



United States Department of Transportation  
**Federal Motor Carrier Safety Administration**

FMCSA Office of Registration and Safety Information

Cargo Tank Facility Aid

# CARGO TANK FACILITY REGISTRATION INSTRUCTIONS

**NOTE:** If you are not a resident of the United States but are required by §105.40 to designate a permanent resident of the United States to act as your agent and receive documents on your behalf, you must prepare a designation and file it with us.

## WHO MUST FILE

This form must be filed electronically by all for-hire motor carriers and private motor carriers operating commercial motor vehicles (CMVs), brokers, freight forwarders, hazardous materials safety permit applicants, cargo tank facilities, and intermodal equipment providers operating in interstate or foreign commerce. A new applicant must file the Form MCSA-1 before beginning operations. In addition, all for-hire motor carriers, brokers and freight forwarders must file this form electronically to notify the Agency of a transfer of operating authority registration and provide a copy of the operating authority registration being transferred. All supplemental documents should be scanned and uploaded as appropriate. A transferee of operating authority registration must complete the entire Form MCSA-1 to obtain a USDOT Number if it does not currently have one. All entities must use this form to update their information as required.

## REASONS TO FILE

**New registration** — to register for the first time.

**Renew or Update**

## HOW TO FILE

Registration requires submission of a Registration statement, as required by [49 CFR, part 107, subpart F](#), must be in English, contain all of the information required by this subpart, and be submitted to: FMCSA Hazardous Materials Division—MC-ECH, West Building, 1200 New Jersey Avenue, SE, Washington, DC 20590; you may upload documents at <https://ask.fmcsa.dot.gov/app/ask> or you may fax documents to: (202) 366-3477

## COST TO FILE

At this time there is no fee for Cargo Tank Facility registrations.

## TELEPHONE ASSISTANCE

For additional assistance, or to obtain information regarding the status of an application, consult the FMCSA Web site ([www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)), call FMCSA Support Services at (800) 832-5660, or contact FMCSA Headquarters or State Division offices (see "Contacting Us" on the FMCSA Web site).

# INSTRUCTIONS

- These instructions will assist applicants in completing the Cargo Tank Facility Registration Aid that does not include all of the required information or contains incorrect information will be rejected by FMCSA.
- The application must be completed in English.
- Applicants should print and retain a copy of the completed Aid and the instructions for their records.

## Section

# A

## BUSINESS DESCRIPTION

(To be completed by all, except for those only providing notification of transfers of operating authority registration)

### 1. LEGAL BUSINESS NAME

**This is a required field.**

Provide applicant's full legal business name—the name of the sole proprietor or partnership, the name of the limited liability company as it appears on the articles of organization, or the complete corporate name as it appears on the incorporation certificate. It is important to spell, punctuate and space accurately the words forming the name of the registered entity. For example, FMCSA regards each of the following as a separate entity: John Jones; Harry L. Jones & John Jones; John Jones Trucking, Inc.

### 2. DOING BUSINESS AS NAME

**This is a required field** (if different from Legal Business Name).

If the applicant uses a trade name that differs from its legal business name as shown in section 1, that name should be entered here. Only one trade name, however, is permitted. For example: If the applicant is "John Jones," doing business as "Quick Way Trucking," "John Jones" should be entered as the Legal Business Name, and "Quick Way Trucking" should be entered as the Doing Business As Name. If the applicant does not have a trade name, leave this item blank.

### 3. PRINCIPAL ADDRESS

**This is a required field.**

Enter the principal address where the company is physically located and 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 entities it regulates for the purpose of conducting safety audits, investigations, and other activities. A P.O. Box will not be accepted by FMCSA as a principal address. The principal place of business address is where all records must be kept and be made available for inspection upon request by an authorized representative of the FMCSA. A terminal address may be used here as long as it meets the principal place of business definition. Use the two-letter postal abbreviation for the State or the abbreviation of the Canadian Province/Territory. If the applicant is domiciled in Mexico, enter the "Colonia" or "Barrio" where the principal place of business is located.

### 4. MAILING ADDRESS

**This is a required field** (if different from Principal Address).

If the applicant receives mail at an address other than the principal place of business address given, please provide it here. This address may be either a street name and number or a P.O. Box. If the applicant's mailing address is the same as its principal place of business address, check the box marked "Same as Principal Address" and leave the mailing address blank.

**NOTE:** A registration must be renewed every six years or within thirty days of reissuance of an ASME or National Board Certification, whichever occurs first, by submitting an up-to-date registration statement containing the information prescribed by §107.503. A registrant shall provide written notification to the Department within thirty days of any of the following occurrences: (1) Any change in the registration information submitted under §107.503; (2) Replacement of the person responsible for compliance with the requirements in §107.503(a); (3) Loss of ASME or National Board Certificate of Authorization; or (4) A change in function; such as, from assembly to manufacture, an addition of a function, or a change to the types of inspections, tests or certifications of cargo tanks or cargo tank motor vehicles.

### 5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS

The applicant should indicate the country in which its principal place of business is located. Check the appropriate box and include the RFC (Registro Federal de Contribuyentes or Federal Taxpayer Registration) number for a company in Mexico or NSC (National Safety Code) number(s) for a company in Canada, as applicable. If applicants have more than one NSC number, you will need to scan and upload the additional information when you file your application.

**6. PRINCIPAL BUSINESS TELEPHONE NUMBER**

**This is a required field.**

Enter the telephone number, including area code, of the principal place of business. Please include the country code if the applicant is not domiciled in the United States.

**7. PRINCIPAL BUSINESS FAX NUMBER**

Enter the fax number, including area code, of the principal place of business. Please include the applicant's country code if the applicant is not domiciled in the United States.

**8. PRINCIPAL BUSINESS CELL PHONE NUMBER**

Enter the cell phone number, including area code, of the principal place of business. Please include the applicant's country code if the applicant is not domiciled in the United States.

**9. USDOT NUMBER**

Entities that already have been issued a USDOT Number must provide it. Applicants that have not obtained a USDOT Number will be issued one after completion of the registration process. Applicants must obtain an active USDOT Number before beginning operations.

**10. IRS TAX ID NUMBER\***

Enter the employer identification number (EIN) assigned to the company by the Internal Revenue Service.

*\* Sole proprietor owner/operators who do not have an EIN may submit their Social Security Number (SSN) instead of the EIN but are encouraged to obtain an EIN rather than using an SSN to register for a USDOT Number.*

**11. DUN AND BRADSTREET NUMBER/UNIQUE ENTITY IDENTIFICATION NUMBER**

Enter the business number issued to the applicant by Dun & Bradstreet, if known. If a Unique Entity Identification (UEI) number has been issued to the applicant by the System for Award Management ([SAM.gov](https://sam.gov)), please enter that.

**Section  
B****CARGO TANK FACILITY REGISTRATION INSTRUCTIONS**

*(To be completed by applicants registering as cargo tank facilities under 49 CFR part 107, subpart F)*

**Cargo Tank Facility**—An entity that: (1) manufactures, repairs, inspects, tests, qualifies, or maintains a cargo tank to ensure that the cargo tank conforms to 49 CFR part 178, subpart J, and 49 CFR part 180, subpart E; (2) alters the certificate of construction of cargo tank; (3) ensures the continuing qualification of a cargo tank by performing a function prescribed in 49 CFR part 178 or 180; or (4) makes any representation indicating compliance with one or more of the requirements of 49 CFR part 178 or 180.

A Cargo Tank (CT) Number is required for a company that engages in the manufacture, assembly, inspection, testing, certification (Design Certifying Engineer) or repair of a cargo tank or of a cargo tank motor vehicle.

FMCSA will assign a single USDOT Number to the registering company and a unique CT Number for each cargo tank facility registered. All assigned CT Numbers will be associated with the USDOT Number assigned to your company.

**12. CARGO TANK FACILITY NAME**

**This is a required field.**

Enter the facility name.

**13. CARGO TANK FACILITY ADDRESS**

If the cargo tank facility's physical address is not the same as the operating company's principal business address (item #3), check the box marked "Yes" and enter the cargo facility address in the fields provided.

#### 14. CARGO TANK FACILITY FUNCTIONS

For each cargo tank facility being registered, please provide the following information:

**Functions:** Check the box corresponding to the description of the specific function to be performed on cargo tanks or cargo tank motor vehicles. At least one function must be selected.

**Exemptions/Special Permits:** For each function checked, list all corresponding exemptions or special permits issued by the Department of Transportation pursuant to 49 U.S.C. 5117 (if applicable). This information is not required for the "Component Manufacture" function.

**Vehicles.** For each function checked, check all boxes corresponding to the types of DOT specification and special permit cargo tanks or cargo tank motor vehicles which the registrant intends to manufacture, assemble, repair, inspect, test or certify. For example, if you will perform "External Visual Inspections," check all vehicle types indicated in the corresponding row on which that function will be performed. This information is not required for the "Component Manufacture" function.

#### 15. MOBILE TESTING INFORMATION

Check the appropriate box indicating whether the facility uses mobile testing/inspection equipment to perform inspections, tests, or repairs at a location other than the address listed in section A of this application.

#### 16. PROCESS AGENT

If the registrant is not a resident of the United States, list the name and address of a permanent resident of the United States designated in accordance with 49 CFR 105.40 to serve as an agent for service of process. A post office box is not a valid address for a process agent.

#### 17. RESPONSIBLE PERSON AT FACILITY LOCATION

Provide the title, first and last name, phone number, fax number and e-mail address for the person at the facility location responsible for compliance with the applicable requirements of chapter 1, title 49 Code of Federal Regulations.

#### 18. EMPLOYEE DESIGN CERTIFIED ENGINEERS/REGISTERED INSPECTORS

Provide the name and type for each registered inspector or design certified engineer employed by the company to conduct certification, inspection, or testing functions, if applicable. Click "Attach File" to add additional names if necessary.

#### 19. NON-EMPLOYEE DESIGN CERTIFIED ENGINEERS/REGISTERED INSPECTORS

If the registrant engages nonemployees to perform certification, inspection or testing functions, provide the name and type for each person performing such functions. Click "Attach File" to add additional names if necessary.

#### 20. STAMP

**For each person who manufactures a cargo tank or cargo tank motor vehicle,** provide the certification number, authorization date and expiration date of the manufacturer's current American Society of Mechanical Engineers (ASME) Certificate of Authorization for the use of the ASME "U" Stamp.

**For each person who repairs a cargo tank or cargo tank motor vehicle,** provide the certification number, authorization date and expiration date of the repair facility's current National Board Inspection Code (NBIC) Certificate of Authorization for the use of the "R" stamp or ASME Certificate of Authorization for the use of the ASME "T" Stamp.

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2126-0051. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



United States Department of Transportation  
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Cargo Tank Facility Aid

# CARGO TANK FACILITY REGISTRATION FORM

**NEW REGISTRATION** *(first time registering)*

**RENEW OR UPDATE**

## Section A

### BUSINESS DESCRIPTION

1. LEGAL BUSINESS NAME

2. DOING BUSINESS AS NAME

3a. PRINCIPAL STREET ADDRESS/ROUTE NUMBER

3b. CITY

3c. STATE/PROVINCE

3d. ZIP CODE

3e. COLONIA *(Mexico only)*

3f. FOREIGN COUNTRY

*Mailing Address is the same as Principal Address*

4a. MAILING STREET ADDRESS/ROUTE NUMBER/PO BOX NUMBER

4b. CITY

4c. STATE/PROVINCE

4d. ZIP CODE

4e. COLONIA *(Mexico only)*

4f. FOREIGN COUNTRY

5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS

United States

Canada

\_\_\_\_\_ *Canadian NSC Number*

Mexico

\_\_\_\_\_ *Mexican RFC Number*

Other Country

\_\_\_\_\_ *Enter country here*

6. PRINCIPAL BUSINESS TELEPHONE  
NUMBER *(required)*

7. PRINCIPAL BUSINESS FAX NUMBER  
*(optional)*

8. PRINCIPAL BUSINESS CELL PHONE  
NUMBER *(optional)*

9. USDOT NUMBER *(if applicable)*

10. IRS TAX ID NUMBER *(EIN)*

11. DUNS NUMBER

**Section  
B**

**CARGO TANK FACILITY**

12. CARGO TANK FACILITY NAME

Is the cargo tank facility physical address different from the principal place of business address? Yes No  
 If the answer is "Yes", please provide the cargo tank facility physical address below:

13. STREET 13. CITY 13. STATE/PROVINCE  
 13. ZIP CODE 13. COLONIA (Mexico only) 13. FOREIGN COUNTRY

**14. CARGO TANK FACILITY FUNCTIONS**

| Functions                  | Exemptions/Special Permits | Vehicles |       |       |       |        |        |
|----------------------------|----------------------------|----------|-------|-------|-------|--------|--------|
| External Visual Inspection |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Internal Visual Inspection |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Leakage Test               |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Lining Inspection          |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Thickness Test             |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Pressure Test              |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Manufacturer               |                            |          |       |       |       | MC331  | DOT407 |
|                            |                            |          |       |       |       | MC338  | DOT412 |
|                            |                            |          |       |       |       | DOT406 |        |
| Assembly                   |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Repair (ASME)              |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Repair (non-ASME)          |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|                            |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|                            |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |

**14. CARGO TANK FACILITY FUNCTIONS** *(continued)*

| Functions                                    | Exemptions/Special Permits | Vehicles |       |       |       |        |        |
|--|----------------------------|----------|-------|-------|-------|--------|--------|
| Certification<br>(Design Certified Engineer) |                            | MC300    | MC303 | MC306 | MC311 | MC331  | DOT407 |
|  |                            | MC301    | MC304 | MC307 | MC312 | MC338  | DOT412 |
|  |                            | MC302    | MC305 | MC310 | MC330 | DOT406 |        |
| Component Manufacturer                       |                            |          |       |       |       |        |        |

**15. MOBILE TESTING INFORMATION**

Where do you use testing/inspection equipment? *(select one)*      Fixed Facility      Mobile      Both

**16. PROCESS AGENT** *(if applicable)*

NAME \_\_\_\_\_ STREET ADDRESS *(no P.O. box)* \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**17. RESPONSIBLE PERSON AT FACILITY LOCATION**

TITLE \_\_\_\_\_ NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**18. EMPLOYEE DESIGN CERTIFIED ENGINEERS/REGISTERED INSPECTORS**

Does the registrant 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  
*If yes, indicate the name and title of the engineer/inspector below. Use the "Attach File" button to add more names if needed.*

NAME \_\_\_\_\_  
 TYPE *(select one)*:      Design Certified Engineer      Registered Inspector      Authorized Inspector  
                                  Certified Individual      Qualified Inspector

**19. NON-EMPLOYEE DESIGN CERTIFIED ENGINEERS/REGISTERED INSPECTORS**

Does the registrant 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  
*If yes, indicate the name and title of the engineer/inspector below. Use the "Attach File" button to add more names if needed.*

NAME \_\_\_\_\_  
 TYPE *(select one)*:      Design Certified Engineer      Registered Inspector      Authorized Inspector  
                                  Certified Individual      Qualified Inspector

**20. STAMPS**

**ASME "U" stamp certification** *(for manufactured cargo tanks or cargo tank motor vehicles):*

\_\_\_\_\_  
 CERTIFICATION NUMBER      AUTHORIZATION DATE      EXPIRATION DATE

**NBIC "R" stamp and/or AMSE "T" stamp certification** *(for repaired cargo tanks or cargo tank motor vehicles):*

\_\_\_\_\_  
 CERTIFICATION NUMBER      AUTHORIZATION DATE      EXPIRATION DATE

\_\_\_\_\_  
 CERTIFICATION NUMBER      AUTHORIZATION DATE      EXPIRATION DATE

Section

C

**CERTIFICATION**

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

\_\_\_\_\_  
CERTIFYING NAME

\_\_\_\_\_  
CERTIFYING SIGNATURE

\_\_\_\_\_  
CERTIFYING TITLE

\_\_\_\_\_  
CERTIFYING E-MAIL

\_\_\_\_\_  
CERTIFICATION DATE