

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.

VI. Information Sources

For general information and guidance regarding applications, please visit the FMCSA Web site at <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 toll-free at 1-866-637-0635. 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:

- 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)

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 <http://www.fmcsa.dot.gov/online-registration>, which provides a USDOT Number immediately after successful completion of the online form.
- Go to <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 should call 1-800-832-5660 to request forms by mail.

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 Part 172. These

regulations are available online at <http://hazmat.dot.gov/regs/rules.htm>. 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://www.fmcsa.dot.gov> (click “Company Safety 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 <http://www.fmcsa.dot.gov/field-office>
- Call 1-800-832-5660



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 2126-0016. It is estimated that an average of 2 burden hours per response is required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Federal Motor Carrier Safety Administration, Systems Operations Team, 1200 New Jersey Avenue SE, Washington, DC 20590.

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

FORM OP-1(FF) APPLICATION FOR FREIGHT FORWARDER AUTHORITY

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.

FOR FMCSA USE ONLY	
Docket No. FF-	Fee No.
Filed	CC Approval No.

SECTION I Applicant Information

Do you now have operating 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): _____

LEGAL BUSINESS NAME	DOING BUSINESS AS NAME <i>(If different from Legal Business Name)</i>
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BUSINESS ADDRESS

Physical Street Name and Number <i>(No P.O. Box)</i>	City	State	Zip Code	Telephone Number
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MAILING ADDRESS *(If different from Business Address above)*

Street Name and Number	City	State	Zip Code
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REPRESENTATIVE *(Person who can respond to inquiries)*

Name	Title, Position, or Relationship to Applicant			
Street Name and Number	City	State	Zip Code	
Telephone Number	Fax Number			

USDOT NUMBER *(If available; if not, see instructions)*

FORM OF BUSINESS *(Select only one)*

Corporation	State of Incorporation _____
Sole Proprietorship	Legal Name of Owner _____
Partnership	Legal Name of Each Partner _____ <i>(separate names with a comma)</i>

SECTION II Type of Operating Authority

Check box(es) for each type of Operating Authority requested. **You must submit a filing fee of \$300.00 for each box checked.**

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

SECTION III Insurance Information

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 dollar amounts in parentheses represent the minimum amount of BI & PD liability insurance coverage that companies must maintain and have on file with the FMCSA. **NOTE:** All freight forwarders must maintain minimum levels of cargo insurance. See the instructions for more details.

Select only one category below. Within each vehicle-operating category, check all boxes that apply.

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 the FMCSA's insurance regulations at 49 CFR § 387.303(b)(2)(c) (\$1,000,000)

Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR § 387.303(b)(2)(b) (\$5,000,000)

Applicant will operate only vehicles having gross vehicle weight ratings (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 quantity 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 IV Certification of Household Goods

All applicants for operating authority as a **Freight Forwarder of Household Goods** (in Section II of this application) 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, OMCS, now FMCSA regulations for household goods movements. The proposed operations will be consistent with the public interest and the transportation policy of 49 U.S.C. 10101 and applicant will offer arbitration as a means of settling loss and damage disputes on collect-on-delivery shipments.

YES

NO

SECTION V Safety Certification (for vehicle-operating freight forwarder applicants only)**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 U.S. DOT'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 U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it 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 Part 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395, and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

YES

NO

EXEMPT APPLICANTS

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

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

YES

NO

SECTION VI Control Relationships

Applicant is engaged principally in the business of manufacturing, buying, or selling articles and commodities, or is in control of, controlled by, or under common control with any such entity.

YES **NO**

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 VII Affiliations

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.

SECTION VIII Applicant's Oath

This oath applies to all supplemental filings to this application. The signature must be that of the applicant, not the legal representative.

I, _____, verify under penalty of perjury, under the laws of the United States of America,
(Print Name)

that 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 U.S.C. 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 U.S.C. 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 U.S.C. 862).

Signature _____ Title _____ Date _____

Form OP-1(FF)

Payment Instructions

- 1) Each type of operating authority requested in Section II of the application form requires a \$300 processing fee.

Calculate the total amount due as follows:

$$\begin{array}{c} \underline{\hspace{2cm}} \\ \text{(Enter total number of boxes} \\ \text{checked in Section II)} \end{array} \times \$300 = \$ \begin{array}{c} \underline{\hspace{2cm}} \\ \text{(Enter total payment amount)} \end{array}$$

- 2) Select payment method:

Check or Money Order - Make payable to **FMCSA** in United States (U.S.) dollars.
Payment must be drawn upon funds deposited in a bank located in the U.S.

Credit Card - Complete the **Credit Card Payment Authorization** below.

Credit Card Payment Authorization		
Select Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Total Payment Amount
Credit Card Number	Expiration Date	
Name (exactly as it appears on credit card)		
Credit Card Billing Address		
Street Name and Number		
City	State	Zip Code
Signature		Date

Mailing Instructions (To apply online, please see "How to Apply" (Topic II) in this packet.)

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

- **Check or Money Order**

- **First-Class Mail**

Federal Motor Carrier Safety Administration
P.O. Box 530226
Atlanta, GA 30353-0226

- **Express Mail**

Bank of America
Lockbox #530226
1075 Loop Road
Atlanta, GA 30337

- **Credit Card**

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, MC-RIO
Washington, DC 20590