

FMCSA APPLICATION QUESTIONNAIRE



1. LEGAL BUSINESS NAME:

2. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will not be accepted):

3. MAILING ADDRESS:

4. BUSINESS TELEPHONE NUMBER:

5. BUSINESS FAX NUMBER:

6. IRS TAX ID NUMBER /EIN:

7. FORM OF BUSINESS:

- | | |
|------------------------------------------|--------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> LLP |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust |

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

9. OPERATION CLASSIFICATION (select all that applies):

- | | | |
|---------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> For-Hire Motor Carrier: | e) Migrant Workers | <input type="checkbox"/> Cargo Tank Facility |
| a) Hazardous Materials, | | |
| b) Household Goods, | <input type="checkbox"/> Property Broker: | <input type="checkbox"/> Intermodal Equipment Provider |
| c) Exempt Commodities, | a) General Freight (except Household Goods), | |
| d) Other Non-Hazardous Freight | b) Household Goods | <input type="checkbox"/> Drive-away/Tow-away |
| <input type="checkbox"/> Private Motor Carrier: | <input type="checkbox"/> Freight Forwarder: | <input type="checkbox"/> Other |
| a) Property – Hazardous Materials, | a) General Freight (except Household Goods), | |
| b) Property – Non-Hazardous, | b) Household Goods, | |
| c) Passengers – Business, | c) Operates Vehicles, | |
| d) Passengers – Non-business, | d) Hazardous Materials | |

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

12. TYPE OF OPERATION:

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> INTERSTATE | <input type="checkbox"/> INTRASTATE |
|-------------------------------------|-------------------------------------|



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13. CARGO (Select all classifications of cargo that you transport or handle):

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> General Freight | <input type="checkbox"/> Mobile Homes |
| <input type="checkbox"/> Metal: Sheets, Coils, Rolls Motor Vehicles | <input type="checkbox"/> Motor Vehicles |
| <input type="checkbox"/> Driveway-Towaway | <input type="checkbox"/> Grain, Feed, Hay |
| <input type="checkbox"/> Logs, Poles, Beams, Lumber | <input type="checkbox"/> Coal/Coke |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Meat |
| <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Garbage, Refuse, Trash |
| <input type="checkbox"/> Machinery, Large Objects | <input type="checkbox"/> U.S. Mail |
| <input type="checkbox"/> Fresh Produce | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Liquid/Gases | <input type="checkbox"/> Commodities (Dry), In Bulk |
| <input type="checkbox"/> Intermodal | <input type="checkbox"/> Refrigerated Food |
| <input type="checkbox"/> Oil Field Equipment | <input type="checkbox"/> Beverages |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Paper Products |
| <input type="checkbox"/> Utility Service | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Farm Supplies | <input type="checkbox"/> Other |
| <input type="checkbox"/> Water Well | |

14. WILL YOU BE CARRYING HAZARDOUS MATERIALS?

- Yes No

15. WILL YOU OPERATE IN:

- Yes No
- a) CANADA
- b) MEXICO

16. NUMBER OF DRIVERS?

17. NUMBER OF TRUCKS?

17. NUMBER OF TRAILERS?



ADDITIONAL COMPANY SETUP OPTIONS:

(Please, select each option that you want us to setup for your company)

SUBMIT BOC-3 TO FMCSA

SUBMIT UNIFIED CARRIER REGISTRATION

SUBMIT FOR YOUR STATE'S LOCAL MOTOR CARRIER NUMBER (ICC MC)

CREATE CLEARINGHOUSE ACCOUNT

OPEN PSP ACCOUNT

SETUP IRP ACCOUNT

SETUP IFTA ACCOUNT

REGISTRATION FOR KENTUCKY ACCOUNT (KYU)

REGISTRATION FOR NEW MEXICO ACCOUNT

REGISTRATION FOR NEW YORK ACCOUNT

REGISTRATION FOR OREGON ACCOUNT

REGISTRATION FOR CONNECTICUT ACCOUNT

REGISTRATION FOR CALIFORNIA AIR RESOURCES ACCOUNT

CREATE EMPLOYMENT APPLICATION/POLICY FOR A COMPANY

SETUP ANNUAL DRUG & ALCOHOL RANDOM CONSORTIUM ENROLLMENT

*****all services above have additional charges, if you have any questions feel free to reach out to us*****



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize _____ **SafeMax Inc.** _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date