



Application for US DOT Number/FMCSA Authority

Company Name: _____

Officer Name: _____

Physical Address: _____

Mailing Address (if different): _____

Federal Tax ID#: _____

Phone Number: _____

Fax Number: _____

Email: _____

Commodities being transported: _____

How many owned power units: _____ leased power units: _____

How many truck tractors: _____ straight trucks: _____

How many owned trailers: _____ leased trailers: _____

How many total drivers: _____ CDL drivers: _____

Do you currently have a US DOT#? YES NO

If YES, please provide the DOT #: _____ DOT PIN: _____

Signature: ~~X~~ _____

Date: _____

 2807 Alcazar Drive, Miramar FL 33023

 www.truckassist.co

 info@truckassist.co

 800.881.7470



Application for FMCSA Authority

Scope

Please check Yes or No below:

Are you a U.S. citizen? Yes No

Do you plan to travel in Canada or Mexico under this operating authority? Yes No

Certifications

Please read carefully and initial each item to acknowledge understanding. Each item must be initialed to complete your request for operating authority.

___ - I am 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.

___ - I am 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 U.S. 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

___ - I am not currently disqualified from operating commercial motor vehicles in the U.S.

___ - I understand the agent(s) for service of process designation will be deemed the applicant's official representative(s) in the U.S. for receipt of filings and notices in administrative proceedings under 49 USC 13303, and for receipt of filings and notices issued in connection with the enforcement of any federal statutes or regulations.

___ - I am not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing this application.

___ - I certify all prior deficiencies, if any, from any prior revocation proceedings have been corrected.



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