

BUREAU OF MOTOR VEHICLES MOTOR CARRIER IDENTIFICATION REPORT
****** CARRIERS OPERATING ONLY IN MAINE ******

Reason for application: New applicant Update / Info change **DOT#** _____
 (If previously assigned)

Please check one: Individual Partnership Corporation

(YOUR DOT INFORMATION AND FUEL DECAL ACCOUNT SHOULD BE CONSISTANT)

1. LEGAL NAME of motor carrier: (If not incorporated - your name)	
2. TRADE NAME or DBA: (Doing Business As name)	
3. PHYSICAL ADDRESS: Street or Road name: City: _____ State: _____ Zip: _____	5. TEL # _____ FAX # _____ E-MAIL _____
4. MAILING ADDRESS: RR, RFD or PO Box #: City: _____ State: _____ Zip: _____	

6. OPERATION CLASSIFICATION (circle all that apply)

a. Exempt for-hire (You do <u>not</u> own the load)	e. Federal Government Agency	i. Other/write-in _____
b. Private property (You own the load)	f. State Government Agency	_____
c. Private passengers (business)	g. Local Government Municipality	_____
d. Private passengers (non-business)	h. Indian Tribe	_____

7. TYPE OF CARRIER Maine Only Haz- Mat Maine Only

8. SHIPPER of Hazardous Materials (HM) – see directions for definition Yes No

Please note that if you travel *outside* the State of Maine you will need to complete MCS150 & 150A Federal Forms

9. CARRIER MILEAGE _____ (last calendar year) **MILEAGE YEAR GIVEN** _____

10. EIN # _____ (for Corporation) **SOCIAL SECURITY #** _____ (for Individuals)

11. CARGO CLASSIFICATIONS (circle all that apply)

a. general freight	h. mobile homes	n. oil field equipment	t. US mail	z. utility
b. household goods	i. machinery	o. livestock	u. chemicals	aa. farm supplies
c. metal-sheets, coil, roll	j. fresh produce	p. grain/feed/hay	v. commodities dry bulk	bb. construction
d. motor vehicles	k. liquids/gasses	q. coal/coke	w. refrigerated food	cc. water/well
e. drive-away/tow-away	l. intermodal containers	r. meat	x. beverages	dd. <u>other-please list below</u>
f. logs, poles, beams, lumber	m. passengers	s. garbage/refuse/trash	y. paper products	_____
g. building materials				

12. Hazardous materials carried or shipped (Circle all that apply) **C-carried S-Shipped B-Bulk** – in cargo tanks **NB-Non-bulk** – in packages

C S	A. DIV 1.1	B NB	C S	K. DIV 2.2A	B NB	C S	V. DIV 4.3	B NB	C S	FF. CLASS 8	B NB
C S	B. DIV 1.2	B NB	C S	ammonia	B NB	C S	W. DIV 5.1	B NB	C S	GG. CLASS 8-A	B NB
C S	C. DIV 1.3	B NB	C S	L. DIV 2.3A	B NB	C S	X. DIV 5.2	B NB	C S	HH. CLASS 8-B	B NB
C S	D. DIV 1.4	B NB	C S	M. DIV 2.3B	B NB	C S	Y. DIV 6.2	B NB	C S	II. CLASS 9	B NB
C S	E. DIV 1.5	B NB	C S	N. DIV 2.3C	B NB	C S	Z. DIV 6.1A	B NB	C S	JJ. Elevated Temp mat	B NB
C S	F. DIV 1.6	B NB	C S	O. DIV 2.3D	B NB	C S	AA. DIV 6.1B	B NB	C S	KK. Infectious Waste	B NB
C S	G. DIV 2.1	B NB	C S	P. Class 3	B NB	C S	BB. DIV 6.1	B NB	C S	LL. Marine Pollutant	B NB
C S	H. DIV 2.1LPG	B NB	C S	Q. Class 3-A	B NB	C S	CC. DIV 6.1	B NB	C S	MM. Haz Sub(RQ)	B NB
C S	I. DIV 2.1 methane	B NB	C S	R. Class 3-B	B NB	C S	solid	B NB	C S	NN. Haz Waste	B NB
C S	J. DIV 2.2	B NB	C S	S. Comb Liq.	B NB	C S	DD. CLASS 7	B NB	C S	OO. ORM	B NB
C S			C S	T. DIV 4.1	B NB	C S	EE. HRCQ	B NB			
C S			C S	U. DIV 4.2	B NB						

13. List how many vehicles you have in each category								14. Drivers: List how many in each category			
Equipment	Straight Trucks	Truck Tractors	Trailers	Hazmat Tank Trailers	Hazmat Tank Trucks	Motor Coach	School Bus	Within 100 Mile Radius: _____			
Owned								Beyond 100 Mile Radius: _____ = _____ Total drivers			
Term Leased (30 days - more)								Total CDL Drivers: _____			
Trip Leased (29 days - less)								(Must <u>not</u> exceed total drivers listed above)			

15. Is your U.S. DOT number registration currently revoked by the Federal Motor Carrier Safety Administration? Yes _____ No _____

16. Please enter name (s) of sole proprietor (s), officers or partners and titles (e.g. President, Treasurer, General Partner, Limited Partner)

1. _____ (Please print name & title) 2. _____ (Please print name & title)

17. Certification Statement (to be completed by you or your authorized official)

I, _____ (Please print name), certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the 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.

Signature _____ Date _____ Title _____