



Application for Freight Forwarder Authority

# INSTRUCTIONS for FORM OP-1(FF)

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\*If a sole proprietor owner/operator submits personal information for registration purposes to obtain a USDOT Number or Operating Authority, this information will be publicly available on FMCSA Web sites. This published information may include, but is not limited to, the sole proprietor owner/operator’s home address, telephone number, and e-mail address when the home contact information also serves as the business contact information.

## OVERVIEW OF OPERATING AUTHORITY

Depending upon the type of business operation (Motor Carrier, Broker, Freight Forwarder, Shipper, Vehicle Registrant, and/or Cargo Tank Facility) and what will be transported (property, hazardous materials, and/or passengers), companies may be required to register for both Interstate Operating Authority (Form OP-1 series or Form OP-2) and USDOT Number (Form MCS-150 series). The Federal Motor Carrier Safety Administration (FMCSA) enforces compliance with the Federal Motor Carrier Safety Regulations (FMCSRs) and the Hazardous Materials Regulations (HMRs), which govern safety and financial responsibility. FMCSA’s registration requirements reflect the focus on both of these concerns.

FMCSA encourages all applicants with Internet access to go to [www.fmcsa.dot.gov/registration/get-mc-number-authority-operate](http://www.fmcsa.dot.gov/registration/get-mc-number-authority-operate) and read the information about the filing process prior to starting the application. Applicants without Internet access can call FMCSA at 1-800-832-5660 for assistance.

### WHO NEEDS OPERATING AUTHORITY?

Before beginning interstate operations in the United States (U.S.), all authorized for-hire Motor Carriers of non-exempt property and passengers, Brokers, and Freight Forwarders based in the U.S. or Canada must obtain Operating Authority by submitting the appropriate form(s) in the OP-1 series. For a description of the different types of OP-1 forms and the various FMCSA requirements for obtaining Operating Authority, please see “[What Are the Steps in Getting Operating Authority?](#)” (Topic IV) in this packet.

**NOTE:**

- *Hawaii-based Motor Carriers that transport household goods, property, or passengers within a terminal area (see [49 USC Part 13504](#)) must obtain Operating Authority. Carriers that operate solely within the State of Hawaii and do not transport household goods are not required to obtain Operating Authority.*
- *Mexico-based Motor Carriers should refer to [www.fmcsa.dot.gov/mission/español](http://www.fmcsa.dot.gov/mission/español) (Spanish) or [www.fmcsa.dot.gov/safety/new-entrant-safety-assurance-program](http://www.fmcsa.dot.gov/safety/new-entrant-safety-assurance-program) (English) for more information.*

In addition to Operating Authority, some Motor Carriers of property or passengers must obtain a USDOT Number before beginning interstate operations. Please consult “What Forms Do I Need?” at [www.fmcsa.dot.gov/reg-forms](http://www.fmcsa.dot.gov/reg-forms), which specifies the required forms for both Operating Authority and USDOT Number.

## HOW TO APPLY

Applications may be submitted online or mailed to FMCSA. Compared to mailing, the online method reduces processing time by as much as 2-3 weeks, thus enabling companies to begin their operations sooner. **Remember, operations cannot begin until the certificate, permit, or license for Operating Authority has been received.** For more information, see "[What Are the Steps in Getting Operating Authority?](#)" (Topic IV) in this packet.

### APPLY ONLINE

Applying online requires the use of a valid credit card (American Express, Discover, MasterCard, or Visa). Those who do not wish to submit their credit card information online must complete the application and payment by mail (see "Apply by Mail" below).

The following tips are encouraged:

- Go to [www.fmcsa.dot.gov/registration/get-mc-number-authority-operate](http://www.fmcsa.dot.gov/registration/get-mc-number-authority-operate) and read the information about the filing process prior to starting the application.
- Utilize the form instructions during the completion of the online form. This will help to ensure that the application is completed accurately.

#### NOTE:

- *The applicant's legal name (or the authorized representative's name) must match the name and billing address of the credit card.*
- *Record the MC or FF Number that is provided after approval of the application. This number will be needed on the insurance and process agent forms that are required to complete the application process for obtaining Operating Authority (for more details, see "[What Are the Steps in Getting Operating Authority?](#)" [Topic IV] in this packet). This number may also be needed for any correspondence with the FMCSA.*

### APPLY BY MAIL

Follow the steps below:

- Applicants with Internet access are encouraged to go to [www.fmcsa.dot.gov/registration](http://www.fmcsa.dot.gov/registration) and complete the "Step-by-Step Registration Guide" in order to identify required registration forms.
- Go to [www.fmcsa.dot.gov/print-form](http://www.fmcsa.dot.gov/print-form) to download and print the appropriate form(s) and instructions. Applicants may also call FMCSA at 1-800-832-5660 to request an application packet by mail.
- Follow the instructions to complete the application form(s)
- Save a copy of the application and all supporting documents for the company's business records
- Mail the completed application form(s), any supporting documents, and payment to one of the following addresses, depending upon the type of payment (and method of mail delivery):
  - 1) **Check or Money Order** (*make payable to the FMCSA in U.S. dollars*)  
**First-Class Mail**  
Federal Motor Carrier Safety Administration  
P. O. Box 6200-33  
Portland, OR 97228-6200
  - 2) **Overnight Express Mail** (*the site street address should only be used for lockbox remittances delivered via courier*):  
U.S. Bank Government Lockbox  
Attn: Federal Motor Carrier Safety Administration 6200-33  
17650 NE Sandy Blvd.  
Portland, OR 97230
  - 3) **CreditCard** (*MasterCard or Visa only*)  
Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE  
MC-RS  
Washington, DC 20590

**NOTE:** Sending payment to the wrong address will delay application processing by 2-3 weeks.

# WHAT IS THE COST?

**Operating Authority ..... \$300.00 each**

- Form OP-1
  - 1) Motor Common Carrier of Property (except Household Goods).
  - 2) Motor Contract Carrier of Property (except Household Goods).
  - 3) Motor Common Carrier of Household Goods.
  - 4) Motor Contract Carrier of Household Goods.
  - 5) Broker of Property (except Household Goods).
  - 6) Broker of Household Goods.
  - 7) United States-based Enterprise Carrier of International Cargo (except Household Goods).
  - 8) United States-based Enterprise Carrier of International Household Goods.
- Form OP-1(P)
  - 1) Motor Common Carrier of Passengers.
  - 2) Motor Contract Carrier of Passengers.
- Form OP-1(FF)
  - 1) Freight Forwarder of Property (except Household Goods).
  - 2) Freight Forwarder of Household Goods.

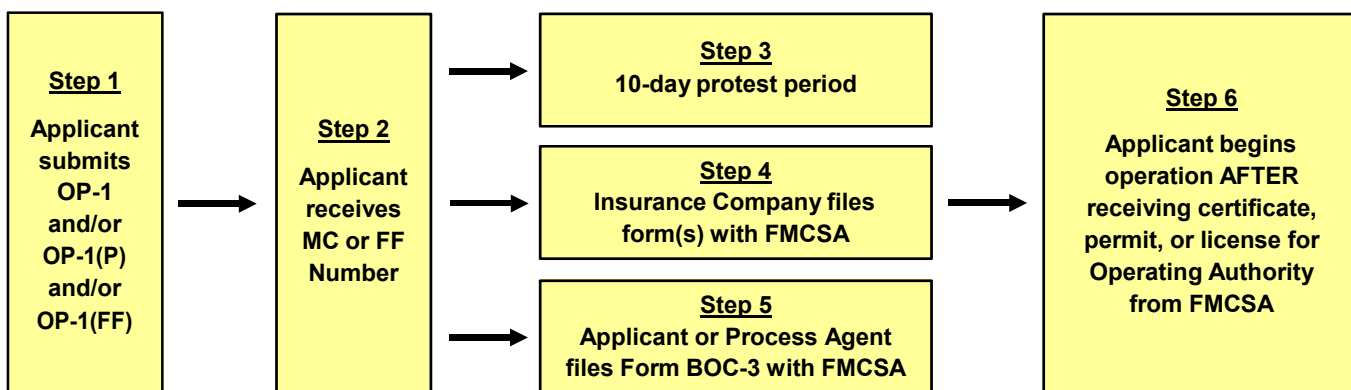
For descriptions of the different types of Operating Authority, see "[Section 2 — Type of Authority](#)" under "How to Complete the OP-1 Application for Motor Property Carrier and Broker Authority" (Topic V) in this packet.

**NOTE:**

- **REFUNDS ARE NOT PERMITTED.**
- **Each type of Operating Authority requires an additional \$300 fee.** For example, an application for both Freight Forwarder of Property and Freight Forwarder of Household Goods will require two \$300 fees for a total of \$600. Multiple fees can be combined into a single payment.
- The FMCSA reserves the right to discontinue processing any application for which insufficient payment is received.

# WHAT ARE THE STEPS IN GETTING OPERATING AUTHORITY?

For Motor Carriers, Brokers, and Freight Forwarders based in the U.S. or Canada, the Operating Authority application process includes the six steps shown below. Motor Carriers based in Hawaii or Mexico should see the [NOTE](#) in "Overview of Operating Authority" (Topic I) in this packet.



## STEP 1 — APPLICATION FOR OPERATING AUTHORITY

Motor Carriers, Brokers, and Freight Forwarders begin the Operating Authority application process by submitting one (or more) of the following forms with the appropriate application processing fee:

- OP-1 — Operating Authority for:
  - 1) Motor Carrier (common property, contract property, common household goods, or contract household goods).
  - 2) Broker (property or household goods).
  - 3) United States-based Enterprise Carrier (international cargo or international household goods).
- OP-1(P) — Operating Authority for Motor Passenger Carrier (common or contract).
- OP-1(FF) — Operating Authority for Freight Forwarder (property or household goods).

### NOTE:

- For descriptions of the different types of Operating Authority, see "[SECTION 2 — Type of Authority](#)" under "How to Complete the OP-1(FF) Application for Freight Forwarder Authority" (Topic V) in this packet.
- To identify the required form(s) for Operating Authority as well as USDOT Number, see "What Forms Do I Need?" at [www.fmcsa.dot.gov/registration/registration-forms](http://www.fmcsa.dot.gov/registration/registration-forms).

## STEP 2 — GRANT LETTER AND MC/FF NUMBER

Applicants will receive a grant letter after FMCSA processes and accepts the Operating Authority application as follows:

- If applying online, a Motor Carrier (MC) or Freight Forwarder (FF) Number will be provided immediately, and the confirmation grant letter will arrive via mail.
- If applying by mail, the grant letter should arrive via mail in approximately 4 weeks. This letter will include the MC or FF Number. Applicants have the option of checking the status of their application online. See "[Information Sources](#)" (Topic VI) in this packet for instructions.

Insurance Companies and Process Agents will use the MC or FF Number to make the appropriate filings on behalf of applicants to complete the application process for obtaining Operating Authority.

**NOTE:** Although an MC or FF Number has been assigned by FMCSA, this does not represent Operating Authority. The company may not begin to operate until it has received the corresponding certificate, permit, or license for Operating Authority described in [Step 6](#).

## STEP 3 — 10-DAY PROTEST PERIOD

At the same time the grant letter is mailed, each company's application for Operating Authority will be published in the *FMCSA Register*. This publication initiates the 10-calendar-day protest period, during which any individual can file a protest with FMCSA stating why a company should not be issued Operating Authority. FMCSA will accept protests sent by mail as long as they are postmarked by the last day of the protest period. FMCSA will provide the applicant with information on the adjudication process if any protests are filed. During this protest period, Insurance Companies and Process Agents can file the necessary documents detailed in Step 4 and Step 5 below.

To view the FMCSA Register, go to <http://li-public.fmcsa.dot.gov> and then follow the steps below:

- Read the introductory page and then click the "Continue" link.
- Select the "FMCSA Register" option in the dropdown menu and click "Go."

## STEP 4 — INSURANCE

This step can begin any time after the applicant receives an MC or FF Number (as described in Step 2 above) and is not dependent on Step 3 being completed. An Insurance Company must file the appropriate insurance form(s) on behalf of the applicant within 90 days of the date the application for Operating Authority was published in the *FMCSA Register*. Otherwise, the application for Operating Authority will be dismissed, and the application fee will not be refunded. The applicant will receive a warning letter about the 90-day deadline if FMCSA has not received the required documentation within 20 days.

### NOTE:

- Applicants may not file insurance forms on their own behalf. Therefore, FMCSA does not provide insurance forms to applicants.
- An authorized representative from the home or branch office of an Insurance Company must file the required insurance form(s) on the applicant's behalf.
- To minimize processing delays, FMCSA recommends filing forms electronically.
- It is the applicant's responsibility to follow up with the Insurance Company to verify that FMCSA has received and approved the required insurance form(s).
- Failure to promptly submit required forms and documentation will delay application processing and can result in dismissal of the application and loss of the application fee.
- Check the status of insurance filings by either accessing the FMCSA Web site (see "[Information Sources](#)" [Topic VII] in this packet for instructions) or calling FMCSA toll-free at 1-866-637-0635 or 202-385-2423 (Monday through Friday, 8 a.m. to 4:30 p.m. EST).

FMCSA requires all Freight Forwarders to maintain minimum levels of cargo insurance in the following amounts:

- \$5,000 for loss of or damage to property carried on any one motor vehicle.
- \$10,000 for loss of or damage to property occurring at any one time or place.

For proof of cargo liability insurance, an Insurance Company must file Form BMC-34 on behalf of Freight Forwarders within 90 days of the date the application for Operating Authority was published in the *FMCSA Register*.

In addition, FMCSA requires Freight Forwarders that will operate commercial motor vehicles (CMV) to maintain minimum levels of bodily injury and property damage (BI & PD) insurance and environmental restoration coverage. For proof of BI & PD insurance, an Insurance Company must file Form BMC-91 or BMC-91X with FMCSA on behalf of Freight Forwarders that will operate CMVs.

Minimum requirements for BI & PD insurance coverage vary as follows:

- Freight Forwarders of Property (excluding Household Goods) that will operate CMVs with a gross vehicle weight rating (GVWR) of 10,000 pounds or more:
  - 1) \$5,000,000 minimum liability insurance for transporting hazardous materials referenced in FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(b).
  - 2) \$1,000,000 minimum liability insurance for transporting hazardous materials referenced in FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(c).
  - 3) \$750,000 minimum liability insurance for transporting only non-hazardous commodities.
- Freight Forwarders of Property (excluding Household Goods) that will only operate CMVs with a GVWR under 10,000 pounds:
  - 1) \$5,000,000 minimum liability insurance for transporting any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity of radioactive materials as referenced in FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(d).
  - 2) \$300,000 minimum insurance for transporting only commodities not referenced above.
- Freight Forwarders of Household Goods that will operate CMVs:
  - 1) \$750,000 minimum liability insurance regardless of the GVWR of the company's vehicles.

Freight Forwarders that will not operate CMVs may request a waiver of BI & PD insurance requirements by selecting the appropriate response in Section III of the OP-1(FF) Application for Freight Forwarder Authority. To qualify for this insurance waiver, Freight Forwarders must certify that all of the following conditions are true in its forwarding operations:

- Will not own or operate any motor vehicles used on highways in the transportation of property.
- Will not perform transfer, collection, or delivery services.
- Will not have motor vehicles operated under its direction and control in the performance of transfer, collection, or delivery services.

**NOTE:**

- *Freight Forwarders that are approved for a BI & PD insurance waiver will receive an Operating Authority permit that indicates that BI & PD insurance requirements have been waived. This waiver is conditional and valid only as long as the Freight Forwarder remains in compliance with the operating conditions noted above.*
- *For questions regarding insurance requirements and waivers, contact the FMCSA Insurance Team, Office of Registration and Safety Information, at 1-866-637-0635 or 202-385-2423.*
- *FMCSA's insurance/financial regulations are available at 49 CFR 387. To view this information, go to [www.fmcsa.dot.gov/regulations/title49/part/387](http://www.fmcsa.dot.gov/regulations/title49/part/387).*

## Self-Insurance

Freight Forwarders, Motor Carriers, and U.S.-based Enterprise Carriers may qualify as a self-insurer against bodily injury, property damage, and cargo liability claims by submitting Form BMC-40 (Application for Authority to Self-Insure) and evidence to the FMCSA to demonstrate the existence of the following:

- Adequate tangible net worth that will cover any liability claims in the event of a loss.
- Sound self-insurance program.
- Adequate safety program.

FMCSA will approve an application to self-insure subject to appropriate and reasonable conditions. For more details about self-insurance, see 49 CFR 387.309 and 387.411.

## STEP 5 — PROCESS AGENT

This step can begin any time after an applicant receives its MC or FF Number as described in Step 2 above. FMCSA requires each applicant for Operating Authority to designate a Process Agent in every State in which it conducts business or maintains an office. A Process Agent is a representative upon whom court papers may be served in any legal proceeding brought against a Motor Carrier, Broker, or Freight Forwarder.

### Motor Carriers of Property and/or Passengers, and CMV-operating Freight Forwarders:

- Must designate a Process Agent in each State that they operate in or through.
- Can act as their own Process Agent in the State in which they maintain a physical office (P.O. Box address is not considered a physical office).

### Brokers and Freight Forwarders that will not operate CMVs:

- Must designate a Process Agent in each State in which they maintain an office or establish contracts.
- Can act as their own Process Agent in the State in which they maintain a physical office (P.O. Box address is not considered a physical office).

Either the applicant or Process Agent, on behalf of the applicant, can file Form BOC-3 (Designation of Process Agents) with the FMCSA. This form must be filed within 90 days of the date the application for Operating Authority was published in the *FMCSA Register*. Failure to meet this deadline will result in dismissal of the Operating Authority application and loss of the application fee. The applicant will receive a warning letter about the 90-day deadline if FMCSA has not received the required documentation within 20 days. To minimize processing delays, FMCSA recommends electronically filing Form BOC-3 at [www.fmcsa.dot.gov/documents/Form-BOC-3-508.pdf](http://www.fmcsa.dot.gov/documents/Form-BOC-3-508.pdf). For a fee, many commercial companies will arrange a Process Agent in any State. Some companies offer "blanket coverage," which designates a Process Agent in every U.S. State. For a list of Process Agent companies, visit the FMCSA Web site at [www.fmcsa.dot.gov/process-agents](http://www.fmcsa.dot.gov/process-agents). For more details about Process Agent designation, see 49 CFR 366.

## STEP 6 — CERTIFICATE, PERMIT, OR LICENSE OF OPERATING AUTHORITY

After FMCSA has approved the application, insurance, and process agent filings, and the protest period has ended without any protests, applicants are issued Operating Authority in the form of a certificate (Motor Carrier), permit (Freight Forwarder), or license (Broker). **Applicants may not begin operations until this official record of Operating Authority is received by mail.**

### State Regulations and Requirements

In addition to Federal requirements, all applicants must comply with registration, fuel tax, and other State regulations and procedures. Before beginning new or expanded interstate operations, applicants must familiarize themselves with the various State rules applicable to interstate companies in each State in which they plan to operate. Begin this process by contacting the transportation regulatory agency for the State in which the applicant is located.

# HOW TO COMPLETE THE OP-1(FF) APPLICATION FOR FREIGHT FORWARDER AUTHORITY

These instructions will assist companies in accurately completing the application. **Incomplete or incorrect applications will be delayed or suspended until the applicant has been contacted and the problems have been resolved. If an application is rejected, the application fee will not be refunded.**

### NOTE FOR APPLICATIONS THAT WILL BE MAILED:

- Please print clearly in ink or type all information.
- If more space is needed to complete any section on the application form, please attach a separate sheet of paper and label each page with the applicant's legal business name, section number on the form, and item description.
- Retain a copy of the completed application form and any supporting attachments for the company's business records.
- For additional mailing instructions, please see "[Apply by Mail](#)" under "How to Apply" (Topic II) in this packet.

## SECTION 1 — APPLICANT INFORMATION

All Freight Forwarder applicants must complete this section.

1. **FMCSA Authority** — Select the "Yes" response if either of the following conditions is true:

- Operating Authority was previously issued by the Interstate Commerce Commission (ICC), Federal Highway Administration (FHWA), Office of Motor Carrier Safety (OMCS), or Federal Motor Carrier Safety Administration (FMCSA).
- An application for Operating Authority is currently being processed by FMCSA.

If neither of the conditions above applies, select the "No" response.

If the "Yes" response is selected, indicate the MC/FF Number (for example: MC-999999), which is also called the lead docket number. To search for the MC/FF Number, follow the instructions provided under "[MC/FF Number](#)" in "Information Sources" (Topic VI in this packet).

**2. Legal Business Name** — Enter the full legal name of the business entity (i.e., corporation, sole proprietor/individual, or partnership) that owns/controls the Freight Forwarder operation. This should be the same name that appears on the incorporation certificate, partnership agreement, tax records, etc. Examples are as follows:

- **Corporation** — Enter the full legal name on the incorporation certificate. This name must include the type of corporation, such as: John Doe Inc. or John Doe LLC.
- **Sole Proprietorship/Individual** — Enter the full legal name, such as: John A. Doe.
- **Partnership** — Enter the full legal names of all partners, such as: John A. Doe and Jane B. Smith.

**NOTE:** To avoid delays in obtaining Operating Authority, the Legal Business Name on the OP-1(FF) application must match the name submitted on insurance documents, Form BOC-3 (Designation of Process Agents), and Form MCS-150 (Application for USDOT Number, which is required for Motor Carriers only).

**3. Doing Business As Name** — Leave this item blank unless the “Doing Business As” (DBA) name or “Trade” name is different from the Legal Business Name entered above. For example: enter “John’s Trucking Company” here if the business operates under this name, but John A. Doe is the Legal Business Name.

**NOTE:** It is important to spell, space, and punctuate the business name the same exact way each time it appears on an application. Any difference will be considered a different company. For example: John Jones Trucking Co., Inc.; J. Jones Trucking Co., Inc.; and John Jones Trucking are considered three separate companies.

**4-9. Principal Place of Business** — Enter the physical address of where the company is engaged in business operations related to the transportation of persons or property and where safety records are regularly maintained. This address will be used by FMCSA for on-site visits to Motor Carriers for the purpose of conducting safety audits, investigations, and other activities. A P.O. Box will not be accepted as a Principal Address.

**NOTE:** A P.O. Box may not be entered as the Principal Address on the OP-1(FF) form. Also, if applying for a USDOT Number, this Principal Address must match the Principal Address on the MCS-150 application.

**10-15. Mailing Address** — Enter the mailing address where all correspondence from FMCSA should be sent. Leave this item blank if the Mailing Address is the same as the Business Address.

**NOTE:** In order to receive pertinent FMCSA notices and verification that insurance documents have been filed on the applicant’s behalf, please notify FMCSA of Business or Mailing Address changes by one of the following methods:

- Online at [li-public.fmcsa.dot.gov/LIVIEW/PKG\\_REGISTRATION.prc\\_option](http://li-public.fmcsa.dot.gov/LIVIEW/PKG_REGISTRATION.prc_option).
- Fax information to 202-366-3477.
- Mail information in writing to 1200 New Jersey Avenue SE, MC-RS, Washington, DC 20590, Attention: Address Change. Please include Legal Business Name and MC Number (also called lead docket number).

**16-23. Representative** — If someone other than the applicant is preparing the application, provide the representative’s name, title/position or relationship to the applicant, business address, and business telephone and fax numbers. This representative will be contacted if questions concerning this application arise.

**24. USDOT Number** — Enter the USDOT Number if one has been assigned. Freight Forwarders are not required to obtain a USDOT Number unless they also operate as an interstate Motor Carrier or meet other specific conditions. For more information, please consult “What Forms Do I Need?” at [www.fmcsa.dot.gov/registration/registration-forms](http://www.fmcsa.dot.gov/registration/registration-forms) to determine whether a USDOT Number must be obtained.

To find a company’s USDOT Number, use either method below:

- Go to <http://safer.fmcsa.dot.gov>
  - 1) Then click “Licensing & Insurance” under “FMCSA Searches”
  - 2) Enter a “Legal Name” or “DBA Name” and the State in which the company headquarters are located
  - 3) Click “Search”
- Call FMCSA at 1-800-832-5660.

**NOTE:** All applicants subject to the Federal Motor Carrier Safety Regulations are required to register with the Federal Motor Carrier Safety Administration of the U.S. Department of Transportation before beginning business operations. For more information, please visit FMCSA’s Web site at [www.fmcsa.dot.gov/registration](http://www.fmcsa.dot.gov/registration) or call 1-800-832-5660.

**25-27. Form of Business** — Select **only one** category and provide the requested information:

- **Corporation** — Provide the name of the State where the corporation is incorporated.
- **Sole Proprietorship/Individual** — Provide the full legal name of the individual who is the business owner. This name should match the name entered under Legal Business Name.
- **Partnership** — Provide the full legal name of **each** partner. These names should match the names entered under Legal Business Name.

## SECTION 2 — TYPE OF OPERATING AUTHORITY

All Freight Forwarder applicants must complete this section. Check all boxes that apply. A separate \$300 fee is required for each type of Operating Authority requested.

**NOTE:** The type(s) of Operating Authority requested will impact the type and level of insurance that is required by FMCSA. Therefore, carefully select only the type(s) of Operating Authority relevant to the business. FMCSA does not refund application fees.

### 28. Type of Operating Authority Requested

In general, Freight Forwarders provide interstate transportation of property or household goods for compensation and typically do all of the following:

- Perform or provide assembly or consolidation of less-than-truckload (LTL) shipments into full-truckload shipments at origin, then disassembly and delivery of LTL shipments at destination.
- Assume responsibility for the transportation of goods from origin to destination.
- Use for-hire Motor Carriers to provide any part of the transportation.
- Take possession of the property or household goods at some point during the transportation (often at a warehouse).

FMCSA issues the following two types of interstate Operating Authority for Freight Forwarders:

- **Freight Forwarder of Property (except Household Goods)** – An individual, partnership, or corporation that arranges interstate transportation of property (excluding household goods) belonging to others.
- **Freight Forwarder of Household Goods** – An individual, partnership, or corporation that arranges interstate transportation of household goods, unaccompanied baggage, or used automobiles belonging to others. Household goods are personal items that will be used in a home. They include items moved from one household to another. They also include items shipped from a factory or store, if purchased with the intent to use in a home, and transported at the request of the householder who pays for the transportation charges.

## SECTION 3 — INSURANCE INFORMATION

All Freight Forwarder applicants must complete this section. Select **only one** of the following categories:

- Applicant will operate one or more vehicle(s) having a gross weight rating (GVWR) of 10,000 pounds or more.
- Applicant will operate only vehicles having a GVWR under 10,000 pounds.
- Applicant seeks a waiver of liability (BI & PD) insurance requirements.

### 29. Minimum Amount of Coverage Required

Applicants that select a vehicle-operating category above should then check all boxes that apply within that category.

**Freight Forwarders that will perform transfer, collection, or delivery service must maintain appropriate levels of bodily injury and property damage (BI & PD) insurance and environmental restoration coverage.** The BI & PD liability insurance coverage requirements are based upon the GVWR of vehicles that will be operated and the classification of property (including hazardous materials) that will be transported. To determine the required minimum amount of liability insurance coverage, identify the highest dollar amount in parentheses among the insurance categories that are selected. For example, if the boxes for both non-hazardous commodities (\$750,000) and hazardous materials (\$5,000,000) are checked, then the required minimum insurance coverage is \$5,000,000 (not \$5,750,000).

**Freight Forwarders that will not operate commercial motor vehicles (CMVs) may request a waiver of BI & PD insurance requirements** by selecting the appropriate response in this section of the application form and certifying that all of the following conditions are true in the Freight Forwarder's operations:

- Will not own or operate any motor vehicles used on highways in the transportation of property.
- Will not perform transfer, collection, or delivery services.
- Will not have motor vehicles operated under its direction and control in the performance of transfer, collection, or delivery services.

### NOTE:

- **All Freight Forwarders must maintain minimum levels of cargo insurance** (Form BMC-34 for cargo liability) in the amount of:
  - 1) \$5,000 for loss of or damage to property carried on any one motor vehicle.
  - 2) \$10,000 for loss of or damage to (or aggregate of losses of or damages to) property occurring at any one time and place.
- **Freight Forwarders of Household Goods that will operate CMVs must maintain \$750,000 minimum BI & PD insurance regardless of the GVWR of the company's vehicles.**
- **All Freight Forwarders require one of the following in the amount of \$75,000:**
  - 1) Broker/FF Surety Bond (Form BMC-84) must be filed by an insurance company.
  - 2) Broker/FF Trust Fund Agreement (Form BMC-85) must be filed by a financial institution. This form is available at [www.fmcsa.dot.gov/registration/registration-forms](http://www.fmcsa.dot.gov/registration/registration-forms) or by request from the FMCSA Insurance Section at 1-866-637-0635 (toll-free) or 202-385-2423.
- For more information about FMCSA's insurance regulations, see "[Step 4 — Insurance](#)" under "What Are the Steps in Getting Operating Authority?" (Topic IV) in this packet.



## SECTION 4 — HOUSEHOLD GOODS CERTIFICATION

Only those applying for Operating Authority as a Freight Forwarder of Household Goods must complete this section.

**30. Certification of Household Goods** — Select the “Yes” response only if the applicant can certify that all statements in this section are true.

## SECTION 5 — SAFETY CERTIFICATION

Only vehicle-operating Freight Forwarder applicants must complete this section. Select only one response.

**31-32. Safety Certification** — Applicants that will only operate vehicles with a GVWR under 10,000 pounds and will not transport hazardous materials are exempt from the Federal Motor Carrier Safety Regulations (FMCSRs). Skip to the paragraph with heading “Exempt Applicants,” read the corresponding statement, and select the “Yes” response in this part only if the applicant certifies that the entire statement is true.

All other applicants that will operate vehicles with a GVWR of more than 10,000 pounds must read the statements under “Applicants Subject To Federal Motor Carrier Safety Regulations.” These statements describe the activities that vehicle-operating Freight Forwarders must follow in order to comply with the FMCSRs. Select the “Yes” response in this part only if the applicant certifies that all statements are true.

## SECTION 6 — CONTROL RELATIONSHIPS

All Freight Forwarder applicants must complete this section.

**33. Control Relationships** — Read the statement and select the appropriate response. If the “Yes” response is selected, provide the requested information.

## SECTION 7 — AFFILIATIONS

Only applicants with any relationship within the past 3 years to any business entity regulated/licensed by the FMCSA, ICC, FWWA, or OMCS must complete this section.

**34. Affiliations** — Examples of an affiliation or relationship include, but are not limited to, owning another company (even a percentage of stock), providing a loan to another company, managing another company, or having a family relationship with an owner or manager of another company.

Disclose any past or current relationship within the last 3 years by providing the following:

- Description of affiliation or relationship.
- Name of the company.
- MC/FF Number.
- USDOT Number.
- Latest DOT safety rating (for more information, see “[Information Sources](#)” [Topic VI] in this packet).

## SECTION 8 — APPLICANT’S OATH

All applicants must complete this section. False certifications are subject to the penalties described in the oath.

**35. Applicant’s Oath** — Type or print the name and title of an individual authorized to sign documents on behalf of the company that is applying for Operating Authority. The authorized signer is one of the following:

- In the case of a sole proprietorship, the owner.
- In the case of a partnership, an official partner.
- In the case of a corporation, an authorized employee in the ownership structure.
- An individual with power of attorney to act on behalf of the applicant (proof of the power of attorney must be submitted with the application).

**NOTE:** If this application is not signed and dated by an authorized individual, the application will be rejected and Interstate Operating Authority will NOT be issued.

## INFORMATION SOURCES

For general information and guidance regarding applications, please visit the FMCSA Web site at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov) or call FMCSA at 1-800-832-5660.

### STATUS OF APPLICATION, INSURANCE, AND PROCESS AGENT FILINGS

To check the status, use either of the following methods after FMCSA has processed your application:

- Go to the FMCSA Web site at <http://li-public.fmcsa.dot.gov> and do the following:
  - 1) Read the introductory page and click "Continue"
  - 2) Select "Carrier Search" in the dropdown menu and click "Go"
  - 3) Follow the search instructions (for State, enter the location of the company headquarters).
- Call FMCSA's automated telephone system at 1-866-637-0635, which is available 24 hours a day, 7 days a week. Please have your MC/FF Number (also called docket number) ready if it has already been assigned (for more information, see [Step 2](#) in "What Are the Steps in Getting Operating Authority?" [Topic IV] in this packet).

### MC/FF NUMBER

To find a company's MC/FF Number, go to <http://li-public.fmcsa.dot.gov> and conduct a search as follows:

- Read the introductory page and click "Continue"
- Select "Carrier Search" in the dropdown menu and click "Go"
- Follow the search instructions (for State, enter the location of the company headquarters).

Those without Internet access can call 202-385-2423 or 1-800-832-5660 for assistance.

### USDOT NUMBER REGISTRATION

To obtain a USDOT Number, either apply online or by mail as follows:

- Apply online at [www.fmcsa.dot.gov/registration](http://www.fmcsa.dot.gov/registration), which provides a USDOT Number immediately after successful completion of the online form.
- Go to [www.fmcsa.dot.gov/print-form](http://www.fmcsa.dot.gov/print-form), print the appropriate MCS-150 form(s), and mail the completed form(s) to FMCSA. Those without Internet access can call 1-800-832-5660 for assistance.

### HAZARDOUS MATERIALS REGULATIONS

To determine whether any of the commodities you intend to transport are considered to be hazardous materials, refer to the Federal Hazardous Materials Regulations in Parts 100 through 185 of Title 49 of the Code of Federal Regulations (CFR), particularly the Hazardous Materials Table at 49 CFR 172. These regulations are available online at <https://phmsa.dot.gov/hazmat/standards-rulemaking/regulations>. Contact the FMCSA at 202-366-6121 if assistance is needed.

To obtain information about DOT hazardous material transportation registration requirements, call 202-366-4109.

### SAFETY RATING

If a safety rating has already been assigned, view your status online at <http://safer.fmcsa.dot.gov> (click "Company Snapshot") or call 1-800-832-5660.

To request a safety fitness review, please contact your local FMCSA field office. To find contact information for your local field office, either:

- Visit the FMCSA Web site at [www.fmcsa.dot.gov/mission/field-offices](http://www.fmcsa.dot.gov/mission/field-offices), or
- Call 1-800-832-5660.

Docket No. FF: _____	Fee No.: _____
Filed: _____	CC Approval No.: _____

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 2 hours 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 2126-0016. 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.



# Application for Freight Forwarder Authority

## FORM OP-1(FF)

This application is for businesses requesting Operating Authority as a freight forwarder in interstate or foreign commerce. Freight forwarders arrange transportation of goods by FMCSA-licensed carriers. Freight forwarders issue bills of lading to shippers and are responsible for the loss of or damage to the goods.

### Section 1 APPLICANT INFORMATION

1. DO YOU NOW HAVE AUTHORITY FROM OR AN APPLICATION BEING PROCESSED BY THE FMCSA, FHWA, OMCS, OR ICC? Yes No If yes, identify the MC/FF Number (or lead docket number): \_\_\_\_\_

2. LEGAL BUSINESS NAME: \_\_\_\_\_

3. DOING BUSINESS AS NAME (if different from Legal Business Name): \_\_\_\_\_

4-9. PRINCIPAL PLACE OF BUSINESS (no P.O. Box):

4. STREET ADDRESS/RTE. NUMBER	5. CITY	6. STATE/PROVINCE	7. ZIP CODE	8. TELEPHONE	9. FAX
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10-15. MAILING ADDRESS: Same as Principal Address Mailing address below:

10. STREET ADDRESS/RTE. NUMBER	11. CITY	12. STATE/PROVINCE	13. ZIP CODE	14. TELEPHONE	15. FAX
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16-23. REPRESENTATIVE (person who can respond to inquiries):

16. NAME	17. TITLE, POSITION, OR RELATIONSHIP TO APPLICANT
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18. STREET ADDRESS/RTE. NUMBER	19. CITY	20. STATE/PROVINCE	21. ZIP CODE	22. TELEPHONE	23. FAX
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24. USDOT NUMBER (if available; if not, see instructions): \_\_\_\_\_

25-27. FORM OF BUSINESS (select only one):

25. CORPORATION	State of Incorporation:	_____
26. SOLE PROPRIETORSHIP	Legal Name of Owner:	_____
27. PARTNERSHIP	Legal Name of Each Partner:	_____

## Section 2

### TYPE OF OPERATING AUTHORITY

#### 28. CHECK BOX(ES) FOR EACH TYPE OF OPERATING AUTHORITY REQUESTED

(select at least one; you must submit a filing fee of \$300 for each box checked):

- Freight Forwarder of Property (except Household Goods)
- Freight Forwarder of Household Goods

## Section 3

### INSURANCE INFORMATION

Select only one vehicle-operating category below; within that category, check all boxes that apply.

#### 29. FREIGHT FORWARDERS THAT PERFORM TRANSFER, COLLECTION, AND DELIVERY SERVICE MUST MAINTAIN APPROPRIATE LEVELS OF BODILY INJURY AND PROPERTY DAMAGE (BI & PD) INSURANCE AND ENVIRONMENTAL RESTORATION COVERAGE. THE AMOUNTS IN PARENTHESES REPRESENT THE MINIMUM AMOUNT OF BI & PD LIABILITY INSURANCE COVERAGE THAT COMPANIES MUST MAINTAIN AND HAVE ON FILE WITH THE FMCSA.

(All freight forwarders must maintain minimum levels of cargo insurance. See the instructions for more details.)

Applicant will operate one or more vehicle(s) having a gross vehicle weight rating (GVWR) of 10,000 pounds or more to transport:

- Non-hazardous commodities (\$750,000)
- Hazardous materials referenced in FMCSA's insurance regulations at [49 CFR 387.303\(b\)\(2\)\(c\)](#) (\$1,000,000)
- Hazardous materials referenced in FMCSA's insurance regulations at [49 CFR 387.303\(b\)\(2\)\(b\)](#) (\$5,000,000)

Applicant will operate **only** vehicles having a gross vehicle weight rating (GVWR) under 10,000 pounds to transport:

- Any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantities of radioactive materials (\$5,000,000)
- Commodities other than those listed above (\$300,000)

Applicant seeks a waiver of liability (BI & PD) insurance requirements and certifies that in its forwarding operations it:

- (1) will not own or operate any motor vehicles upon the 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.

## Section 4

### HOUSEHOLD GOODS CERTIFICATION

#### 30. FREIGHT FORWARDER OF HOUSEHOLD GOODS APPLICANTS MUST CERTIFY AS FOLLOWS:

Applicant is fit, willing, and able to provide household goods freight-forwarding operations and to comply with all pertinent statutory and regulatory requirements. This assessment of fitness includes applicant's general familiarity with former ICC, FHWA, or OMCS, now FMCSA regulations for household goods movements. The proposed operations will be consistent with the public interest and the transportation policy of [49 USC 13101](#) and applicant will offer arbitration as a means of settling loss and damage disputes on collect-on-delivery shipments.

YES

## Section 5

### SAFETY CERTIFICATION

**For vehicle-operating applicants only.** (Select only one.)

#### 31. 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 USDOT's Federal Motor Carrier Safety Regulations (FMCSRs) 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 USDOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials, and 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 FMCSRs.
- (2) Can produce a copy of the FMCSRs 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 391](#)).
- (6) Has in place policies and procedures consistent with USDOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance ([49 CFR 392, 395, and 396](#)).
- (7) Is familiar with, and will have in place on the appropriate effective date, a system for complying with USDOT regulations governing alcohol and controlled substances testing requirements ([49 CFR 382 and 40](#)).

YES

#### 32. EXEMPT APPLICANTS

If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from FMCSRs, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

YES

## Section 6

### CONTROL RELATIONSHIPS

#### 33. APPLICANT IS ENGAGED PRINCIPALLY IN THE BUSINESS OF MANUFACTURING, BUYING, OR SELLING ARTICLES AND COMMODITIES, OR IS IN CONTROL OF, OR CONTROLLED BY, OR UNDER COMMON CONTROL WITH ANY SUCH ENTITY.

YES

If "Yes," describe the relationship and indicate to what extent the involved entity engaged in manufacturing, buying, or selling commodities uses the services of freight forwarders. If applicant itself is engaged in manufacturing, buying, or selling as described above, indicate to what extent it performs its own forwarding operations in conjunction with the assembly, consolidation, and shipment of the commodities it manufactures, buys, or sells.

## Section 7

### AFFILIATIONS

**34. DISCLOSE ANY RELATIONSHIP YOU HAVE OR HAVE HAD WITH ANY OTHER FMCSA-REGULATED ENTITY (INCLUDING ENTITIES LICENSED BY THE FHWA, OMCS, OR ICC) WITHIN THE PAST 3 YEARS.**

*(Examples include, but are not limited to, a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC/FF Number, USDOT Number, and that company's latest DOT safety rating. If you require more space, attach the information to this application form.)*

**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.

## Section 8

### APPLICANT'S OATH

**35. THIS OATH APPLIES TO ALL SUPPLEMENTAL FILINGS TO THIS APPLICATION.**

*(The signature must be that of the applicant, not a legal representative. Print name in the first blank space.)*

I, \_\_\_\_\_, verify under penalty of perjury, under the laws of the United States of America, that  
*(please type or print name)*  
 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 USC 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 USC 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 USC 862](#)).

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(please type or print)*

## PAYMENT INSTRUCTIONS

**EACH TYPE OF OPERATING AUTHORITY REQUESTED IN SECTION 2 OF THE APPLICATION FORM REQUIRES A \$300 PROCESSING FEE. THIS FEE IS NON-REFUNDABLE.**

**Calculate the total amount due as follows:**

\_\_\_\_\_ × \$300 = \_\_\_\_\_  
*Number of boxes checked in Section 2* *Total payment due*

### Select payment method:

CHECK OR MONEY ORDER — Make payable to FMCSA in United States currency. *Payment must be drawn upon funds deposited in a bank located in the United States.*

CREDIT CARD — Complete the **Credit Card Payment Authorization** below.

#### Credit Card Payment Authorization

Select Credit Card:  VISA  MasterCard Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (exactly as it appears on card): \_\_\_\_\_ Payment Amount: \_\_\_\_\_

#### Credit Card Billing Address

Street Name and Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Payment Date: \_\_\_\_\_

## MAILING INSTRUCTIONS

*(To apply online, please see "[How to Apply](#)" [Topic II] in the Instructions.)*

**(1) Save a copy of the completed application form(s), all supporting documents (if any), and payment details for the company's business records.**

**(2) Depending upon the type of payment and method of mail delivery, send the completed application form(s), any supporting documents, and payment to one of the following addresses:**

#### Check or Money Order:

Standard First-Class Mail  
 Federal Motor Carrier Safety Administration  
 P. O. Box 6200-33  
 Portland, OR 97228-6200

#### Credit Card:

Federal Motor Carrier Safety  
 Administration 1200 New Jersey Avenue SE,  
 MC-RS, Room W65-206  
 Washington, DC 20590

#### Express Mail Only:

U.S. Bank Government Lockbox  
 Attn: Federal Motor Carrier Safety Administration 6200-33  
 17650 NE Sandy Blvd.  
 Portland, OR 97230

**NOTE:** Sending payment to the wrong address will delay application processing by 2-3 weeks.