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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

INTERMODAL EQUIPMENT PROVIDER IDENTIFICATION REPORT
(Application for U.S. DOT Number)

REASON FOR FILING (Check Only One)

NEW APPLICATION

BIENNIAL UPDATE OR CHANGES

OUT OF BUSINESS NOTIFICATION

1. NAME OF INTERMODAL EQUIPMENT PROVIDER				2. TRADE OR D.B.A (DOING BUSINESS AS) NAME			
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER		4. CITY		5. MAILING ADDRESS (PO BOX)		6. MAILING CITY	
7. STATE/PROVINCE	8. ZIP CODE+4	9. COLONIA (MEXICO ONLY)		10. STATE/PROVINCE	11. ZIP CODE+4	12. COLONIA (MEXICO ONLY)	
13. PRINCIPAL BUSINESS PHONE NUMBER			14. PRINCIPAL CONTACT CELLULAR PHONE NUMBER			15. PRINCIPAL BUSINESS FAX NUMBER	
16. HAVE YOU EVER BEEN ISSUED A U.S. DOT NUMBER BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? YES _____ NO _____ If Yes, enter your U.S. DOT Number _____							
17. DUN & BRADSTREET NO.			18. IRS/TAX ID NO. EIN# SSN#			19. EMAIL ADDRESS	
20. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S. (TRAILER CHASSIS ONLY)							
OWNED							
LEASED							
SERVICED							
21. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)							
1. _____ <i>(Please print Name)</i>				2. _____ <i>(Please print Name)</i>			
22. CERTIFICATION STATEMENT (to be completed by an authorized official)							
I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous materials Regulations <i>(Please print Name)</i> 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 _____ <i>(Please print)</i>	