFR § 171.8 for a marine pollutant)	B	NB
C	S	<b>R.</b>	Class 3 B (Flammable liquid which is a PIH Zone B)	B	NB	C	S	<b>MM.</b>	Hazardous Substances (RQ) (Meets definition in 49 CFR § 171.8 of a reportable quantity of a hazardous substance)	B	NB
C	S	<b>S.</b>	Combustible Liquid (Refer to 49 CFR § 173.20 (b))	B	NB	C	S	<b>NN.</b>	Hazardous Waste (Meets definition in 49 CFR § 171.8 of a hazardous waste)	B	NB
C	S	<b>T.</b>	Div 4.1 Flammable Solid	B	NB	C	S	<b>OO.</b>	ORM (Meets definition in 49 CFR § 171.8 of Other Regulated Material)	B	NB
C	S	<b>U.</b>	Div 4.2 Spontaneously combustible material	B	NB						





## HAZARDOUS MATERIALS PERMITTING

**25. DOES THE APPLICANT NEED A HAZARDOUS MATERIALS SAFETY PERMIT (HMSP)?**

Yes       No

**26. WHICH OF THE FOLLOWING HAZARDOUS MATERIAL(S) DOES THE APPLICANT TRANSPORT? CHECK ALL THAT APPLY:**

- Highway Route Controlled Quantities (HRCQ) of radioactive materials.
- More than 25 kg (kilograms) (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 (L)(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 L (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 L (3,500 gallons).

**27. HOW MANY ACCIDENTS, AS DEFINED IN 49 CFR 390.5, HAS YOUR APPLICANT HAD IN THE PAST 12 MONTHS?**

Number of Accidents \_\_\_\_\_

**28. DOES THE APPLICANT CERTIFY IT HAS A SATISFACTORY SECURITY PROGRAM IN PLACE AS REQUIRED IN 49 CFR PART 385, SUBPART E?**

Yes  
 No

**29. IS THE APPLICANT REQUIRED BY ANY STATE(S) TO HAVE A PERMIT FOR ANY OF THE HAZARDOUS MATERIALS LISTED IN QUESTION 25?**

Yes  
 No

**30. IF YOUR ANSWER TO QUESTION 29 IS YES, CHECK THE STATE(S) IN WHICH YOU HAVE THE PERMIT.**

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

**31. CERTIFICATION STATEMENT**

I, \_\_\_\_\_, certify that I am familiar with the 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 \_\_\_\_\_



**CARGO TANK FACILITY**

**32. HOW MANY CARGO TANK FACILITIES WILL THE APPLICANT REGISTER WITH THIS APPLICATION?**

**33. CARGO TANK FACILITY NAME:**

**34 (a) IS THE CARGO TANK FACILITY PHYSICAL ADDRESS DIFFERENT FROM THE PRINCIPAL PLACE OF BUSINESS ADDRESS?**  Yes  No

**(b) IF THE ANSWER TO QUESTION 34(a) IS YES, PLEASE PROVIDE CARGO TANK FACILITY PHYSICAL ADDRESS.**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/PROVINCE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
POSTAL  
CODE

\_\_\_\_\_  
COLONIA (Mexico)

**35 (a) IS THE MAILING ADDRESS DIFFERENT FROM THE CARGO TANK FACILITY PHYSICAL ADDRESS?**

Yes  No

**(b) IF THE ANSWER TO QUESTION 35(a) IS YES, PLEASE PROVIDE CARGO TANK FACILITY MAILING ADDRESS (P. O. BOX IS ACCEPTED).**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/PROVINCE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
POSTAL  
CODE

\_\_\_\_\_  
COLONIA (Mexico)

36.				
Functions	Exemptions	Special Permits	Vehicles	
<input type="checkbox"/> External Visual Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Internal Visual Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Leakage Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Lining Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412	
<input type="checkbox"/> Thickness Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Pressure Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Dye Penetrant Testing (PT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	
<input type="checkbox"/> Radiographic Examination (RT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	
<input type="checkbox"/> Wet Fluorescent Magnetic Particle Testing (MT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	
<input type="checkbox"/> Ultrasonic Testing (UT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	



Functions	Exemptions	Special Permits	Vehicles
<input type="checkbox"/> Direct, Remote, or Enhanced Visual Inspection			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338
<input type="checkbox"/> Manufacture			<input type="checkbox"/> MC331 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT407 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> DOT412
<input type="checkbox"/> Assembly			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC310 <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC311 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305 <input type="checkbox"/> Nurse Tank
<input type="checkbox"/> Repair (108.403)			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC310 <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC311 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305
<input type="checkbox"/> Certification (Design Certified Engineer)			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC310 <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC311 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305 <input type="checkbox"/> Nurse Tank
<input type="checkbox"/> Component Manufacturer			
<b>Mobile Testing Information (Mandatory Selection of one option below)</b>			
Where do you use testing/inspection equipment?	<input type="radio"/> Fixed Facility	<input type="radio"/> Mobile	<input type="radio"/> Both
<b>Process Agent</b>			
<b>Name</b>	<b>Address (No P.O. Box)</b>	<b>City</b>	<b>State</b>
			<b>Zip / Postal Code</b>
<b>Responsible Person (Facility Location)</b>			
<b>Title:</b>			
<b>Name:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			



**37. Does the Applicant utilize a registered inspector, authorized inspector, certified individual, qualified inspector, or design certified engineer employed by the company to conduct certification, inspection, or testing functions?**

Yes  No

**Name:**

**Type:**  Design Certified Engineer  Registered Inspector  Authorized Inspector  
 Certified Individual  Qualified Inspector

**38. Does the Applicant utilize a registered inspector, authorized inspector, certified individual, qualified inspector, or design certified engineer not employed by the company to conduct certification, inspection, or testing functions?**

Yes  No

**Name:** \_\_\_\_\_ **Cargo Tank #:** \_\_\_\_\_

**Type:**  Design Certified Engineer  Registered Inspector  Authorized Inspector  
 Certified Individual  Qualified Inspector

**ASME "U" Stamp**

Certification #	Authorization Date	Expiration Date

**"R" and/or "TR" stamps or "U" and/or "T" Stamps**

Certification #	Authorization Date	Expiration Date

I certify that all Registered Inspectors and Design Certifying Engineers used in performance of the prescribed functions meet the minimum qualification requirements set forth in 49 CFR 171.8, that I am the person responsible for ensuring compliance with the applicable requirements of this chapter, and that I have knowledge of the requirements applicable to the functions to be performed.

**Yes, I Certify**

**Certifying Name:** \_\_\_\_\_

**Certifying Title:** \_\_\_\_\_

**Certifying Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## TRANSPORTATION OF HOUSEHOLD GOODS

### 39. CERTIFICATION: ARBITRATION PROGRAM AND TARIFF

**MOTOR CARRIER OF HOUSEHOLD GOODS** (including United States-based enterprises transporting international household goods shipments)

I, \_\_\_\_\_, certify that I am fit, willing, and able to provide the specialized  
Print First and Last Name and Title

services necessary to transport household goods. I am familiar with FMCSA regulations for household goods movements and have acquired or am willing to acquire the protective equipment and trained operators necessary to perform household goods movements. I certify that my tariff is available for inspection by shippers upon reasonable request. I further certify that I will offer arbitration as a means of settling loss and damage disputes and disputes regarding carrier charges in addition to those collected at delivery. The following information can be used to contact a representative of the arbitration program in which I will participate.

**Contact information for the arbitration program in which I will participate:**

Name	Address (Street, City, State and Zip Code)	Telephone Number

\_\_\_\_\_  
Signature of Motor Carrier Representative

### BROKER OF HOUSEHOLD GOODS

I, \_\_\_\_\_, certify that applicant is fit, willing, and able to provide household  
Print Name and Title

goods brokerage operations and to comply with all pertinent statutory and regulatory requirements.

\_\_\_\_\_  
Signature of Company Official                      Date                      Title

### FREIGHT FORWARDER OF HOUSEHOLD GOODS

I, \_\_\_\_\_, certify that applicant is fit, willing, and able to provide household  
Print Name and Title

goods freight-forwarding operations and to comply with all pertinent statutory and regulatory requirements.

\_\_\_\_\_  
Signature of Company Official                      Date                      Title

### HOUSEHOLD GOODS MOTOR CARRIER APPLICANTS MUST:

1. Provide evidence of participation in an arbitration program and a copy of the notice they provide to shippers of the availability of binding arbitration.
2. Identify their tariff and provide a copy of the notice to shippers of the availability of that tariff for inspection, indicating how that notice is provided.

\_\_\_\_\_  
Signature of Company Official                      Date                      Title

## TRANSPORTATION OF PASSENGERS

### 40. DOES THE APPLICANT RECEIVE ANY FEDERAL TRANSPORTATION GRANT FUNDS THAT WILL SUBSIDIZE THEIR TRANSPORTATION PROVIDED UNDER THIS REGISTRATION?

Yes       No

### 41. GOVERNMENT FUNDING STATUS – IF THE ANSWER TO QUESTION 40 IS YES, SPECIFY THE NATURE OF GOVERNMENTAL FINANCIAL ASSISTANCE YOU RECEIVE, IF ANY, BY SELECTING THE APPROPRIATE OPTION BELOW

- Public recipient** – Applicant is any of the following: any State; any municipality or other political subdivision of a State; any public agency or instrumentality of such entities of one or more State(s); an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, or person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.
- Private recipient** – Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease or operation of any bus.

**Public Interest Criteria** Regular route public recipient and charter and special operations private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

**Public Recipient Applicants:** All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- (1) No motor carrier of passengers (other than a motor carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- (2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be scanned and uploaded along with your application.

**Fitness Only Criteria:** No additional evidence is needed from applicants for regular-route or charter and special transportation that do not receive governmental financial assistance.

### 42. PASSENGER CARRIER COMPLIANCE CERTIFICATION

I, \_\_\_\_\_, certify that I am fit, willing, and able to comply with all pertinent  
Print Name and Title

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.

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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. The term charter and special transportation corresponds to the term "demand responsive service," and "service over regular routes," corresponds to the term "fixed route service" under the Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, please refer to the Federal Motor Carrier Safety Administration's website at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov).



### SCOPE OF AUTHORITY (PASSENGER CARRIERS)

43.

- (1)  Charter and special transportation, in interstate or foreign commerce, between points in the United States.
- (2)  Charter and special transportation, in interstate or foreign commerce, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- (3)  Service as a passenger carrier over regular routes. (Regular route passenger carrier authority to perform regularly scheduled service.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle. Public recipient applicants requesting authority to operate over regular routes must scan and upload to the application a description of the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).
- (4)  Service as a passenger carrier over regular routes provided by United States-based enterprises owned or controlled by persons of Mexico. Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.

NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate regular route authority. No carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route(s).





## COMMERCIAL ZONE OPERATIONS

“Within U.S.-Mexico International Border Commercial Zones” refers to service in the United States entirely within the commercial zone of a municipality that is adjacent to Mexico. A Mexico-domiciled motor carrier may not provide point-to-point transportation services, including express delivery services, within the United States for goods other than international cargo.

### 44. SCOPE OF REGISTRATION

- Service as a for-hire motor carrier of property (except household goods) within the commercial zones
- Service as a for-hire motor carrier of household goods within the commercial zones
- Service as a private motor carrier of property (handling applicant’s own goods) within the commercial zones
- Service as a passenger motor carrier within the commercial zones

### 45. UNITED STATES ADDRESS: (a) Do you currently maintain an office in the United States?

- Yes     No

(b) If yes, please provide the full street address, telephone number, and fax number.

\_\_\_\_\_

STREET ADDRESS/ROUTE NUMBER

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE+4

\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

FAX NUMBER (optional)



## ADDITIONAL INFORMATION

### 46. FINANCIAL RESPONSIBILITY

If applicant is a Mexico-domiciled motor carrier of property and operates exclusively within the U.S.-Mexico border commercial zones, please skip to item 46f, under this section.

#### a. MOTOR PASSENGER CARRIER

For-hire motor passenger carriers operating in the United States must maintain public liability insurance. The minimum amount of coverage is shown in parentheses.

Applicant

- Has one or more vehicles with a seating capacity of 16 passengers or more, including the driver<sup>1</sup> (\$5,000,000 U.S.)
- Has only motor vehicles with a seating capacity of 15 passengers or fewer, including the driver<sup>1</sup> (\$1,500,000 U.S.)

<sup>1</sup>Unless exempted under 49 CFR 387.27(b).

- Receives a grant from the Federal Transit Administration (FTA) under 49 U.S.C. §§ 5307, 5310, or 5311. Applicant understands that it is not required to comply with FMCSA's minimum levels of public liability insurance, and that applicant is required to maintain financial responsibility at the highest level required by any State within which it operates (transit service area) (see 49 U.S.C. § 31138 (e) (4)).

Applicant's transit service area lies within the borders of the following State(s):

Applicant will maintain financial responsibility in the amount of \$ \_\_\_\_\_

Applicant's insurance company  has filed  will file proof of liability insurance coverage.

#### b. MOTOR PROPERTY CARRIER

- Applicant will operate motor vehicles having a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) of 10,001 pounds (4,536 kg.) or more to transport:

- Non-hazardous commodities (\$750,000 U.S.)
- Hazardous materials referenced in the FMCSA regulations at 49 CFR 387.303(b)(2)(c) (\$1,000,000 U.S.)
- Hazardous materials referenced in the FMCSA regulations at 49 CFR 387.303(b)(2)(b) (\$5,000,000 U.S.)

- Applicant will only operate motor vehicles having a gross vehicle weight under 10,001 pounds (4,536 kg). Applicant will transport:

- Any quantity of Divisions 1.1, 1.2 or 1.3 explosives, any quantity of poison gas (Division 2.3, Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A materials), or highway route-controlled quantity radioactive materials as defined in 49 CFR 173.455 (\$5,000,000 U.S.)
- Commodities other than those listed above (\$300,000 U.S.)

- Applicant will maintain cargo insurance (HHG motor carriers only) (\$5,000 U.S. / \$10,000 U.S.).

#### c. PROPERTY BROKER

- Applicant's surety company/financial institution will file a property broker's surety bond or trust fund agreement in the amount of \$75,000

#### d. SELF-INSURED CARRIERS/FREIGHT FORWARDERS

Applicant has received authorization from FMCSA to self-insure its:

- Bodily Injury and Property Damage (BI&PD)  Cargo liability  Both BI&PD and Cargo liability

and applicant is in full compliance with the conditions of the Agency's decision authorizing it to self-insure.  YES  NO



**e. FREIGHT FORWARDER**

- Applicant will operate as a freight forwarder only and seeks a waiver of BI&PD liability requirements by certifying that in its forwarding operations applicant: (1) will not own or operate any motor vehicles upon highways in the transportation of property; (2) will not perform transfer, collection, or delivery services; and (3) will not have motor vehicles operated under its direction and control in the performance of transfer, collection, or delivery services.
- Applicant will operate vehicles having Gross Vehicle Weight Ratings (GVWR) of 10,001 pounds or more to transport:
  - Non-hazardous commodities (\$750,000 U.S.).
  - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(c) (\$1,000,000 U.S.).
  - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(b) (\$5,000,000 U.S.).
- Applicant will operate only vehicles having Gross Vehicle Weight Ratings (GVWR) under 10,001 pounds to transport:
  - Any quantity of Classes A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity of radioactive materials (\$5,000,000 U.S.).
  - Commodities other than those listed above (\$300,000 U.S.).
- Applicant will maintain cargo insurance (HHG freight forwarders only) (\$5,000 U.S. / \$10,000 U.S.).

**f. MOTOR CARRIERS DOMICILED IN MEXICO ONLY**

Has applicant operated, or does applicant currently operate, under insurance issued by an insurance or surety company in amounts meeting FMCSA minimum financial responsibility requirements for periods of 24 hours or longer for movements in the U.S.-Mexico international border commercial zones?

- YES     NO                      See 49 CFR 387.303(b)(4)

**g. INSURANCE INFORMATION** (Proof of insurance will be mandatory before registration/operating authority registration can be finalized but this insurance information need not be completed at time of the initial MCSA-1 Form submission.)

Applicant must maintain insurance coverage for bodily injury and property damage

Please provide the following information:

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Maximum Insurance Amount \_\_\_\_\_

Policy Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Insurance Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**SELF INSURED** for \_\_\_\_\_ BI&PD and \_\_\_\_\_ Cargo or self-insured up to \_\_\_\_\_ for BI&PD and/or \_\_\_\_\_ Cargo.

**47. AFFILIATION WITH FMCSA LICENSED ENTITIES OR OTHER APPLICANTS APPLYING FOR USDOT NUMBER REGISTRATION**

Do you currently have, or have you had within the last 3 years of the date of filing this application, relationships involving common stock, common ownership, common management, common control or familial relationships with any FMCSA-regulated entities?

- YES     NO

If yes, provide the name of the company, USDOT Number, MC/FF/MX number, and the company's latest U.S. DOT safety rating. (If applicant requires more space, the online Form MCSA-1 will allow additional data fields for applicant to upload the additional information)

Applicant must indicate whether these entities are currently disqualified from operating commercial motor vehicles anywhere in the United States pursuant to section 219 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA) (Public Law 106-159, 113 Stat. 1748 (Dec. 9, 1999)).

USDOT Number	MC/FF/MX	Legal Name	DBA Name	Current Safety Rating	Revoked / Suspended

### SAFETY CERTIFICATIONS

#### 48. SAFETY CERTIFICATIONS FOR MEXICO-DOMICILED CARRIERS

<p>A. Does the applicant certify it maintains current copies or has access to all U.S. DOT Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards and if applicable the Federal Hazardous Materials Regulations (if a property carrier transporting hazardous materials), and Federal Motor Carrier Commercial Regulations, understands and will comply with such regulations, and has ensured that all company personnel are aware of these requirements.</p>	<input type="checkbox"/> Yes, I Certify
--	---

B. Individual responsible for compliance with applicable regulatory and safety requirements.

Full Name	Address (Street, City, State and Zip Code)	Position Title

D. Applicant certifies that the following tasks and measures will be fully accomplished and procedures fully implemented before it commences interstate operations in the United States:

#### I. DRIVER QUALIFICATIONS

<p>1. Does the Applicant certify it has in place a system and procedures for ensuring the continued qualification of drivers to operate safely, including a safety record for each driver, procedures for verification of proper age and licensing of each driver, and procedures for identifying drivers who are not complying with the FMCSRs (Federal Motor Carrier Safety Regulations), and a description of a retraining and educational program for poorly performing drivers?</p>	<input type="checkbox"/> Yes, I Certify
<p>2. Does the Applicant certify it has procedures in place to review drivers' employment and driving histories for at least the last 3 years, to determine whether the individual is qualified and competent to drive safely?</p>	<input type="checkbox"/> Yes, I Certify
<p>3. Does the Applicant certify it has established a program to review the records of each driver at least once every twelve (12) months and will maintain a record of the review?</p>	<input type="checkbox"/> Yes, I Certify
<p>4. Does the Applicant certify it will ensure, once operations in the United States have begun, that all of its drivers operating in the United States are at least 21 years of age and possess the appropriate licensing for the type of vehicle and commodity being transported?</p>	<input type="checkbox"/> Yes, I Certify

#### II. HOURS-OF-SERVICE

<p>1. Does the Applicant certify it has in place a record keeping system and procedures to monitor the hours-of-service performed by drivers, including procedures for continuing review of drivers' log books, and for ensuring compliance with all operations requirements?</p>	<input type="checkbox"/> Yes, I Certify
---	---



<p>2. Does the Applicant certify it has ensured that all drivers to be used in the United States are knowledgeable of the United States' hours-of-service requirements under 49 CFR Part 395, as well as the requirement for preparing daily log entries in their own handwriting for each 24-hour period?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>3. Does the Applicant certify it will ensure, once operations in the United States have begun, that its drivers operate within the hours-of-service rules and are not fatigued while on duty?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p><b>III. DRUG AND ALCOHOL</b> <i>(To be completed by motor carriers subject to drug and alcohol testing only)</i></p>	
<p>1. Does the applicant operate Commercial Motor Vehicles as defined in 49 CFR 382.107 and 49 CFR 383.5?</p>	<p>Yes      No <input type="checkbox"/>      <input type="checkbox"/></p>
<p>2. Does the Applicant certify it is familiar with the alcohol and controlled substance testing requirements of 49 CFR part 382 and 49 CFR part 40 and has in place a program for systematic testing of drivers?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p><b>IV. VEHICLES</b></p>	
<p>1. Does the Applicant certify it the carrier has established a system and procedures for inspection, repair and maintenance of its vehicles in a safe condition, and for preparation and maintenance of records of inspection, repair, and maintenance in accordance with the U.S. DOT's Federal Motor Carrier Safety Regulations and, if applicable, the Federal Hazardous Materials Regulations and the Federal Commercial Regulations?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. Does the Applicant certify it the carrier has inspected all vehicles that will be used in the United States before the beginning of such operations and has proof of the inspection on board the vehicle as required by 49 CFR 396.17?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>3. Does the Applicant certify it will ensure, once operations in the United States have begun, that all vehicles it operates in the United States were manufactured or have been retrofitted in compliance with the applicable U.S. DOT Federal Motor Vehicle Safety Standards or Canadian Motor Vehicle Safety Standards in effect at the time of manufacture?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>4. Does the Applicant certify it will ensure, once operations in the United States have begun, that all violations and defects noted on inspection reports are corrected before vehicle and drivers are permitted to enter the United States?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>5. Does the Applicant certify it will ensure that all vehicles operated in the United States are inspected at least every 90 days by a certified inspector in accordance with the requirements for a Level II Inspection under the criteria of the North American Standard Inspection, as defined in 49 CFR 350.105, once operations in the United States begin and until such time as the carrier has held permanent registration from the FMCSA for at least 36 consecutive months. After the 36-month period expires, the carrier will ensure that all vehicles operated in the United States are inspected in accordance with 49 CFR 396.17 at least once every 12 months thereafter.</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p><b>V. ACCIDENT MONITORING</b></p>	
<p>1. Does the Applicant certify that the carrier has in place a program for monitoring vehicle accidents and it maintains an accident register in accordance with 49 CFR 390.15?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. Does the Applicant certify that the carrier has established an accident countermeasures program and driver training program to reduce accidents?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p><b>VI. PRODUCTION OF RECORDS</b></p>	



<p>1. Does the Applicant certify that the carrier can and will produce records demonstrating compliance with the safety requirements within 48 hours of receipt of a request from a representative of the U.S. DOT/FMCSA or other authorized Federal or State official?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. Please upload a document stating the Full Name (First Name and Last Name), and Address of individual(s) is directed by applicant to respond to inquiries for records.</p>	<p><input type="checkbox"/> Yes</p>
<p><b>VII. HAZARDOUS MATERIALS (To be completed by motor carriers of hazardous materials only)</b></p>	
<p>1. Does the Applicant certify that the HM carrier has full knowledge of the U.S. DOT Hazardous Materials Regulations, and has established programs for the thorough training of its personnel as required under 49 CFR part 172, Subpart H and 49 CFR 177.816?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. The HM carrier has attached to this application a statement providing information concerning: (1) the names of employees responsible for ensuring compliance with HM regulations, (2) a description of their HM safety functions, and (3) a copy of the information used to provide HM training.</p>	<p><input type="checkbox"/> Yes</p>
<p>3. Does the Applicant certify that the HM carrier has established a system and procedures for filing and maintaining HM shipping documents?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>4. Does the Applicant certify that the HM carrier has a system in place to ensure that all HM trucks are marked and placarded as required by 49 CFR part 172, subparts D and F?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>5. Does the Applicant certify the carrier will register under 49 CFR part 107, subpart G, if transporting any quantity of hazardous materials requiring the vehicle to be placarded?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p><b>TO BE COMPLETED BY CARGO TANK (CT) MOTOR CARRIERS OF HAZARDOUS MATERIALS (HM):</b></p>	
<p>6. Does the Applicant certify the carrier will submit with this application, certificates of compliance for each cargo tank the company utilizes in the U.S., together with the name, qualifications, Cargo Tank (CT) Facility number, and CT Facility number registration statement of the facility it will be utilizing to conduct the test and inspections of such tanks as required by 49 CFR part 180?</p>	<p><input type="checkbox"/> Yes, I Certify</p>



### COMPLIANCE CERTIFICATIONS

**49. By signing these certifications, the certifying official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for examination of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the authority granted.**

<p>1. Does the Applicant certify it is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>2. Does the Applicant certify it is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request? Applicant understands that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>3. Does the Applicant certify it is not currently disqualified from operating commercial motor vehicles in the United States?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>4. Does the Applicant certify it understands that the agent(s) for service of process designation will be deemed the applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. § 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>5. Does the Applicant certify that the carrier is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing the application?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>6. Does the Applicant certify it has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p><i>TO BE COMPLETED ONLY BY A MEXICO-DOMICILED MOTOR CARRIER</i></p> <p>7. Does the Applicant certify it has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code?</p>	<input type="checkbox"/> Yes, I Certify

\_\_\_\_\_  
Signature

**NOTE:** All motor carriers operating within the United States, including foreign-domiciled motor carriers applying for USDOT registration by this form, must comply with all applicable 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 an OSHA State plan agency pursuant to section 18 of the Occupational Safety and Health Act of 1970. 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



## APPLICANT'S OATH

**50.** This oath applies to all supplemental filings to this application. The signature must be that of an authorized official of the applicant, not the legal representative.

I, JANE DOE, verify under penalty of perjury, under the laws of the United States of America,  
(PRINT NAME)

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 of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of 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, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862).

Signature Electronic signature recorded Title SOLE MEMBER Date 08/07/2020





**FILING FEE INFORMATION (FMCSA does NOT refund filing fees)**

**51. TYPE(S) OF FILING:**

**Motor Carrier Authority**

- Motor Carrier, Property
- Motor Carrier, Property Household Goods
- Motor Carrier, Passenger Regular Route  
(FTA Grantee: 5307, 5310, or 5311)(No Fee)
- Motor Carrier, Passenger Regular Route (Other FTA Grantee)
- Motor Carrier, Passenger Charter/Special Operations  
(FTA Grantee: 5307, 5310, or 5311)(No Fee)
- Motor Carrier, Passenger Charter/Special Operations  
(Other FTA Grantee)
- Motor Carrier, Passenger
- Motor Carrier, Property Enterprise
- Motor Carrier, Property Household Goods Enterprise
- Motor Carrier, Passenger Enterprise
- Motor Carrier, Property MX Commercial Zone
- Motor Carrier, Property Household Goods MX Commercial Zone
- Motor Carrier, Passenger MX Commercial Zone

**Broker Authority**

- Broker, Household Goods
- Broker, Property

**Freight Forwarder Authority**

- Freight Forwarder, Household Goods
- Freight Forwarder, Property

**Miscellaneous (No Fee)**

- Cargo Tank Facility Registration
- Intermodal Equipment Provider
- Motor Carrier, Interstate Private or Exempt Property
- Motor Carrier, Interstate Private or Exempt Passenger

**Hazardous Materials Safety Permit (No Fee)**

- Yes, Interstate       No, Interstate
- Yes, Intrastate       No Intrastate

**Total Fee Amount Due: \$ 300** \_\_\_\_\_

**METHOD OF PAYMENT (Check one):**

ELECTRONIC FUNDS TRANSFER (EFT)

BANK NAME: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: -----

VISA       MASTERCARD       DISCOVER       AMERICAN EXPRESS

CREDIT CARD NUMBER: -----

Print Name of the person who the credit card is issued to: \_\_\_\_\_

Date the application was completed: \_\_\_\_\_



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

Public reporting for this collection of information is estimated to be 1 hour, 20 minutes per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is 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 valid OMB Control Number for this information collection is 2126-XXXX. 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-MBI, U.S. Department of Transportation, Washington, D.C. 20590.

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# High Pursuit!

## Authority cheat sheet



**By Shawn Williamson**  
**@truck\_king85**