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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 20 minutes (and 7.5 minutes for the biennial updates) 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 2126-0013. 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.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Motor Carrier Identification Report

(Application for USDOT Number)

FORM MCS-150

REASON FOR FILING (select only one):

- ☐ New Application ☐ Biennial Update or Changes ☐ Out of Business Notification
☐ Reapplication (after revocation of new entrant) ☐ Reactivate

1. LEGAL BUSINESS NAME: _____

2. DOING BUSINESS AS NAME (if different from Legal Business Name): _____

3-7. PRINCIPAL PLACE OF BUSINESS (see [49 CFR 390.5T](#)):

3. STREET ADDRESS/ROUTE NUMBER 4. CITY 5. STATE/PROVINCE 6. ZIP CODE 7. COLONIA (Mexico only)

8-12. MAILING ADDRESS: ☐ Same as Principal Address ☐ Mailing address below:

8. STREET ADDRESS/ROUTE NUMBER 9. CITY 10. STATE/PROVINCE 11. ZIP CODE 12. COLONIA (Mexico only)

13-15. CONTACT NUMBERS:

13. PRINCIPAL BUSINESS PHONE NUMBER 14. PRINCIPAL CONTACT CELL PHONE NUMBER 15. PRINCIPAL BUSINESS FAX NUMBER

16-19. IDENTIFICATION NUMBERS:

16. USDOT NUMBER 17. MC or MX NUMBER 18. DUN & BRADSTREET NUMBER 19. IRS/TAX ID NUMBER
(see instructions before completing this section)

20. E-MAIL ADDRESS: _____

21. CARRIER MILEAGE (to nearest 10,000 miles for the previous 12 months): _____

22. COMPANY OPERATIONS (check all that apply):

- ☐ A. Interstate Carrier ☐ B. Intrastate Hazmat Carrier ☐ C. Intrastate Non-Hazmat Carrier ☐ D. Interstate Hazmat Shipper ☐ E. Intrastate Hazmat Shipper

23. OPERATION CLASSIFICATIONS (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> A. Authorized For-Hire | <input type="checkbox"/> D. Private Motor Carrier of Passengers (Business) | <input type="checkbox"/> F. Migrant | <input type="checkbox"/> I. State Government |
| <input type="checkbox"/> B. Exempt For-Hire | <input type="checkbox"/> E. Private Motor Carrier of Passengers (Non-Business) | <input type="checkbox"/> G. U.S. Mail | <input type="checkbox"/> J. Local Government |
| <input type="checkbox"/> C. Private Property | | <input type="checkbox"/> H. Federal Government | <input type="checkbox"/> K. Indian Tribe |

24. CARGO CLASSIFICATIONS (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> A. General Freight | <input type="checkbox"/> I. Machinery, Large Objects | <input type="checkbox"/> Q. Coal/Coke | <input type="checkbox"/> Y. Paper Product |
| <input type="checkbox"/> B. Household Goods | <input type="checkbox"/> J. Fresh Produce | <input type="checkbox"/> R. Meat | <input type="checkbox"/> Z. Utility |
| <input type="checkbox"/> C. Metal: Sheets, Coils, Rolls | <input type="checkbox"/> K. Liquids/Gases | <input type="checkbox"/> S. Garbage, Refuse, Trash | <input type="checkbox"/> AA. Farm Supplies |
| <input type="checkbox"/> D. Motor Vehicles | <input type="checkbox"/> L. Intermodal Container | <input type="checkbox"/> T. U.S. Mail | <input type="checkbox"/> BB. Construction |
| <input type="checkbox"/> E. Drive Away/Towaway | <input type="checkbox"/> M. Passengers | <input type="checkbox"/> U. Chemicals | <input type="checkbox"/> CC. Water Well |
| <input type="checkbox"/> F. Logs, Poles, Beams, Lumber | <input type="checkbox"/> N. Oil Field Equipment | <input type="checkbox"/> V. Commodities Dry Bulk | <input type="checkbox"/> DD. Other listed below: |
| <input type="checkbox"/> G. Building Materials | <input type="checkbox"/> O. Livestock | <input type="checkbox"/> W. Refrigerated Food | |
| <input type="checkbox"/> H. Mobile Homes | <input type="checkbox"/> P. Grain, Feed, Hay | <input type="checkbox"/> X. Beverages | |

25. HAZARDOUS MATERIALS (Carrier or Shipper) (check all that apply):

(C=Carrier; S=Shipper; B=Bulk, in cargo tanks; NB=Non-Bulk, in packages)

	C	S	B	NB		C	S	B	NB		C	S	B	NB
A. DIV 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. DIV 2.3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. DIV 6.2 (Select Agents and Toxins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. CLASS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. COMB LIQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. HRCQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. DIV 4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. DIV 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. CLASS 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. DIV 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 8B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. CLASS 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. ELEVATED TEMP. MAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. INFECTIOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. MARINE POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. DIV 2.3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 6.1 LIQUID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. HAZARDOUS SUB (RQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. DIV 2.3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. HAZARDOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. DIV 2.3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.2 (Infect. Substance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MM. LTD. QTY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26(a). NUMBER OF COMMERCIAL MOTOR VEHICLES (CMV) THAT WILL BE OPERATED IN THE U.S.:

							Number of vehicles carrying number of passengers <i>(including the driver)</i>																						
							Straight Trucks			Truck Tractors		Trailers		Hazmat Cargo Tank Trucks		Hazmat Cargo Tank Trailers		Motor-coach		School Bus			Bus		Passenger Van		Limousine		
																				1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
Owned																													
Term Leased																													
Trip Leased																													

26(b). NUMBER OF NON-COMMERCIAL MOTOR VEHICLES (NON-CMV) THAT WILL BE OPERATED IN THE U.S.:Non-CMV

27. DRIVER INFORMATION:

DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius				
Beyond 100-Mile Radius				

28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FMCSA?

☐ Yes ☐ No If yes, enter your USDOT Number: _____

29. PASSENGER CARRIER COMPLIANCE CERTIFICATION:

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

☐ YES

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's Web site at www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm.

30. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS, AND TITLES

(e.g., president, treasurer, general partner, limited partner)

1. _____
(please type or print names)
2. _____
(please type or print titles)

31. CERTIFICATION STATEMENT *(to be completed by one of the authorized company officials listed in #30):*

I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. 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: _____ **Title:** _____ **Date:** _____
(please type or print)