

Unified Registration System (URS)

Online Application Process Demonstration for First Time Applicants

Agenda

- Unified Registration System (URS) Overview and Phased Implementation Schedule
- Introduction to the URS Online Application Process
 - Completing the application for new registration
 - New property, HM, Passenger (PAX) carrier related questions
 - Submitting payment for the application
 - Returning to complete an incomplete application
- Resources

What is the Unified Registration System?

- A new online registration system that will streamline and simplify the Federal Motor Carrier Safety Administration's (FMCSA) registration process:
 - Combining multiple registration processes
 - Consolidating information technology systems
 - Consolidating multiple forms into a single registration process
- A clearinghouse and depository of information on all entities regulated by the Agency

Who is required to comply with this rule?

- All entities regulated by the Agency:
 - Motor Carriers
 - Property
 - Passenger (PAX)
 - Hazardous Materials (HM)
 - Household Goods (HHG)
 - Intermodal Equipment Providers (IEPs)
 - Hazardous Materials Safety Permit Applicants/holders (HMSPs)
 - Brokers
 - Freight Forwarders (FF)
 - Cargo Tank Facilities (CTF)



URS Timeline for Phased Implementation

December 12, 2015

- Electronic filing only using MCSA-1 online application process for new applicants (excluding Non-North American and Mexican Long Haul carriers)

September 30, 2016

- All entities must update their name, form of business or address within 30 days of change
- Insurance filing required for new exempt for-hire and private HM, before registration granted
- BOC-3 form required for new private and exempt for-hire carriers, before registration granted
- All new applicants are subject to a registration fee, for each registration requested
- All entities will be required to use the electronic process to request any new registration

December 31, 2016

- Existing private and exempt for-hire carriers required to have BOC-3 on file, to avoid enforcement
- Existing exempt for-hire and private HM carriers required to have evidence of financial responsibility of file, to avoid enforcement.

Introduction to the URS Online Application Process

- The URS Application provides the following functionality:
 - Interview style format
 - Displays new questions based on the Applicant's responses (e.g., brokers won't get vehicle or HM related questions)
 - Document uploading with the application
 - Summary of the questions and answers
 - Updating previously completed application sections
 - Ability to save an incomplete application, providing 30 calendar days to return and complete the incomplete application
 - Ability to print the application at any point

URS Online Registration Process Flow

Who are you?

- Applicant contact info (company official or authorized rep)
- Business name, type, location
- Ownership and control, officers

What is your operation?

- Property, PAX, HM, IEP, FF, CTF, Broker, HHG
- For hire, private, unit of gov't
- Number of vehicles, drivers

Completing the registration

- Certifications, oaths
- Affiliations
- Payment for registration(s), notifications
- Insurance, BOC-3 filings

Accessing URS: www.fmcsa.dot.gov/urs



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FMCSA
Federal Motor Carrier Safety Administration

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Home > Registration

Registration

- Getting Started
- Get Authority to Operate (MC Number)
- USDOT Numbers
- Update Registration
- Insurance Requirements
- Request PDN
- Other Services

New Registration Applicants

On December 12, 2015 all new registration applicants will use the new Unified Registration Application.

Only the initial registration by new applicants will be done using the URS online registration application. Further changes do not go into effect until September 30, 2016, including USDOT numbers being the sole identifier for all entities and a new fee structure.

TO GET STARTED CLICK HERE

Already Registered with FMCSA

Existing registrants can update their information using all of the existing options – online and paper form – until September 30, 2016. See the chart below and check this site often for updates for existing users.

- [Update USDOT Number Registration/Biannual Updates](#)
- [Update operating Authority Name or Address](#)
- [Going out of business/Closing DOT/MC Numbers](#)

URS

UNIFIED REGISTRATION SYSTEM

Simplifying USDOT Registration

Related Links

- URS FAQs
- URS Final Rule
- MCIS Data Request/Carrier Safety Profile Page
- List of Process Agents By State
- Insurance Requirements
- Submit Questions
- Contact Us

Related Documents

- URS Fact Sheet

FMCSA Information Line

1200 New Jersey Avenue SE
Washington, DC 20590
United States

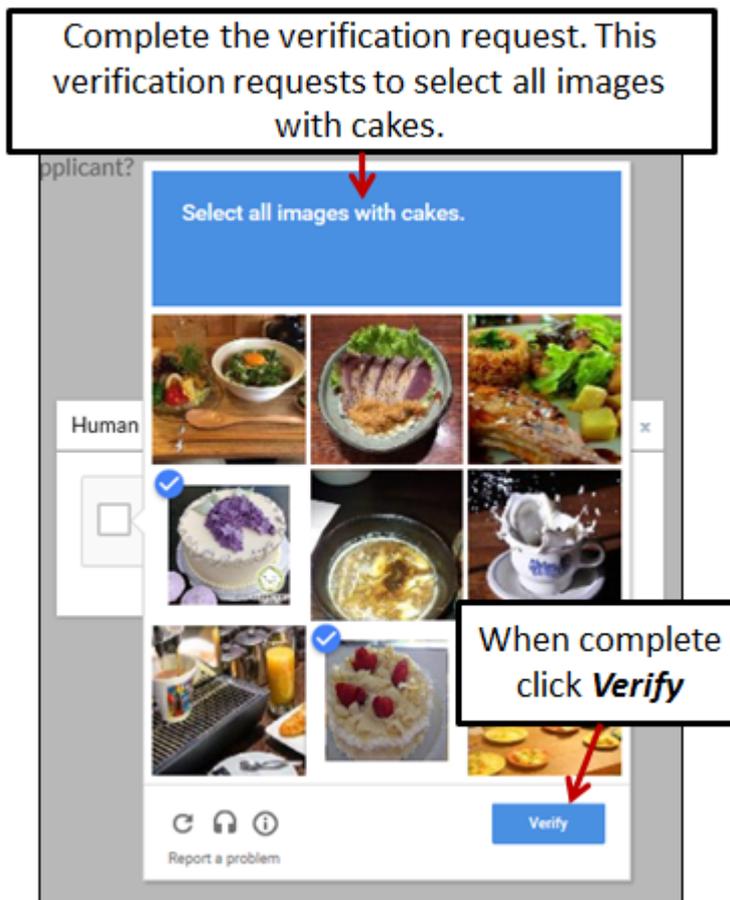
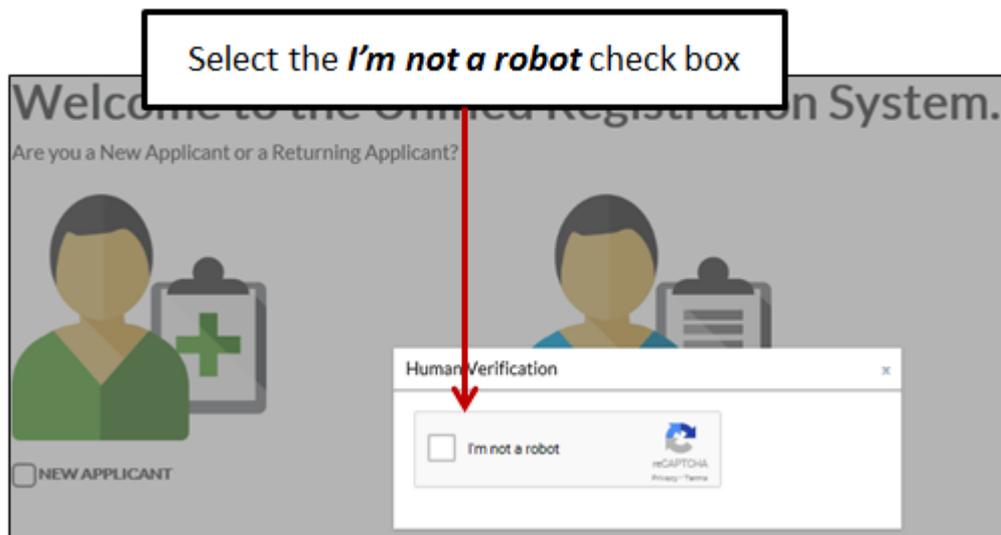
Phone:
800-832-5660

Share

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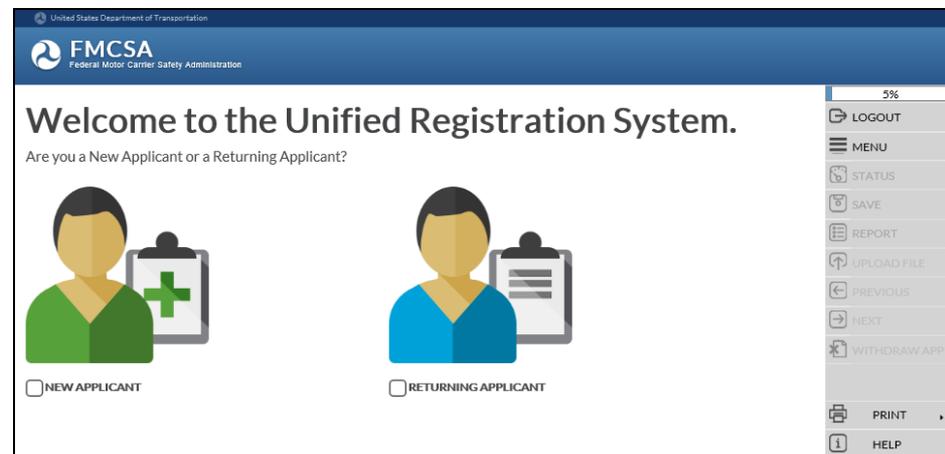
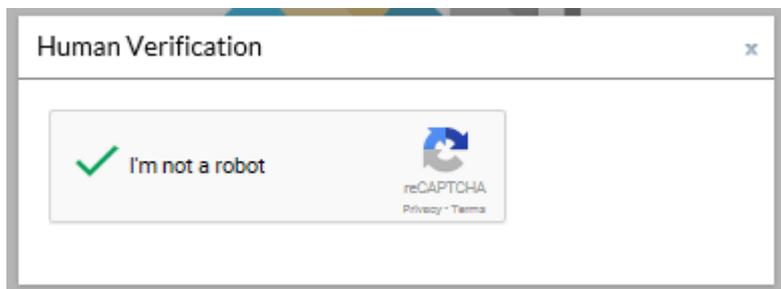
Accessing the URS Online Application Process (Cont.)

- Before accessing the application the Applicant will need to provide **Human Verification**
- Select the check box ***I'm not a robot***
- Complete the verification request



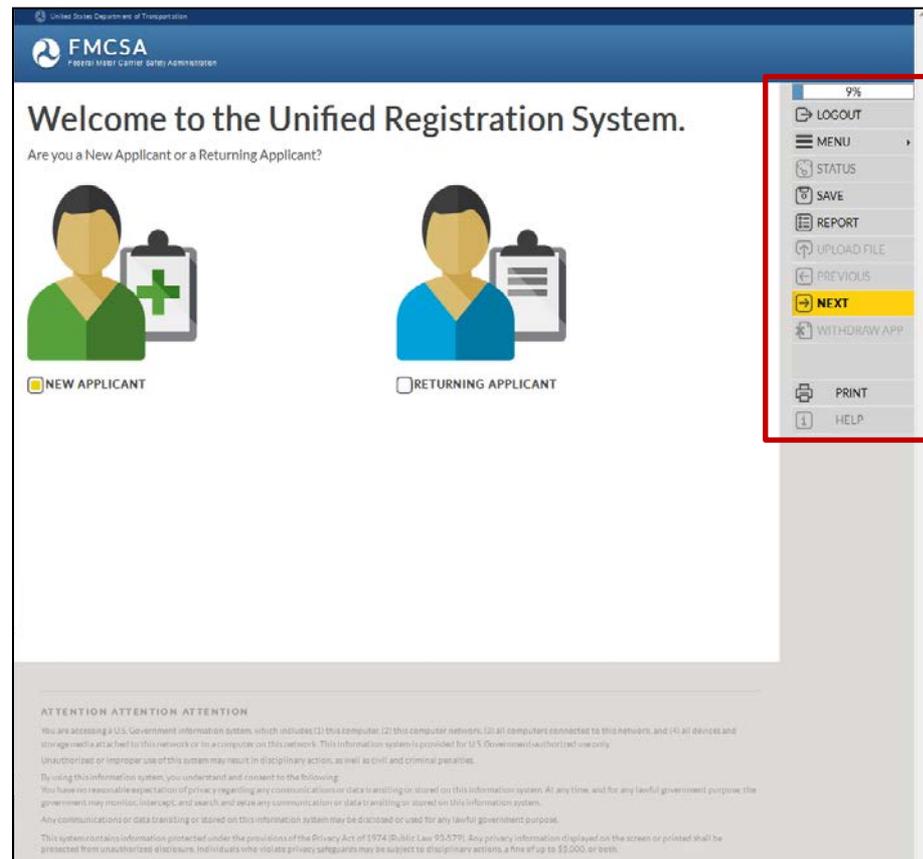
Accessing the URS Online Application Process (Cont.)

- The system will display a green check mark confirming the human verification
- The system will display the URS Welcome Page



Welcome Page

- Applicants applying for New Registration select the **New Applicant** check box under the green avatar.
- When all the information on a page has been provided, the **Next** option in the Navigation Menu will display yellow.
- Click **Next** in the Navigation Menu to move to the next page.



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Welcome to the Unified Registration System.

Are you a New Applicant or a Returning Applicant?



NEW APPLICANT



RETURNING APPLICANT

9%

- LOGOUT
- MENU
- STATUS
- SAVE
- REPORT
- UPLOAD FILE
- PREVIOUS
- NEXT
- WITHDRAW APP
- PRINT
- HELP

ATTENTION ATTENTION ATTENTION

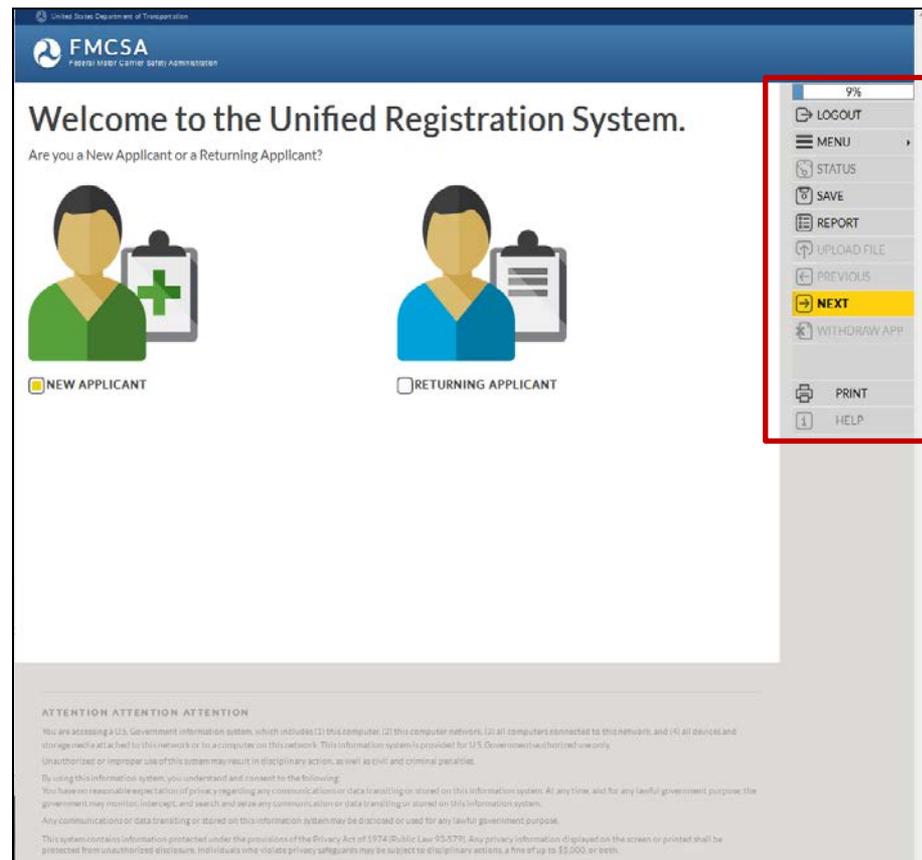
You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transmitted or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transmitted or stored on this information system.
Any communications or data transmitted or stored on this information system may be disclosed or used for any lawful government purpose.

This system contains information protected under the provisions of the Privacy Act of 1974 (Public Law 93-579). Any privacy information displayed on the screen or printed shall be protected from unauthorized disclosure. Individuals who violate privacy safeguards may be subject to disciplinary actions, a fine of up to \$5,000 or both.

Navigation Menu

- The **Navigation Menu** on the right side of the page will display throughout the entire URS Online Application Process and provides the following functionality:
 - Percent Complete Bar: A gauge to measure the amount of the application that has been completed
 - Logout: Select **Logout** to logout of the URS Online Application Process



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Welcome to the Unified Registration System.

Are you a New Applicant or a Returning Applicant?

NEW APPLICANT

RETURNING APPLICANT

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- LOGOUT
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- WITHDRAW APP
- PRINT
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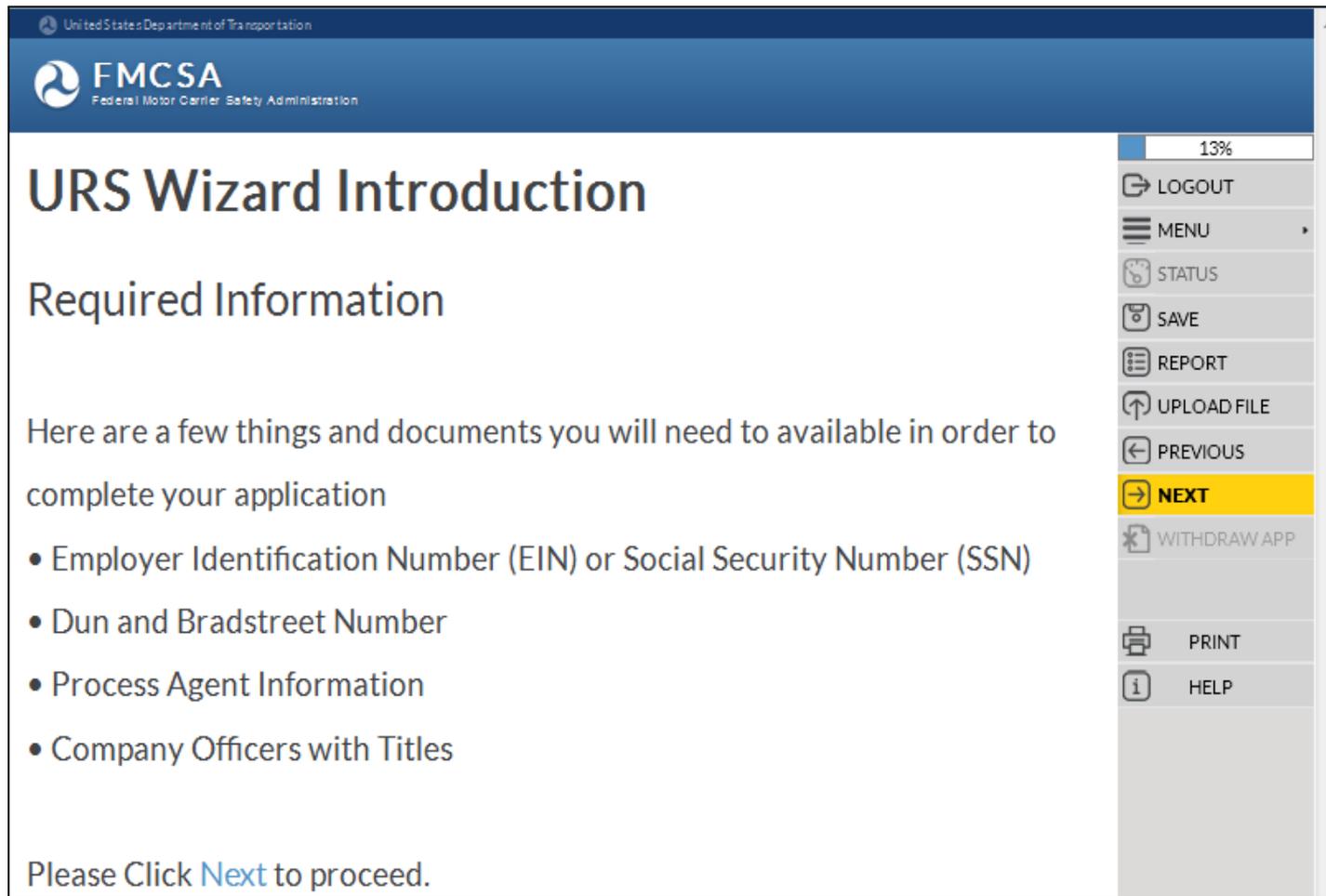
ATTENTION ATTENTION ATTENTION

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

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 You have no reasonable expectation of privacy regarding any communications or data transmitted or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transmitted or stored on this information system.
 Any communications or data transmitted or stored on this information system may be disclosed or used for any lawful government purpose.

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Required Information



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URS Wizard Introduction

Required Information

Here are a few things and documents you will need to available in order to complete your application

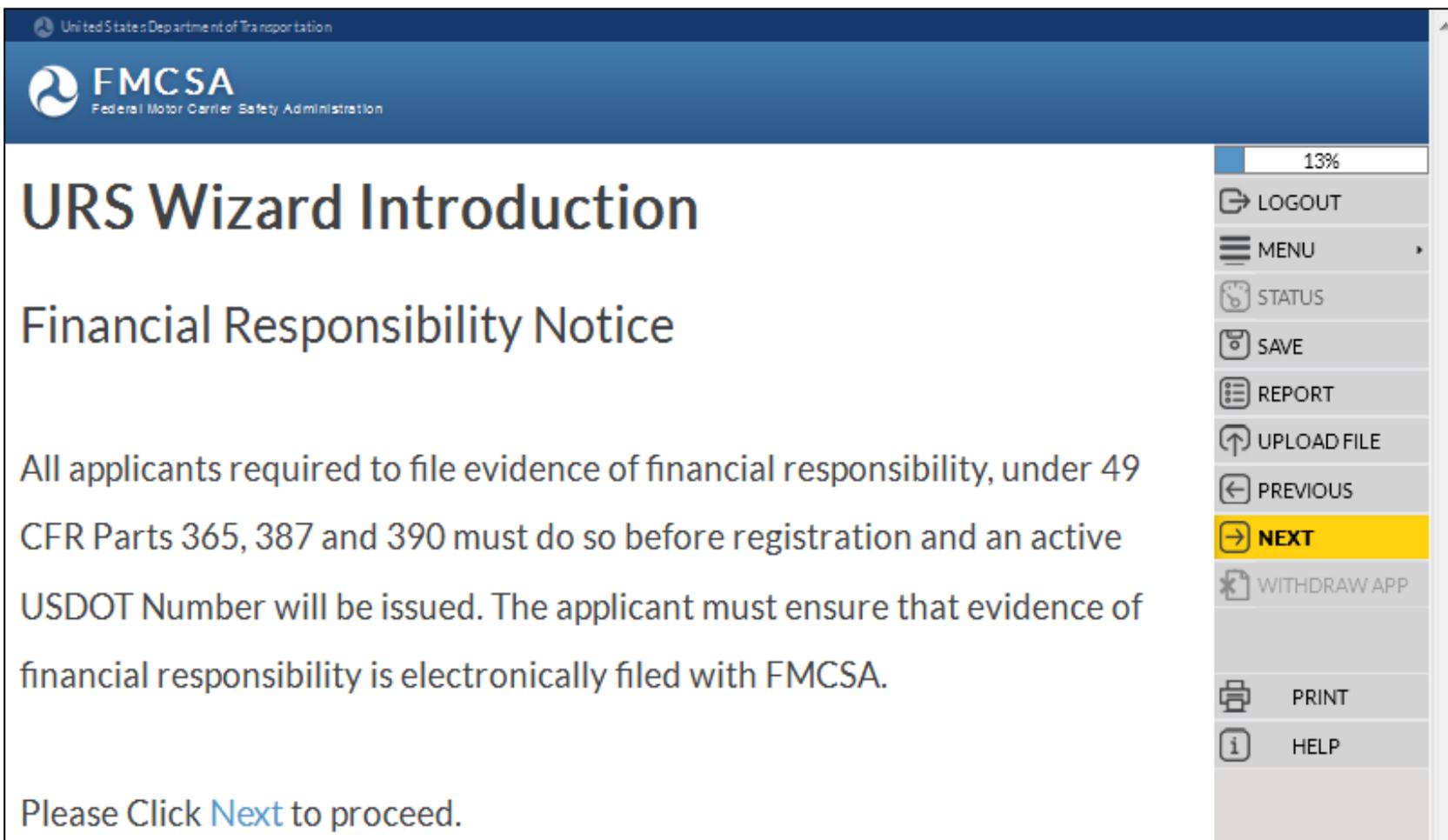
- Employer Identification Number (EIN) or Social Security Number (SSN)
- Dun and Bradstreet Number
- Process Agent Information
- Company Officers with Titles

Please Click [Next](#) to proceed.

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- LOGOUT
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- HELP

Financial Responsibility Notice



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URS Wizard Introduction

Financial Responsibility Notice

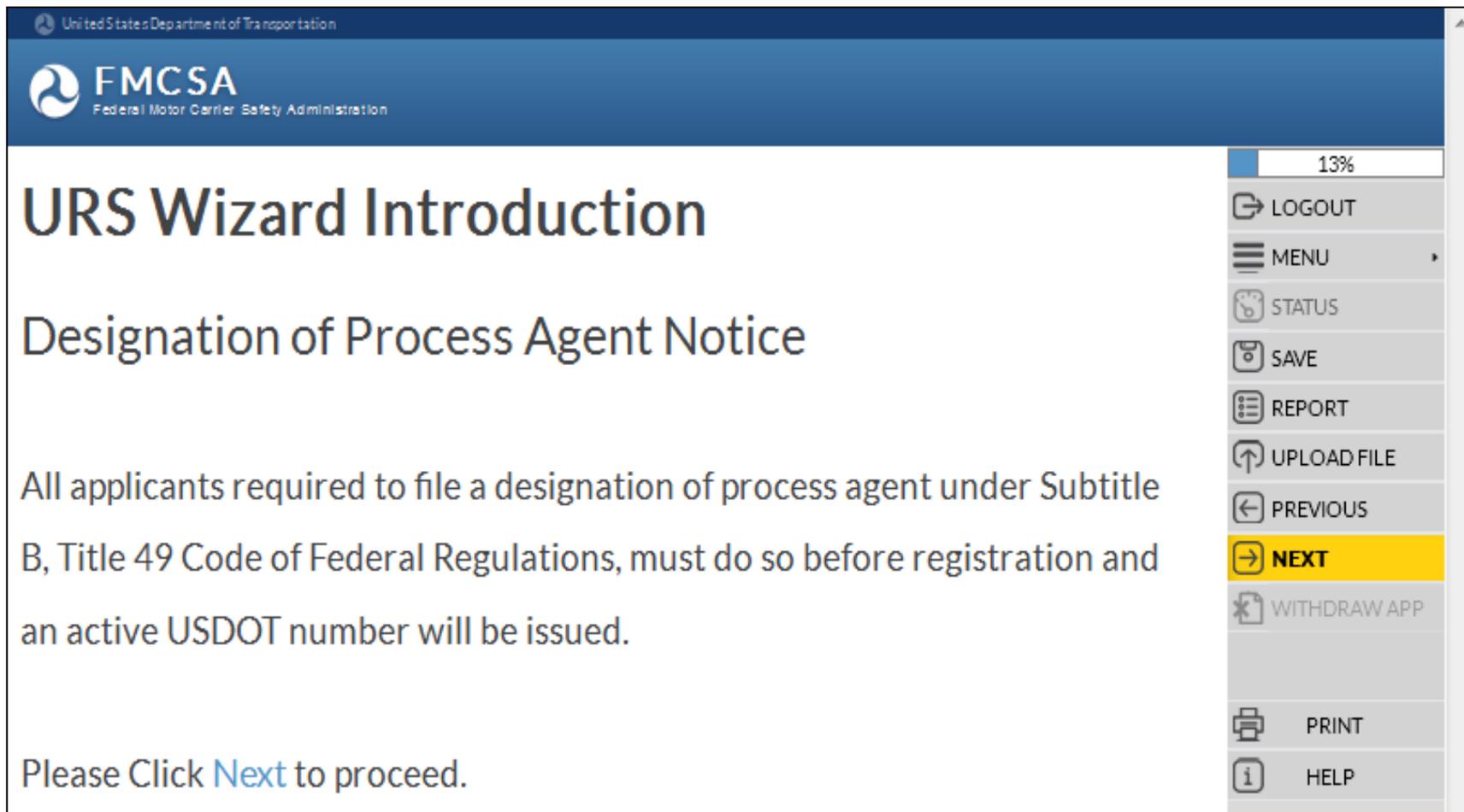
All applicants required to file evidence of financial responsibility, under 49 CFR Parts 365, 387 and 390 must do so before registration and an active USDOT Number will be issued. The applicant must ensure that evidence of financial responsibility is electronically filed with FMCSA.

Please Click [Next](#) to proceed.

13%

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- WITHDRAW APP
- PRINT
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Designation of Process Agent Notice



The screenshot shows a web application interface for the URS Wizard. At the top, there is a blue header with the United States Department of Transportation logo and the FMCSA logo. Below the header, the main content area displays the title "URS Wizard Introduction" and the subtitle "Designation of Process Agent Notice". The main text states: "All applicants required to file a designation of process agent under Subtitle B, Title 49 Code of Federal Regulations, must do so before registration and an active USDOT number will be issued." Below this text, it says "Please Click [Next](#) to proceed." On the right side of the page, there is a vertical sidebar with a progress bar at the top showing 13%. Below the progress bar is a list of navigation options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, **NEXT** (highlighted in yellow), WITHDRAW APP, PRINT, and HELP.

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URS Wizard Introduction

Designation of Process Agent Notice

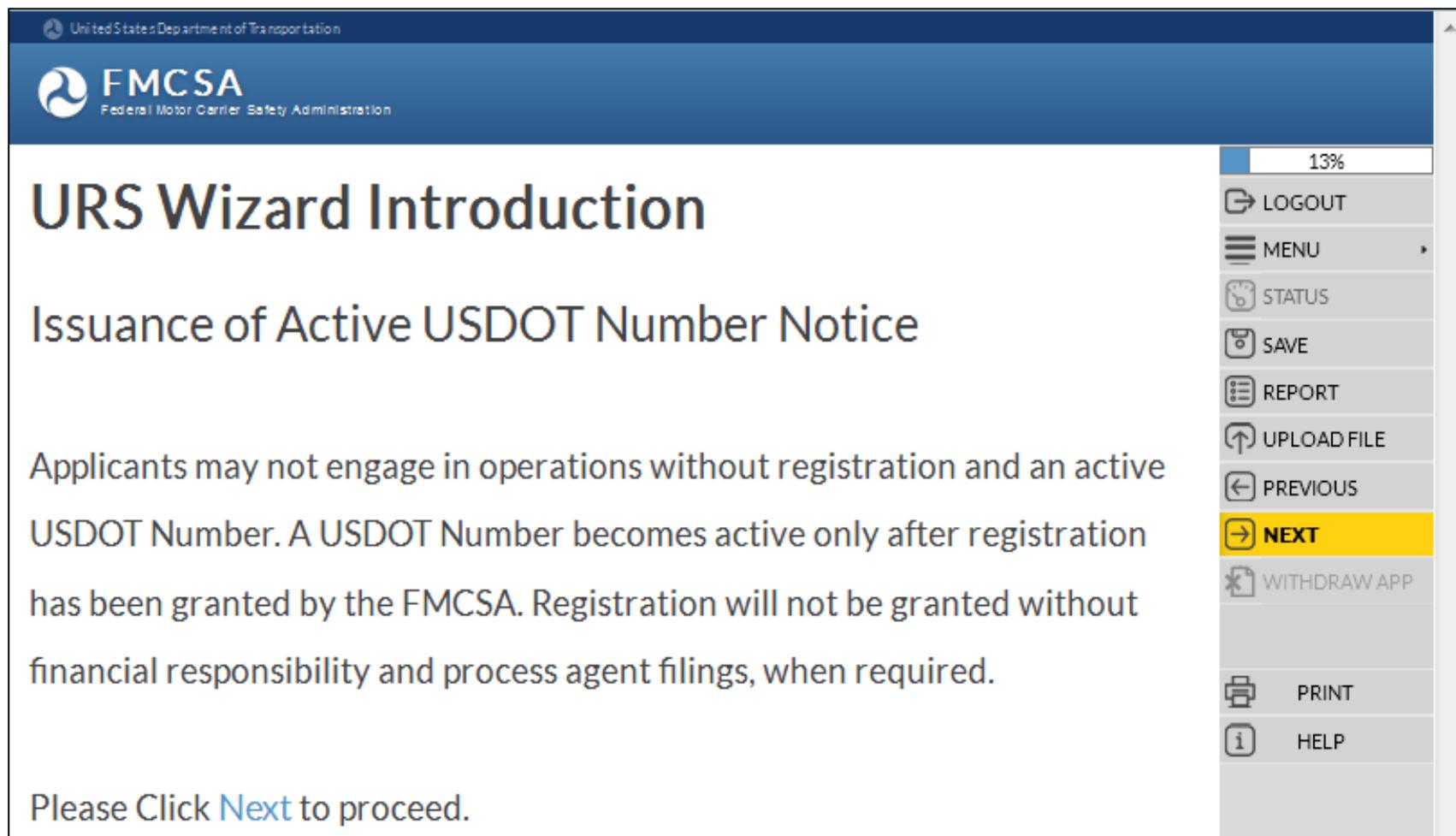
All applicants required to file a designation of process agent under Subtitle B, Title 49 Code of Federal Regulations, must do so before registration and an active USDOT number will be issued.

Please Click [Next](#) to proceed.

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- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Issuance of Active USDOT Number Notice



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URS Wizard Introduction

Issuance of Active USDOT Number Notice

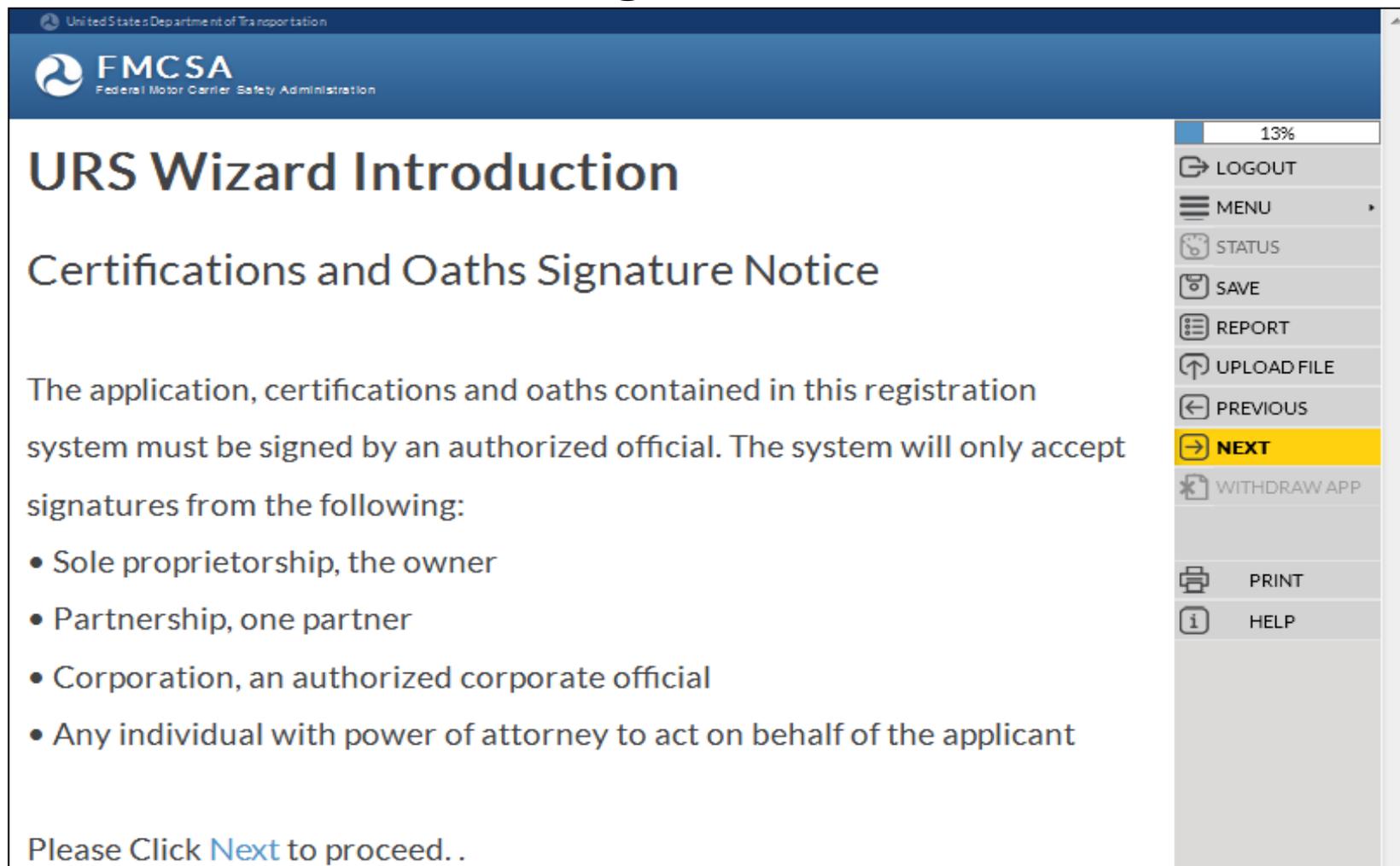
Applicants may not engage in operations without registration and an active USDOT Number. A USDOT Number becomes active only after registration has been granted by the FMCSA. Registration will not be granted without financial responsibility and process agent filings, when required.

Please Click [Next](#) to proceed.

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- WITHDRAW APP
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- HELP

Certifications and Oaths Signature Notice



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URS Wizard Introduction

Certifications and Oaths Signature Notice

The application, certifications and oaths contained in this registration system must be signed by an authorized official. The system will only accept signatures from the following:

- Sole proprietorship, the owner
- Partnership, one partner
- Corporation, an authorized corporate official
- Any individual with power of attorney to act on behalf of the applicant

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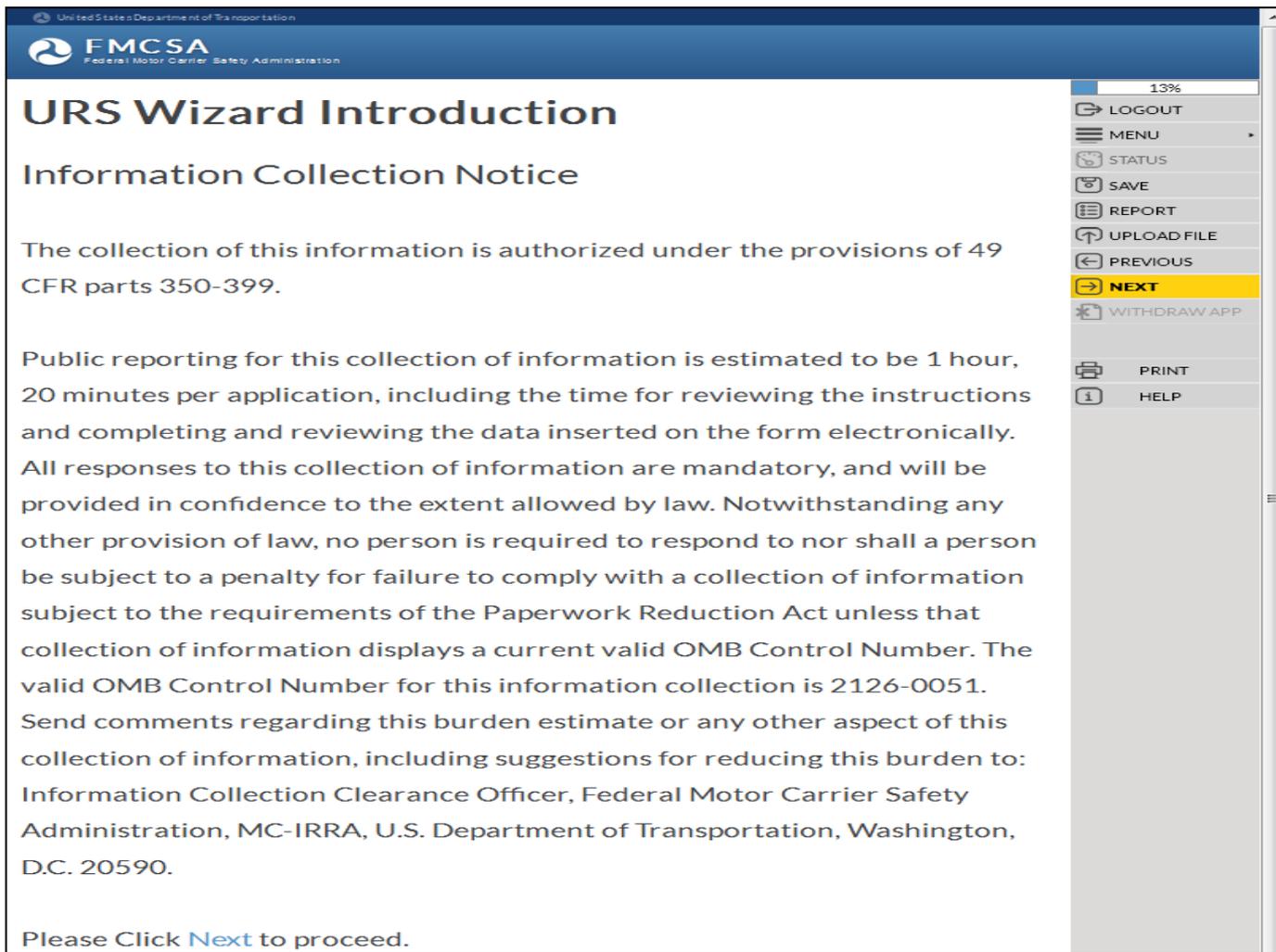
NEXT

WITHDRAW APP

PRINT

HELP

Information Collection Notice



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URS Wizard Introduction

Information Collection Notice

The collection of this information is authorized under the provisions of 49 CFR parts 350-399.

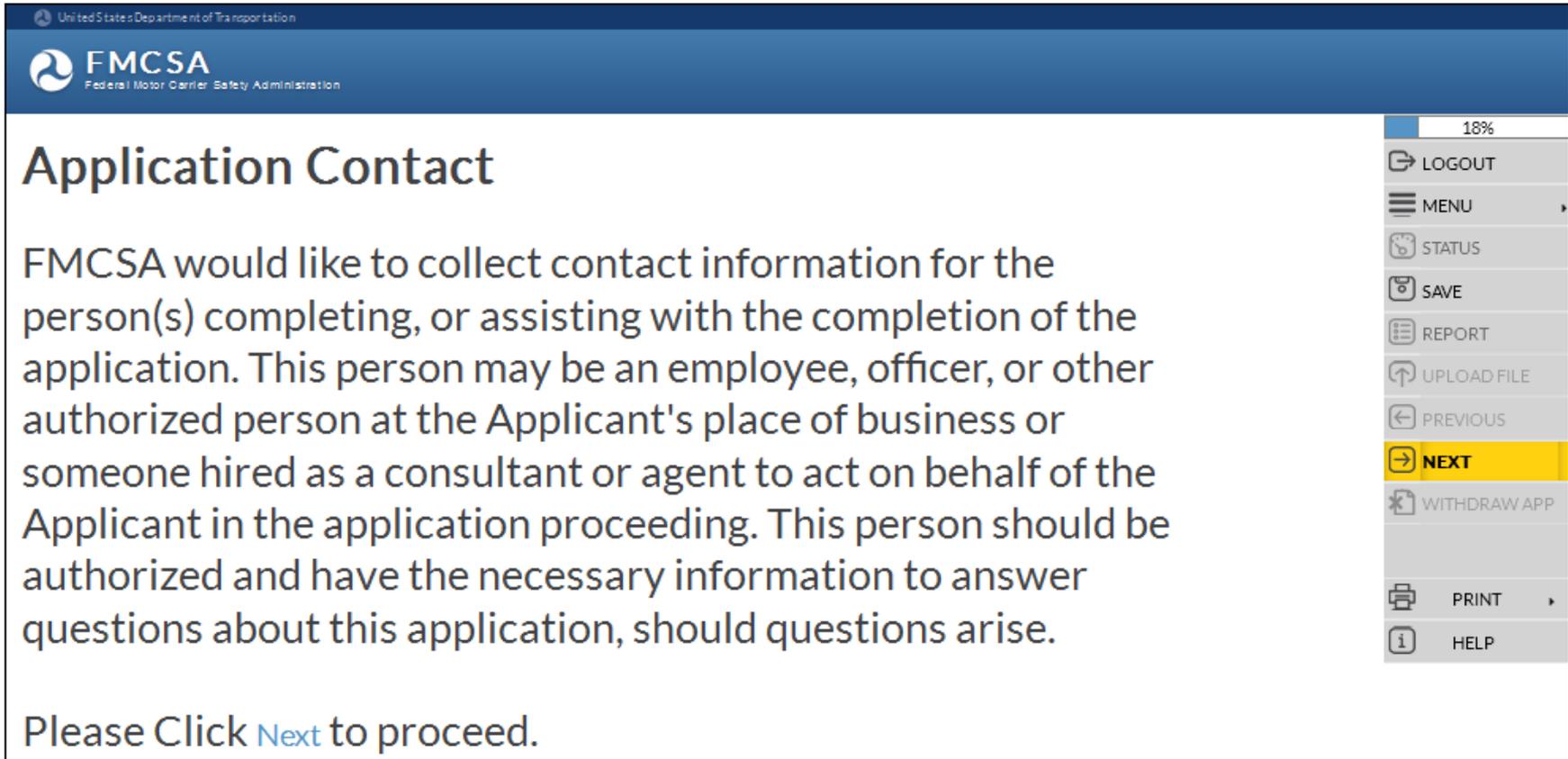
Public reporting for this collection of information is estimated to be 1 hour, 20 minutes per application, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will 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 2126-0051. 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-IRRA, U.S. Department of Transportation, Washington, D.C. 20590.

Please Click [Next](#) to proceed.

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Application Security



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Application Contact

FMCSA would like to collect contact information for the person(s) completing, or assisting with the completion of the application. This person may be an employee, officer, or other authorized person at the Applicant's place of business or someone hired as a consultant or agent to act on behalf of the Applicant in the application proceeding. This person should be authorized and have the necessary information to answer questions about this application, should questions arise.

Please Click [Next](#) to proceed.

18%

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Application Security (Cont.)

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Application Security

Please note, all accounts have 30 days from the start of the application process to complete their URS Application.
If the application is not completed and submitted within 30 days of creation, it will be discarded.

Applicant ID

Create Password

Confirm Password

9%

- LOGOUT
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- STATUS
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- PREVIOUS
- NEXT
- WITHDRAW APP

PRINT

HELP

Application Security (Cont.)

United States Department of Transportation

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Application Security

Please note, all accounts have 30 days from the start of the application process to complete their URS Application.
If the application is not completed and submitted within 30 days of creation, it will be discarded.

Applicant ID

Create Password

The password must be at least 12 characters long and contain at least one number, one lowercase letter, one upper case letter, and one special character (* & ! @ \$ + - = , #).

Confirm Password

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- HELP

Application Security (Cont.)

Security Question #1

What was my high school mascot?

What city was I born in?

What was my high school mascot?

What is my least favorite vegetable?

What is my mother's maiden name?

What is my maternal grandmother's name?

What is the make of my first car?

What is my pet's name?

What is my mother's maiden name?

Security Answer #2

Security Question #3

What is my pet's name?

Security Answer #3

URS Online Registration Process Flow

Who are you?

- Applicant contact info (company official or authorized rep)
- Business name, type, location
- Ownership and control, officers

What is your operation?

- Property, PAX, HM, IEP, FF, CTF, Broker, HHG
- For hire, private, unit of gov't
- Number of vehicles, drivers

Completing the registration

- Certifications, oaths
- Affiliations
- Payment for registration(s), notifications
- Insurance, BOC-3 filings

Application Contact

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Application Contact

FMCSA would like to collect contact information for the person(s) completing, or assisting with the completion of the application. This person may be an employee, officer, or other authorized person at the Applicant's place of business or someone hired as a consultant or agent to act on behalf of the Applicant in the application proceeding. This person should be authorized and have the necessary information to answer questions about this application, should questions arise.

Please Click [Next](#) to proceed.

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Application Contact (Cont.)

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Applicant Contact

Application Contact Type

Application Contact First Name

Application Contact Middle Name

Application Contact Last Name

Application Contact Suffix

Application Contact Title

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Select the drop down arrow to view the Application Contact Types and select a **Application Contact Type** from the list

Enter the **Application Contacts** information:

- First Name**
- Middle Name**
- Last Name**
- Suffix**
- Title**

Use the drop down arrow to view the list of Suffixes and select a **Suffix** from the list (if applicable):
 Jr., Sr., 2nd, 3rd, II, III, IV, V, VI

Application Contact (Cont.)

Application Contact Street Address Line 1			
123 Avenue Lane			
Application Contact Street Address Line 2			
Suite ABC			
Application Contact City			
BEVERLY HILLS			
Application Contact State/Province			
CALIFORNIA			
Application Contact Postal Code			
90210			
Application Contact Telephone Number			
Country Code	Area Code	Phone Num	Ext
United States	718	1237896	85
Application Contact Fax Number			
Country Code	Area Code	Phone Num	
NA - No Phone Number	NA	NA	

Application Contact (Cont.)

- Enter the Application Contact's Email and Contact Method information

Enter the **Application Contact Email Address**

Re-enter/confirm the Email Address

Application Contact Email Address

jane.smith@abcindustries.com

Confirm Email Address

jane.smith@abcindustries.com

Application Contact Preferred Contact Method

US Mail

Select the drop down arrow to view the **Application Contact Preferred Contact Method** list and select a method from the list:

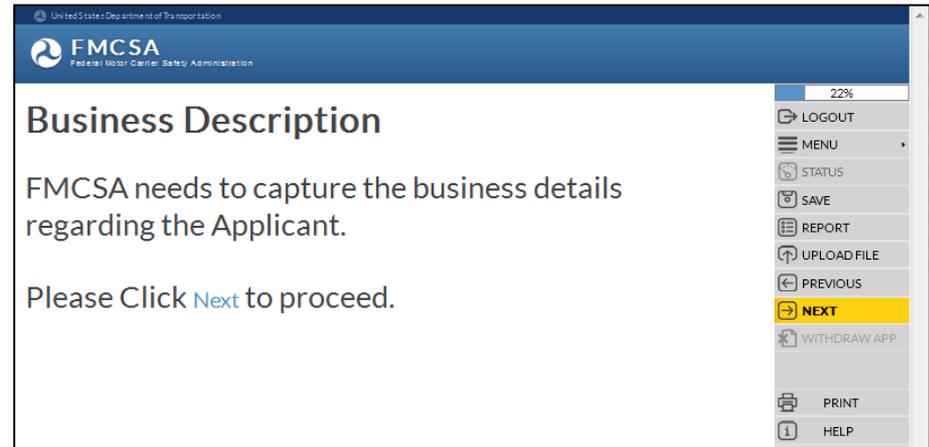
- Email
- US Mail
- Both

Click the **More** button to add additional Company Contacts

More

Business Description

- FMCSA needs to capture the business details regarding the Applicant:
 - Dun & Bradstreet Number
 - Legal and Doing Business As Name
 - Principal Place of Business Addresses
 - Telephone, Fax, Cell Numbers
 - EIN or SSN
 - If applicable, Canadian NCS Number
 - If applicable, Mexico RFC Number



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Business Description

FMCSA needs to capture the business details regarding the Applicant.

Please Click [Next](#) to proceed.

22%

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- Unit of Government
- Form of Business
- Ownership and Control
- Company Contact Names, Titles and Addresses

Business Description (cont.)

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Business Description

22%

LOGOUT

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Does the Entity have a Dun and Bradstreet Number?

Yes

No

Enter the Dun and Bradstreet Number

8527899 85

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Business Description

22%

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Legal Business Name

ABC Industries, Inc

Business Description (Cont.)

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Business Description

Doing Business As Name (if different from Legal Business Name)

ABC Industries

More

22%

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Business Description

Is the Applicant's Principal Place of Business Address the same as the Application Contact's Address?

Yes

No

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Business Description (cont.)

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Business Description

Principal Place of Business Address (P.O. Box will not be accepted)

Country
United States

Street Address/Route Number Line 1
123 Avenue Lane

Street Address/Route Number Line 2
Suite 202

City State/Province
BEVERLY HILLS CALIFORNIA

Postal Code
90210

Mailing Address (P.O. Box will not be accepted)
 Same as Principal Place of Business

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FMCSA does NOT accept P.O. Boxes as a Principal Place of Business Address

Business Description (Cont.)

Principal Place of Business Telephone Number

Country Code	Area Code	Phone Num	Ext
United States	718	8529632	N/A

Principal Place of Business Fax Number

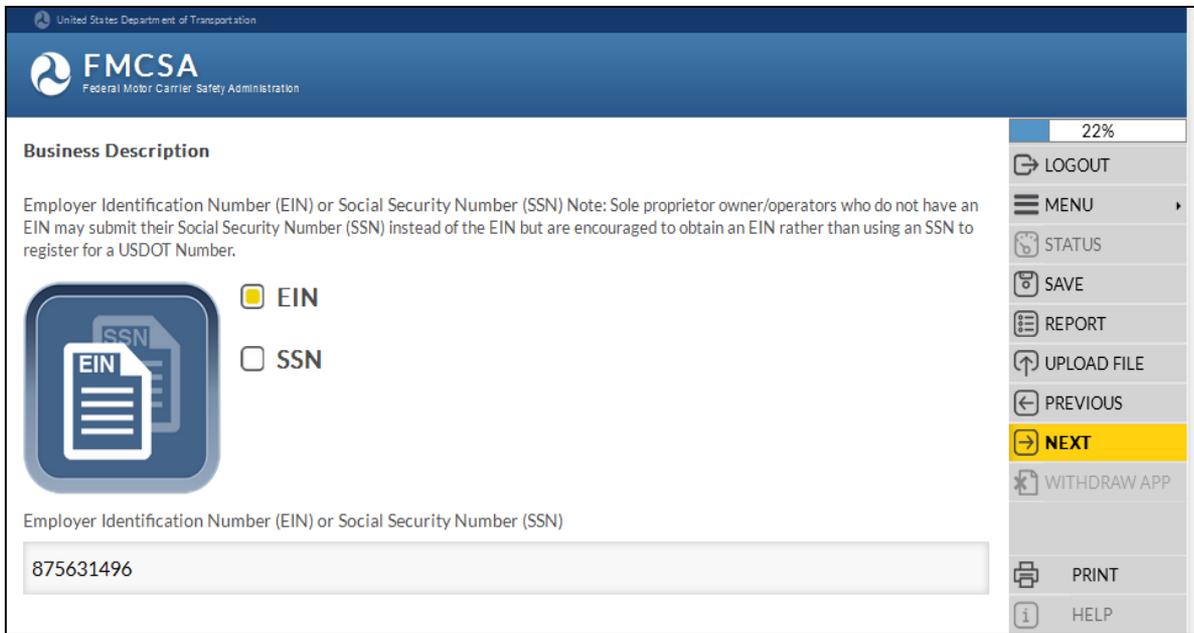
Country Code	Area Code	Phone Num
United States	718	8529632

Principal Place of Business Cell Number

Country Code	Area Code	Phone Num
NA - No Phone Number	NA	NA

Business Description (Cont.)

- Provide the Employer Identification Number (EIN) or the Social Security Number (SSN).
- **Note:** *Sole proprietor owner/operators who do not have an EIN are encouraged to obtain an EIN rather than using an SSN to register for a USDOT Number.*



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Business Description

Employer Identification Number (EIN) or Social Security Number (SSN) Note: 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.

EIN
 SSN

Employer Identification Number (EIN) or Social Security Number (SSN)

875631496

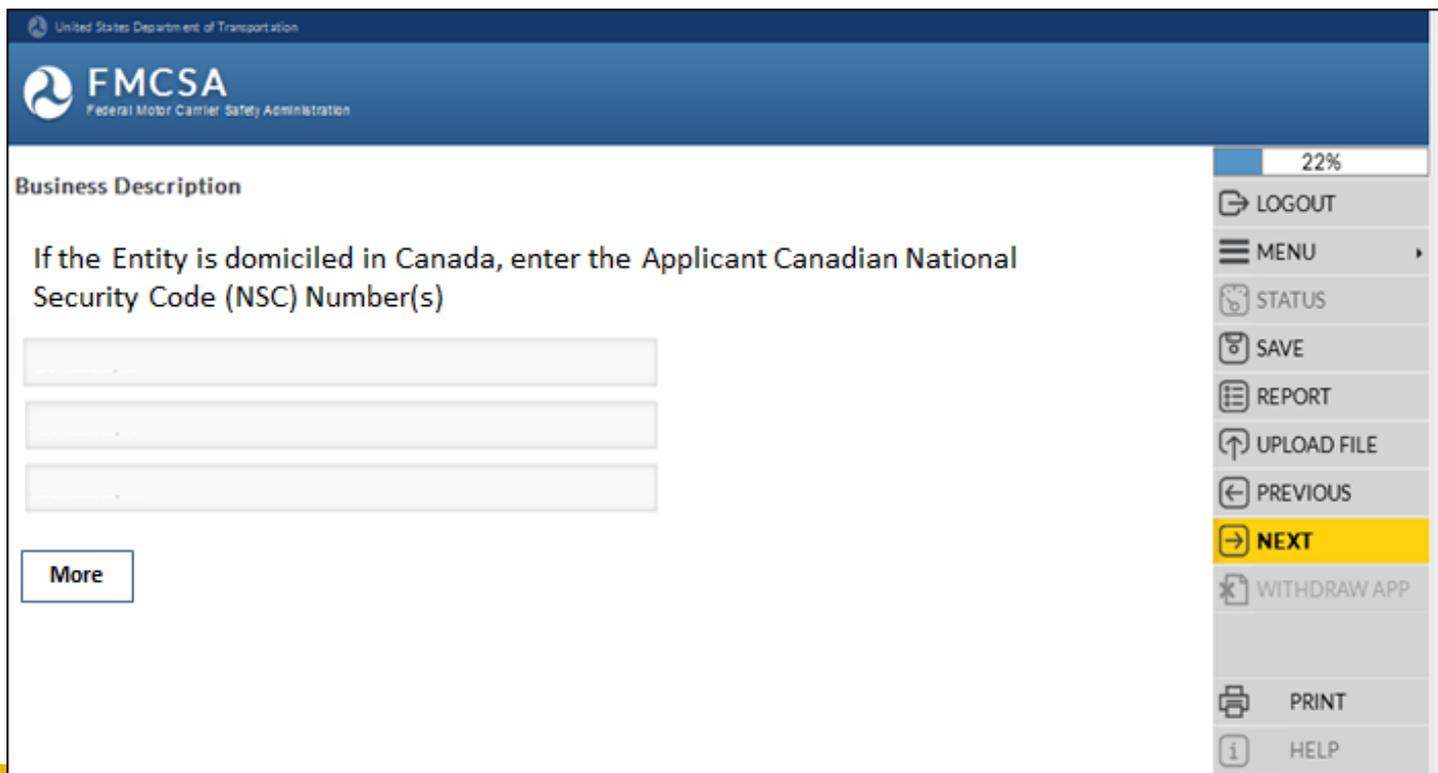
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Business Description (cont.)

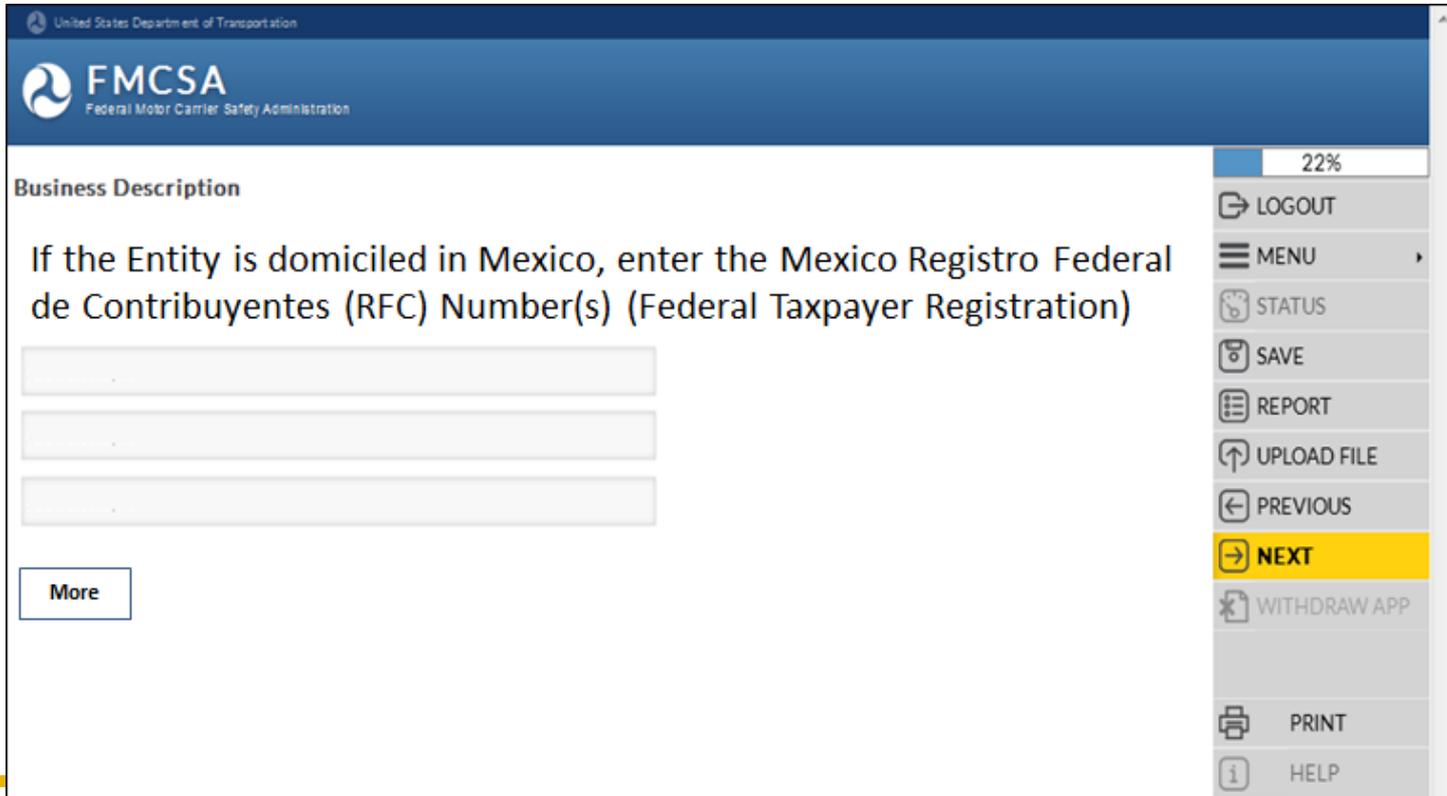
- If the Entity is domiciled in Canada, enter the Applicant Canadian National Security Code (NSC) Number(s).



The screenshot shows the FMCSA Business Description form. The header includes the United States Department of Transportation logo and the FMCSA logo. The form title is "Business Description". The instruction reads: "If the Entity is domiciled in Canada, enter the Applicant Canadian National Security Code (NSC) Number(s)". There are three empty text input fields for the NSC numbers. A "More" button is located below the input fields. On the right side, there is a vertical navigation menu with a progress indicator showing 22% completion. The menu items are: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP.

Business Description (cont.)

- If the Entity is domiciled in Mexico, enter the Mexico Registro Federal de Contribuyentes (RFC) Number(s) (Federal Taxpayer Registration).



The screenshot shows the FMCSA Business Description form. The header includes the United States Department of Transportation logo and the FMCSA logo. The main content area is titled "Business Description" and contains the instruction: "If the Entity is domiciled in Mexico, enter the Mexico Registro Federal de Contribuyentes (RFC) Number(s) (Federal Taxpayer Registration)". Below this instruction are three empty text input fields. A "More" button is located at the bottom left of the form. On the right side, there is a vertical sidebar with a progress indicator showing 22% completion. The sidebar contains the following options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP.

Business Description (Cont.)

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Business Description

22%

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HELP

Business Description

Is the Applicant a Unit of Government?

Yes

No

Select the category for the Unit of Government from one of the following:

Business Description (Cont.)

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Business Description

Form of Business (Select the business form that applies)

- Sole Proprietor
- Partnership
- Limited Liability Company
- Corporation (State of Incorporation)

DELAWARE

- Unit of State or Local Government
- Limited Liability Partnership
- Trusts
- Other form of business

22%

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Business Description (Cont.)

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Business Description

Ownership and Control

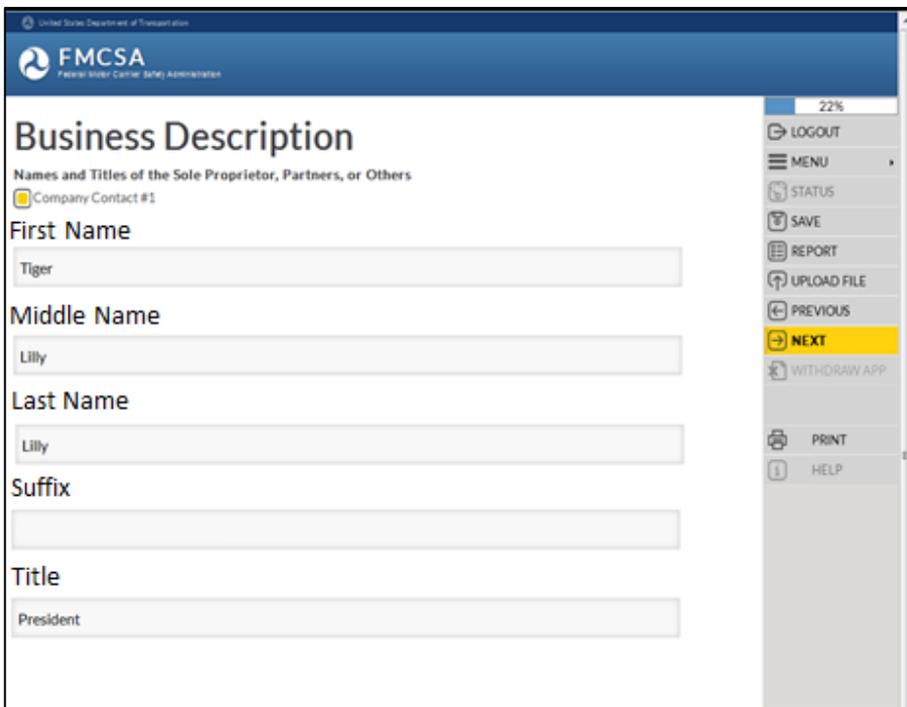
- Owned/controlled by citizen of United States
- Owned/controlled by citizen of Canada
- Owned/controlled by citizen of Mexico
- Owned/controlled by citizen of other foreign country

22%

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- MENU
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- PREVIOUS
- NEXT**

Business Description (cont.)

- FMCSA needs to capture contact information for the Sole Proprietors, Partners or Others



United States Department of Transportation

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Federal Motor Carrier Safety Administration

22%

Business Description

Names and Titles of the Sole Proprietor, Partners, or Others

Company Contact #1

First Name

Tiger

Middle Name

Lilly

Last Name

Lilly

Suffix

Title

President

LOGOUT

MENU

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UPLOAD FILE

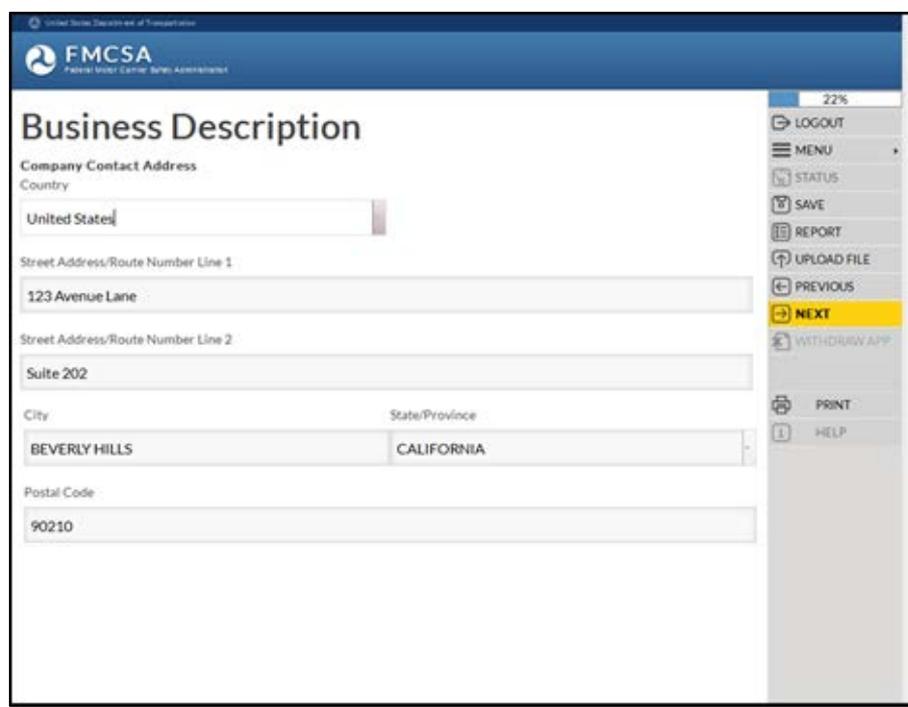
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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

22%

Business Description

Company Contact Address

Country

United States

Street Address/Route Number Line 1

123 Avenue Lane

Street Address/Route Number Line 2

Suite 202

City

BEVERLY HILLS

State/Province

CALIFORNIA

Postal Code

90210

LOGOUT

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Business Description (Cont.)

United States Department of Transportation
FMCSA
 Federal Motor Carrier Safety Administration

22%

Business Description

Q: [Legal Business Name](#)

A: ABC Industries, Inc

Q: [Doing Business As Name \(if different from Legal Business Name\)](#)

A: ABC Industries

Q: [Is the Company's Principal Place of Business Address the same as the Application Contact's Address?](#)

A: Yes

Q: [Principal Place of Business Address](#)

A: Country : United States
 Street Address/Route Number Line 1 : 123 Avenue Lane
 Street Address/Route Number Line 2 : Suite 202
 Street Address/Route Number Line 3 : N/A
 Street Address/Route Number Line 4 : N/A
 City : BEVERLY HILLS
 State/Province : CALIFORNIA
 Postal Code : 90210

Q: [Mailing Address](#)

A: Country : United States
 Street Address/Route Number Line 1 : 123 Avenue Lane
 Street Address/Route Number Line 2 : Suite 202
 Street Address/Route Number Line 3 : N/A
 Street Address/Route Number Line 4 : N/A
 City : BEVERLY HILLS
 State/Province : CALIFORNIA
 Postal Code : 90210

22%

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- NEXT**
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- HELP

URS Online Registration Process Flow

Who are you?

- Applicant contact info (company official or authorized rep)
- Business name, type, location
- Ownership and control, officers

What is your operation?

- Property, PAX, HM, IEP, FF, CTF, Broker, HHG
- For hire, private, unit of gov't
- Number of vehicles, drivers

Completing the registration

- Certifications, oaths
- Affiliations
- Payment for registration(s), notifications
- Insurance, BOC-3 filings

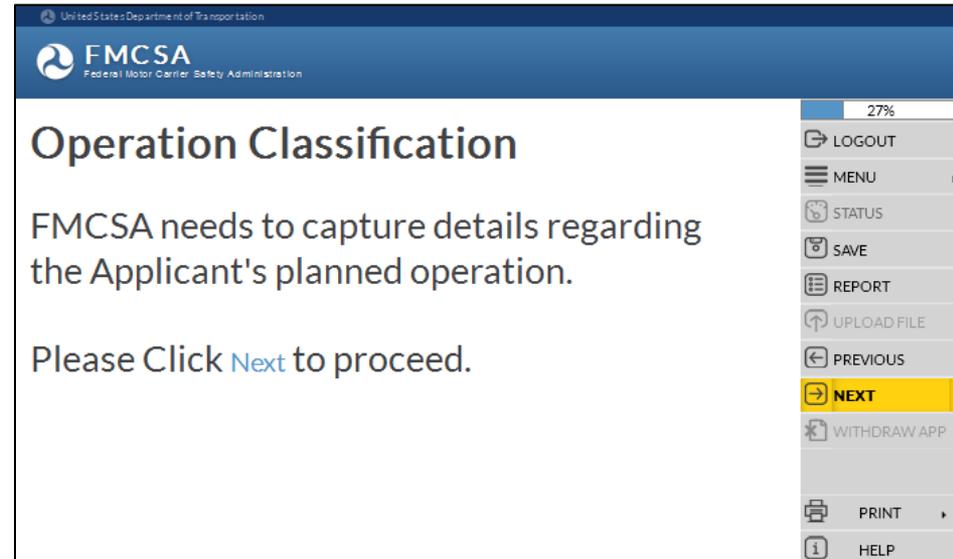
Operation Classification

Operation Classification

- FMCSA needs to capture details regarding the Applicant's planned operation:
 - Intermodal Equipment Provider
 - Transporting Property
 - Broker Services (Property, HHG)
 - Type of Cargo or Property Transporting
 - Transporting passengers
 - Freight Forwarder Services
 - Cargo Tank Facility
 - Driveaway or Towaway
 - Classification of Cargo

Some of the questions in the following section may or may not display in the URS Online Application Process.

The questions display based on the answers selected or entered by the Applicant.



The screenshot shows the FMCSA URS Online Application Process interface. At the top, it displays the United States Department of Transportation logo and the FMCSA logo. The page title is "Operation Classification". The main content area contains the text: "FMCSA needs to capture details regarding the Applicant's planned operation." followed by "Please Click [Next](#) to proceed." On the right side, there is a vertical menu with the following options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP. A progress bar at the top right indicates 27% completion.

Operation Classification (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification

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LOGOUT
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Will the Applicant operate as an Intermodal Equipment Provider?



Yes
 No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification

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PREVIOUS
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HELP

Will the Applicant transport Property?



Yes
 No

Operation Classification (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification

27%

- LOGOUT
- MENU
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- UPLOAD FILE
- PREVIOUS

Will the Applicant receive compensation for the business of transporting the property belonging to others?

Yes

No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification

27%

- LOGOUT
- MENU
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- NEXT**
- WITHDRAW APP
- PRINT
- HELP

What type of Property will the Applicant transport? (Select all that apply)

Hazardous Materials

Household Goods

Exempt Commodities

Other Non-Hazardous Freight

Operation Classification (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification

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Will the Applicant transport their own property?

Yes

No



ACME INC. ACME INC.

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- WITHDRAW APP
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Operation Classification (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification

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LOGOUT

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What type of Property will the Applicant transport? (Select all that apply)



Hazardous Materials



Non-Hazardous Materials

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification

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HELP

Will the Applicant transport Non-Hazardous Materials across state lines, otherwise Interstate Commerce?



Yes

No

Operation Classification (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

27%

Operation Classification

Will the Applicant transport any Passengers?

Yes

No

LOGOUT

MENU

STATUS



Yes

No

United States Department of Transportation

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Federal Motor Carrier Safety Administration

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Operation Classification

Will the Applicant provide Broker services?

Yes

No

LOGOUT

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Yes

No

Operation Classification (Cont.)

United States Department of Transportation

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Federal Motor Carrier Safety Administration

Operation Classification

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Will the Applicant provide Freight Forwarder services?

Yes
 No



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Operation Classification

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Will the Entity operate a Cargo Tank Facility?

Yes
 No



Operation Classification (Cont.)

United States Department of Transportation

FMCSA
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Operation Classification 27%

LOGOUT
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STATUS

Will the Applicant operate as a Driveaway?

Yes

No



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Will the Applicant operate as a Towaway?

Yes

No



Operation Classification (Cont.)

United States Department of Transportation

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Federal Motor Carrier Safety Administration

Operation Classification

Please select all classifications of cargo that the Applicant will transport or handle

			
<input checked="" type="checkbox"/> General Freight	<input checked="" type="checkbox"/> Household Goods	<input type="checkbox"/> Metal: Sheets, Coils, Rolls	<input type="checkbox"/> Motor Vehicles

Operation Classification (Cont.)

United States Department of Transportation


FMCSA
 Federal Motor Carrier Safety Administration

Operation Classification Summary

Q: Will the Entity operate as an Intermodal Equipment Provider?

A: No

Q: Will the Entity transport Property?

A: Yes

Q: Will the Entity receive compensation for the business of transporting the property belonging to others?

A: Yes

Q: What type of Property will the Entity transport?

A: Other Non-Hazardous Freight, Household Goods

Q: Will the Entity transport Non-Hazardous Materials across state lines, otherwise Interstate Commerce?

A: Yes

Q: Will the Entity transport their own property?

A: Yes

Q: What type of Property will the Entity transport?

A: Non-Hazardous Materials

27%

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-  MENU ▶
-  STATUS
-  SAVE
-  REPORT
-  UPLOAD FILE
-  PREVIOUS
-  **NEXT**
-  WITHDRAW APP
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-  HELP

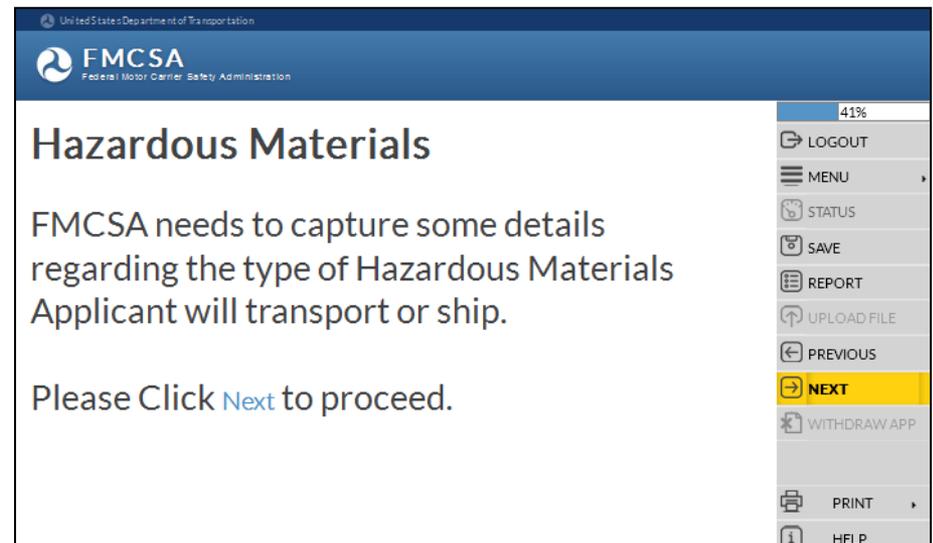
Operation Classification: Hazardous Materials

Hazardous Materials

- FMCSA needs to capture some details regarding the type of Hazardous Materials (HM) Applicant will transport or ship:
 - Type of HM the Applicant transports and/or ships
 - Need a Hazardous Materials Safety Permit (HMSP)
 - Number of accidents, as defined in 49 CFR 390.5
 - Satisfactory security program
 - Complete a Certification

Some of the questions in the following section may or may not display in the URS Online Application Process.

The questions display based on the answers selected or entered by the Applicant.



The screenshot shows the FMCSA URS Online Application Process interface. The header includes the United States Department of Transportation logo and the FMCSA logo. The main content area displays the title "Hazardous Materials" and the text: "FMCSA needs to capture some details regarding the type of Hazardous Materials Applicant will transport or ship. Please Click [Next](#) to proceed." The "NEXT" button is highlighted in yellow. A sidebar on the right contains navigation options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted), WITHDRAW APP, PRINT, and HELP. The progress indicator shows 41% completion.

Hazardous Materials (Cont.)

- Identify each type of HM the Applicant transports and/or ships by selecting **Carried** and/or **Shipped**
- Specify if the HM are transported and/or shipped in bulk and/or non-bulk quantities by selecting **Bulk** and/or **Non-Bulk**

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Hazardous Materials

Please complete the appropriate selection for each type of hazardous materials (HM) the applicant transports and/or ships. Additionally, please specify if the hazardous materials are transported or shipped in bulk or non-bulk quantities.

	Carried	Shipped	Bulk	Non-Bulk
Div 1.1 Explosives (with mass explosion hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 1.2 Explosives (with protection hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 1.3 Explosives (with predominatly fire hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 1.4 Explosives (with no significant blast hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Div 1.5 Very insensitive explosive blasting agents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 1.6 Extremely insensitive detonating substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Div 2.1 Flammable Gas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Div 2.1 Liquefied Petroleum Gas (LPG)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 2.1 Methane Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 2.2 Non-flammable compressed gas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 2.2 (Anhydrous Ammonia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Div 2.3 A (Poison gas which is Poison Inhalation Hazard (PIH) Zone A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Div 2.3 B (Poison gas which is PIH Zone B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Div 2.3 C (Poison gas which is PIH Zone C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

41%

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Hazardous Materials (Cont.)



Hazardous Materials

Does the Applicant need a Hazardous Materials Safety Permit (HMSP)?

Yes

No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

41%

LOGOUT

Hazardous Materials

Hazardous Materials

Please specify which of the following Hazardous Material(s) the Applicant will transport?

image Highway Route Controlled Quantities (HRCQ) of radioactive materials

More than 25 kg (kilograms) (55 pounds) of a Division 1.1, 1.2, or 1.3 material or a quantity of Division 1.5 material that requires placarding.

For materials that meet the definition of "material poisonous by inhalation" (TIH) as defined in 49 CFR 171.8: More than 1 liter (L)(1.08 quarts) per package of a material meeting the definition of a Hazard Zone A TIH material, a material meeting the definition of a Hazard Zone B TIH material in a bulk package (capacity greater than 450 liters [119 gallons]), or a material meeting the definition of a Hazard Zone C or D TIH material in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons).

Shipments of compressed or refrigerated liquid methane or liquefied natural gas with a methane content of at least 85% in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons).

41%

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Hazardous Materials (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Hazardous Materials

41%

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How many accidents, as defined in 49 CFR 390.5, has the Applicant had in the past 12 months?



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Hazardous Materials

41%

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HELP

Does the Applicant certify it has a satisfactory security program in place as required in 49 CFR Part 385, Subpart E?

Yes

No

Hazardous Materials (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Hazardous Materials 41%

Is the Applicant required by any state(s) to have a permit for any of the type of Hazardous Materials hazardous materials (HM) selected to be transported and/or shipped?

Yes
 No

LOGOUT
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Question Displays only if required by any state to have a permit

Yes
 No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Hazardous Materials 41%

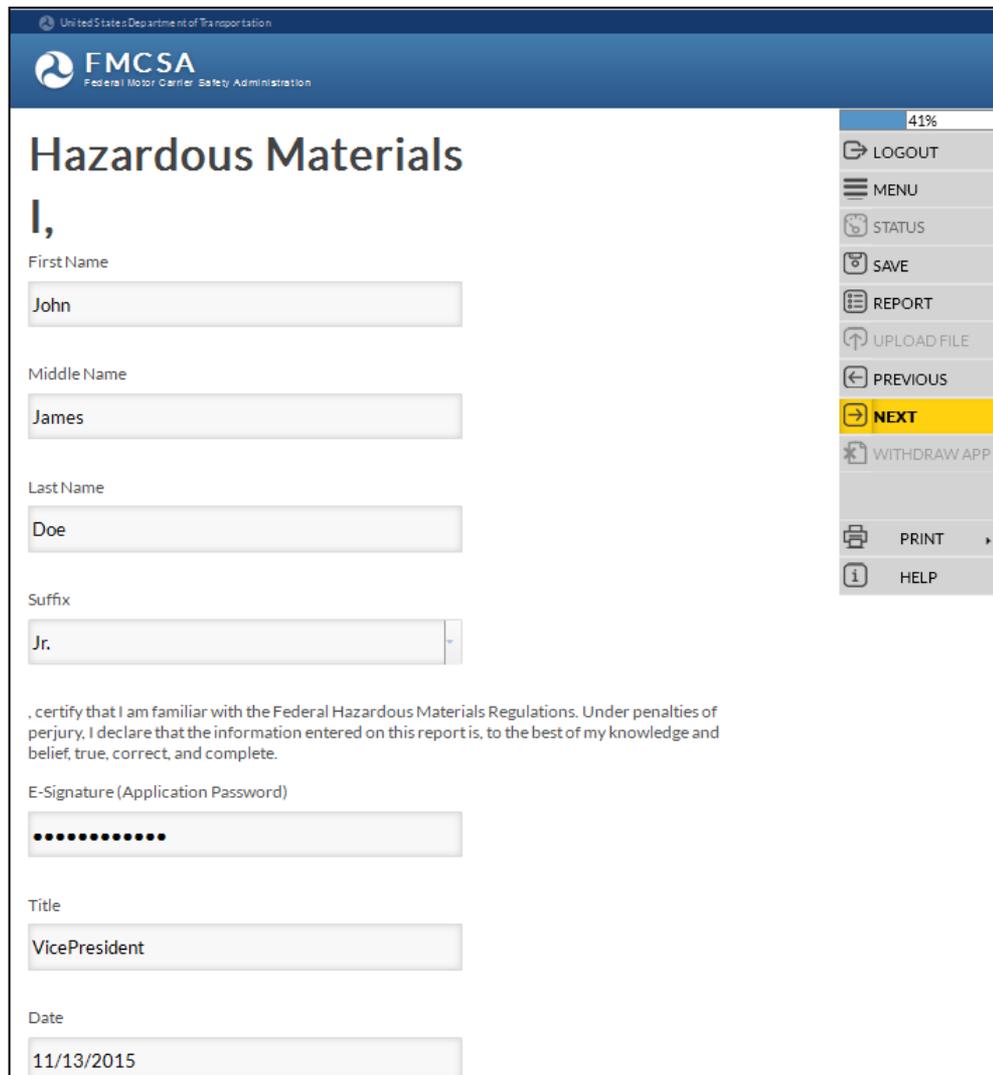
Please select the State(s) for which you have a permit.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas
<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input checked="" type="checkbox"/> Delaware
<input checked="" type="checkbox"/> District Of Columbia	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii
<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa
<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine
<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota

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Hazardous Materials (Cont.)

- Certify the following:
 - Familiar with the Federal Hazardous Materials Regulations
 - The information entered on this report is, to the best of my knowledge and belief, true, correct, and complete



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Hazardous Materials

I,

First Name
John

Middle Name
James

Last Name
Doe

Suffix
Jr.

. certify that I am familiar with 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, correct, and complete.

E-Signature (Application Password)
.....

Title
VicePresident

Date
11/13/2015

41%

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HELP

Hazardous Materials (Cont.)

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HELP

Hazardous Materials Summary

The following are instructions to complete the Hazardous Materials category:

For 'Yes/No' Response, please answer the question by clicking 'Yes' or 'No'.

Save your answer and proceed to the next question or page by pressing the 'Next' button.

Q: Please complete the appropriate selection for each type of hazardous materials (HM) the Entity transports and/or ships. Additionally, please specify if the hazardous materials are transported or shipped in bulk or non-bulk quantities.

	A: Carried/Shipped	Hazardous Material (HM)	Bulk	Non-Bulk
Yes	Yes	Div 1.1 Explosives	Yes	No
Yes	Yes	Div 1.2 Explosives	Yes	No
Yes	Yes	Div 1.3 Explosives	Yes	No
Yes	Yes	Div 1.4 Explosives	No	Yes
Yes	No	Div 1.5 Very insensitive explosive blasting agents	Yes	No
Yes	No	Div 2.1 Flammable Gas (LPG)	No	Yes
No	Yes	Div 2.1 Liquefied Petroleum Gas	Yes	No
No	Yes	Div 2.1 Methane Gas	Yes	No
Yes	No	Div 2.2 Non-flammable compressed gas	Yes	No
Yes	No	Div 2.2 (Anydrous Ammonia)	No	Yes
No	Yes	Div 2.3 A (Poison gas which is Poison Inhalation Hazard PIH)	Yes	No
No	Yes	Div 2.3 B (Poison gas which is PIH Zone B)	No	Yes
No	Yes	Div 2.3 C (Poison gas which is PIH Zone C)	Yes	No
No	Yes	Div 2.3 D (Poison gas which is PIH Zone D)	Yes	No
No	Yes	Hazardous Substances (RQ) (Meets definition in 49 CFR 171.8 of a reportable quantity of a hazardous substance)	No	Yes
Yes	No	Hazardous Waste Meets definition in 49 CFR 171.8 of a hazardous waste	Yes	No
No	Yes	ORM Meets definition in 49 CFR 171.8 of Other Regulated Material	Yes	No

Q: Does the Applicant need a Hazardous Materials Safety Permit (HMSP)?

A: Yes

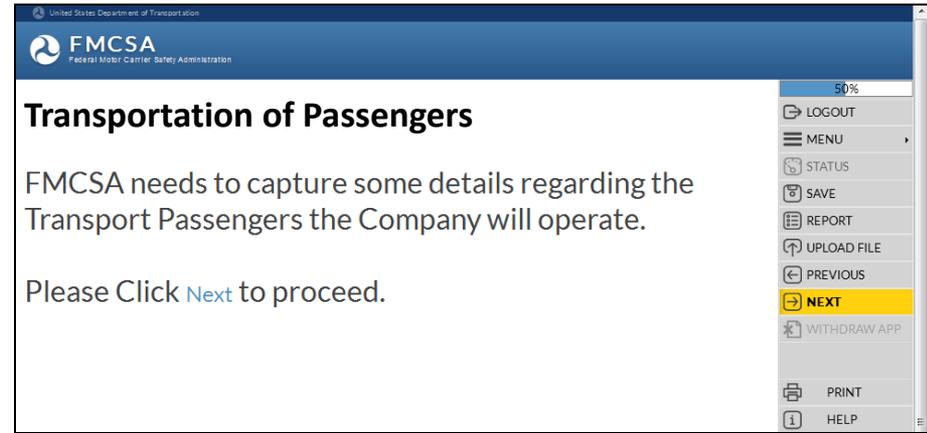
Q: Please specify which of the following Hazardous Material(s) the Applicant will transport?

A: For materials that meet the definition of "material poisonous by inhalation" (TIH) as defined in 49 CFR 171.8: More than 1 liter (L)(1.08 quarts) per package of a material meeting the definition of a Hazard Zone A TIH material, a material meeting the definition of a Hazard Zone B TIH material in a bulk package (capacity greater than 450 liters [119 gallons]), or a material meeting the definition of a Hazard Zone C or D TIH material in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons).

Operation Classification: Transportation of Passengers

Transportation of Passengers

- FMCSA needs to capture details regarding the Transportation of Passengers the Entity will operate:
 - Receive any federal transportation grant funds
 - Public recipient or private recipient of governmental financial assistance:
 - Upload supporting documentation



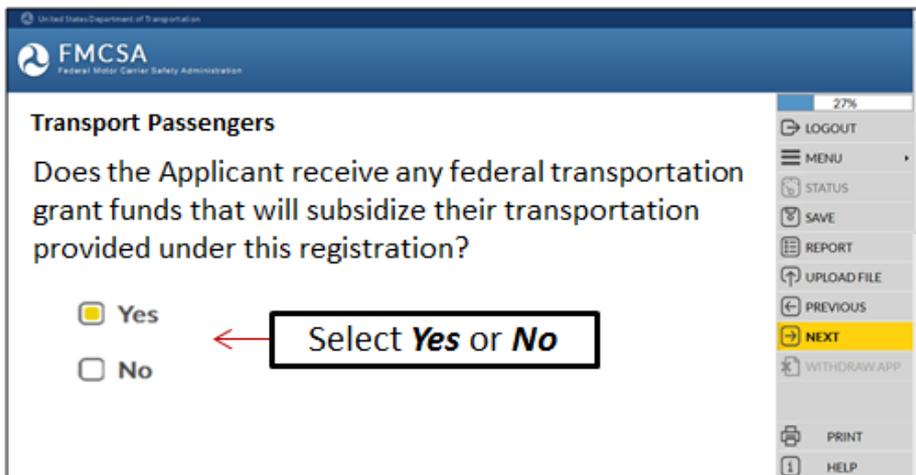
The screenshot shows a web application interface for the FMCSA. At the top, there is a blue header with the FMCSA logo and the text 'United States Department of Transportation' and 'Federal Motor Carrier Safety Administration'. Below the header, the page title is 'Transportation of Passengers'. The main content area contains the text: 'FMCSA needs to capture some details regarding the Transport Passengers the Company will operate.' and 'Please Click [Next](#) to proceed.' On the right side, there is a vertical menu with several options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP. A progress indicator at the top right shows '50%'.

- Public recipient applicants requesting authority to operate over regular routes:
 - Upload supporting documentation

Transport Passengers (Cont.)

- Does the Applicant receive any federal transportation grant funds that will subsidize their transportation provided under this registration?

Select 'Yes' only if the Applicant WILL receive federal transportation grant funds



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Transport Passengers

Does the Applicant receive any federal transportation grant funds that will subsidize their transportation provided under this registration?

Yes

No

Select **Yes** or **No**

27%

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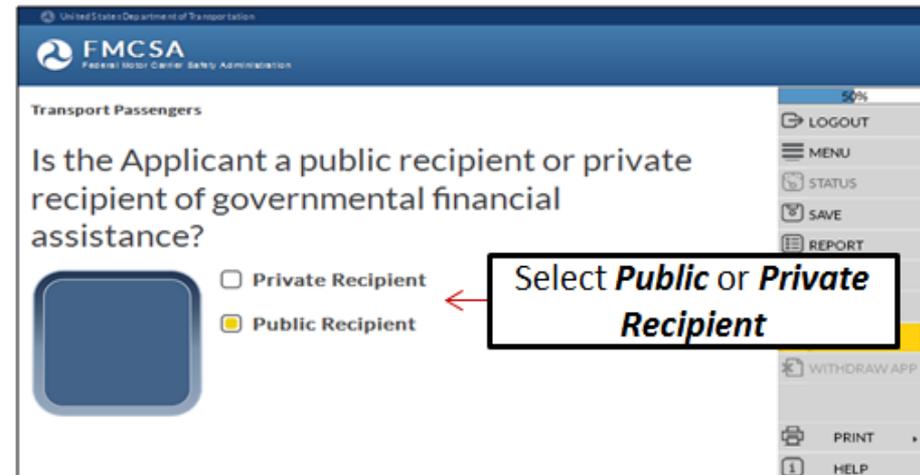
WITHDRAW APP

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HELP

- Is the Applicant a public recipient or private recipient of governmental financial assistance?

Question displays only for Applicant who WILL receive a federal transportation grant(s)



United States Department of Transportation

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Federal Motor Carrier Safety Administration

Transport Passengers

Is the Applicant a public recipient or private recipient of governmental financial assistance?

Private Recipient

Public Recipient

Select **Public** or **Private Recipient**

50%

LOGOUT

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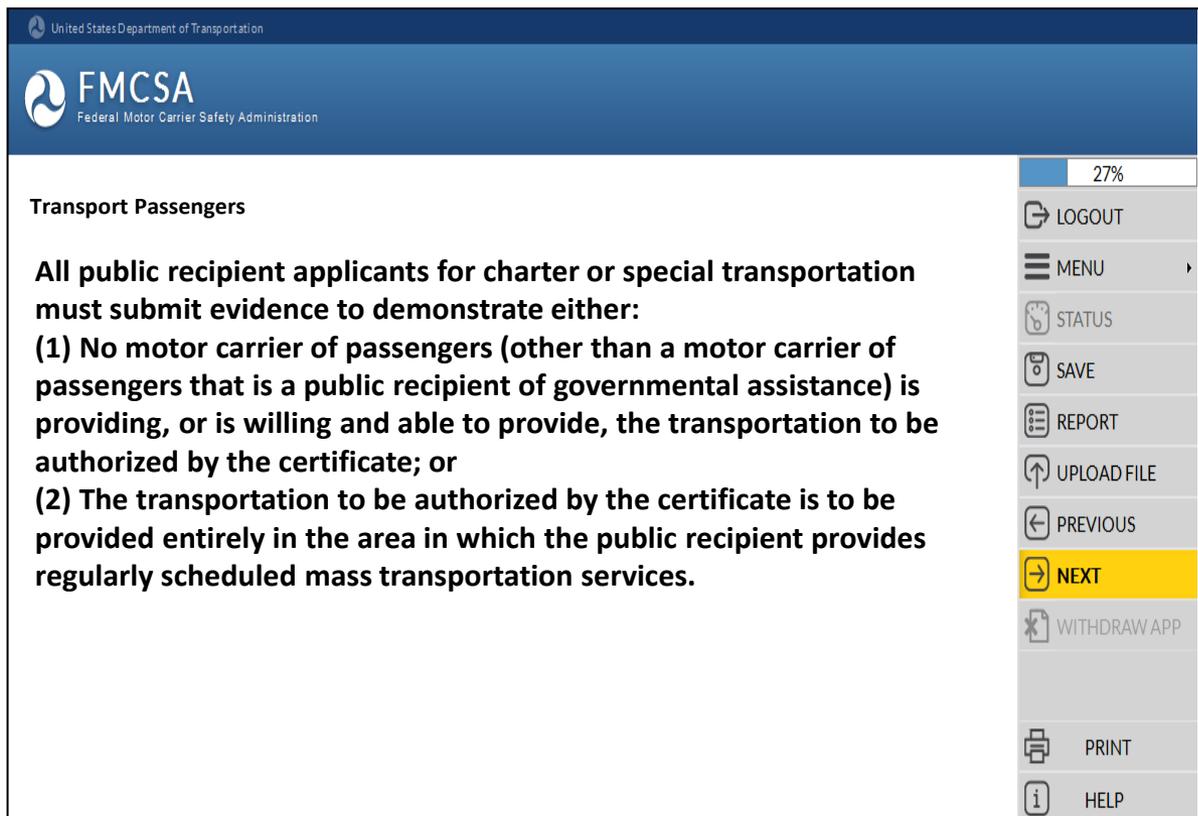
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Transportation of Passengers (Cont.)

Displays only for an Applicant who is a Public Recipient of Charter or Special Transportation



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Federal Motor Carrier Safety Administration

Transport Passengers

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All public recipient applicants for charter or special transportation must submit evidence to demonstrate either:

- (1) No motor carrier of passengers (other than a motor carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or**
- (2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.**

LOGOUT

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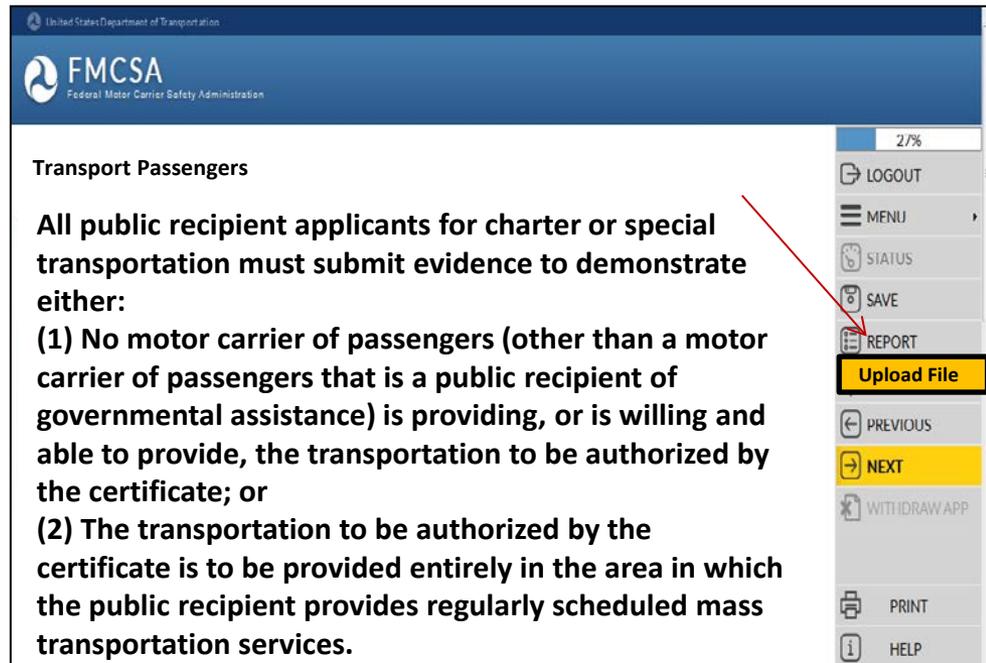
HELP

Transportation of Passengers (Cont.)

- The transportation to be authorized by the certificate is to be provided in the area in which the Public Recipient provides regularly scheduled mass transportation services

- Click ***Upload File*** in the Navigation Menu to upload the requested documentation to be submitted with the application

Displays only for an Applicant who is a Public Recipient



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

2/7%

Transport Passengers

All public recipient applicants for charter or special transportation must submit evidence to demonstrate either:

(1) No motor carrier of passengers (other than a motor carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or

(2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

LOGOUT

MENU

STATUS

SAVE

REPORT

Upload File

PREVIOUS

NEXT

WITHDRAW APP

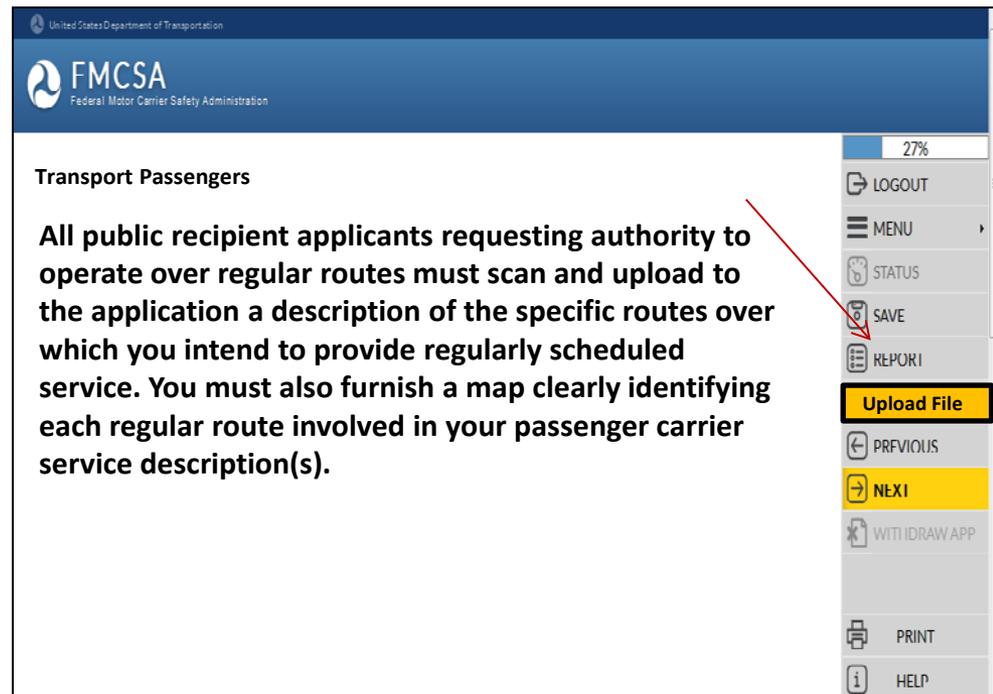
PRINT

HELP

Transportation of Passengers (Cont.)

- All **Public Recipient** Applicants requesting authority to operate over **Regular Routes**:
 - Must scan and upload to the application a description of the specific routes over which you intend to provide regularly scheduled service
 - You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s)

Displays only for an Applicant who is a Public Recipient



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

27%

LOGOUT

MENU

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PREVIOUS

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WITHDRAW APP

PRINT

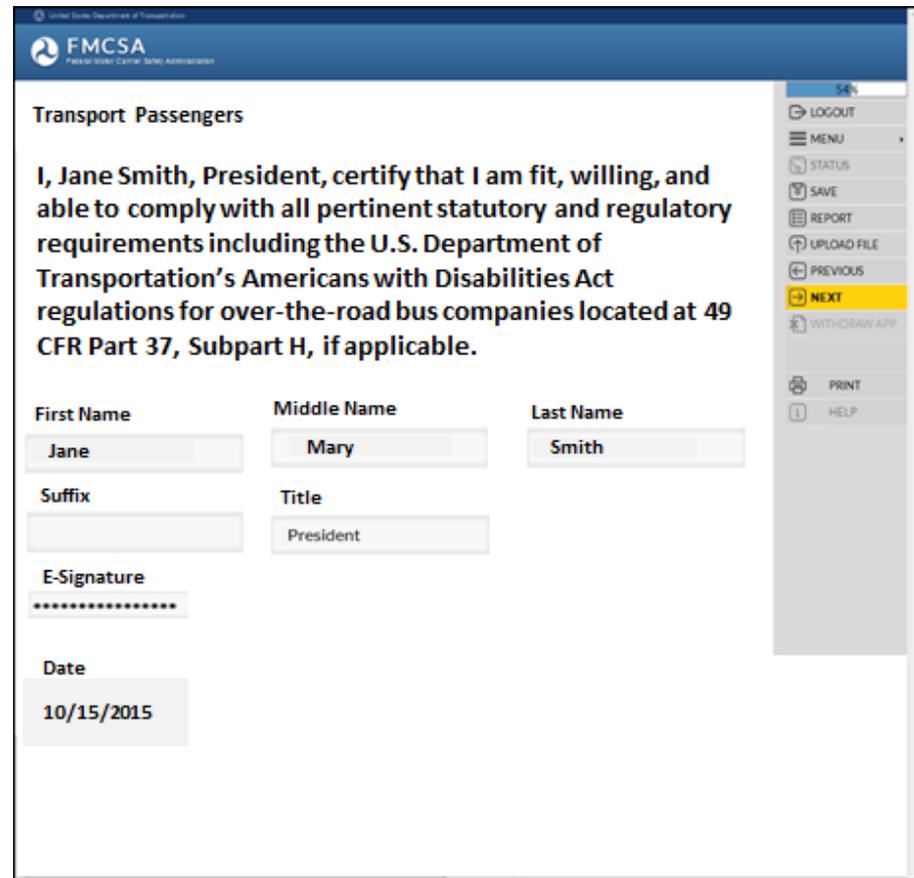
HELP

Transport Passengers

All public recipient applicants requesting authority to operate over regular routes must scan and upload to the application a description of the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).

Transportation of Passengers (Cont.)

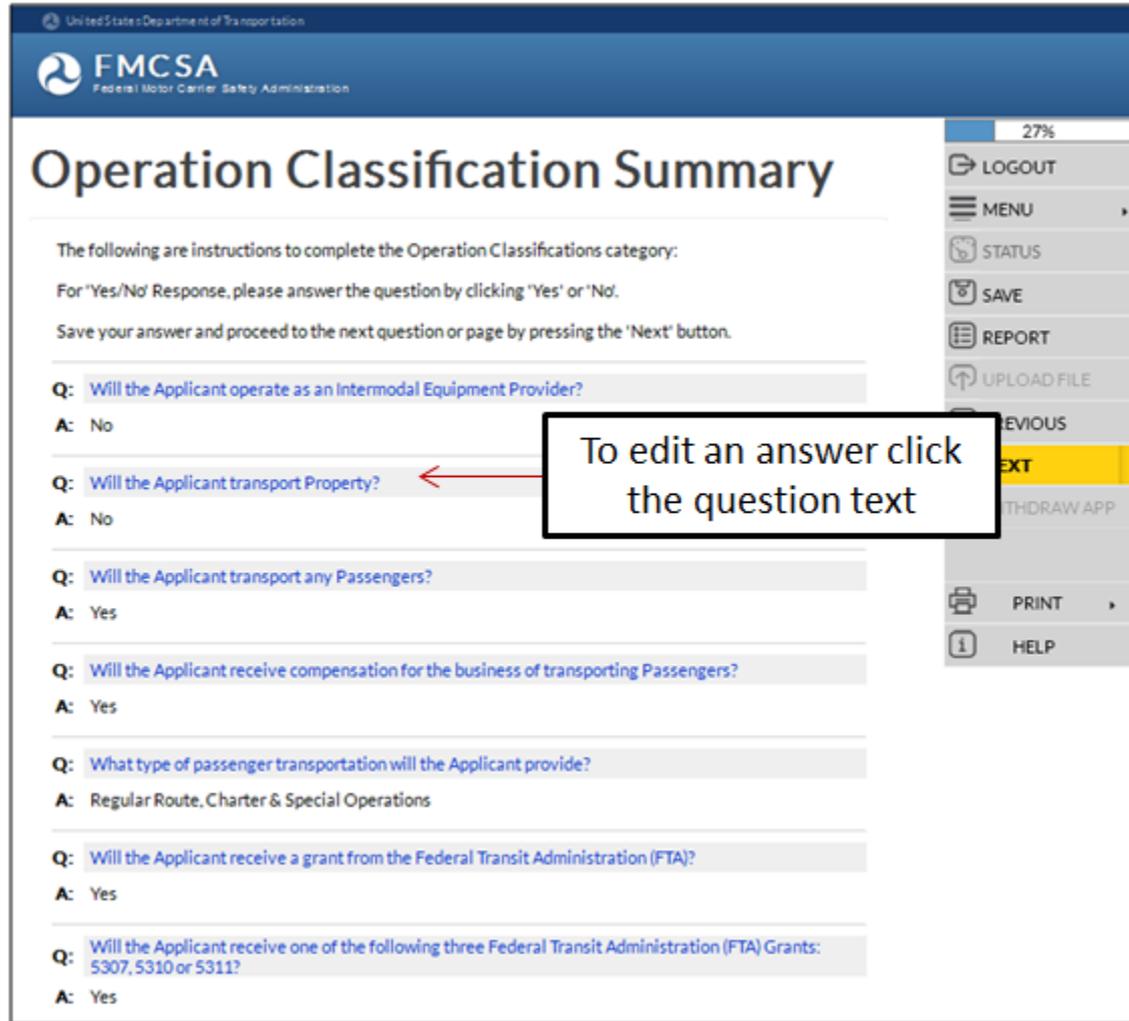
- Certify the following:
 - Fit, willing, and able to comply with all pertinent statutory and regulatory requirements including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable



The screenshot shows a web-based certification form for transporting passengers. The form is titled "Transport Passengers" and includes a certification statement: "I, Jane Smith, President, certify that I am fit, willing, and able 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." Below the statement are input fields for personal information: First Name (Jane), Middle Name (Mary), Last Name (Smith), Suffix, Title (President), E-Signature (represented by a masked field), and Date (10/15/2015). A right-hand sidebar contains navigation options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP.

Transportation of Passengers (Cont.)

- Review the Transport Passengers Summary to ensure the answers provided are correct
- To change an answer, click the question text



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Operation Classification Summary

The following are instructions to complete the Operation Classifications category:
For "Yes/No" Response, please answer the question by clicking "Yes" or "No".
Save your answer and proceed to the next question or page by pressing the "Next" button.

27%

- LOGOUT
- MENU
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Q: Will the Applicant operate as an Intermodal Equipment Provider?
A: No

Q: Will the Applicant transport Property? ← To edit an answer click the question text
A: No

Q: Will the Applicant transport any Passengers?
A: Yes

Q: Will the Applicant receive compensation for the business of transporting Passengers?
A: Yes

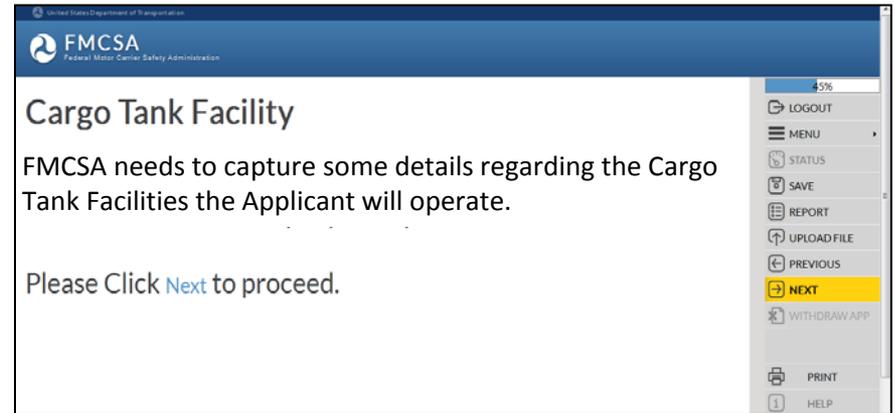
Q: What type of passenger transportation will the Applicant provide?
A: Regular Route, Charter & Special Operations

Q: Will the Applicant receive a grant from the Federal Transit Administration (FTA)?
A: Yes

Q: Will the Applicant receive one of the following three Federal Transit Administration (FTA) Grants: 5307, 5310 or 5311?
A: Yes

Cargo Tank Facility

- FMCSA needs to capture details regarding the Cargo Tank Facility (CTF) the Applicant will operate:
 - Number of CTFs being registered
 - Address information
 - Cargo Tank Number: Functions, Exemptions, Special Permits, Vehicles
 - Testing and inspection equipment

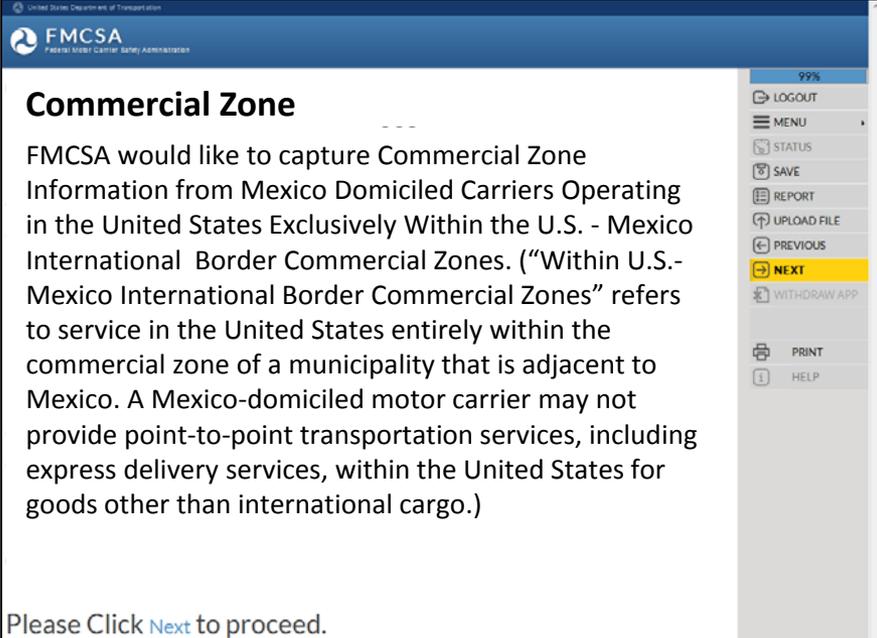


The screenshot shows a web interface for the FMCSA Cargo Tank Facility registration. The header includes the FMCSA logo and the text "Federal Motor Carrier Safety Administration". The main heading is "Cargo Tank Facility". Below the heading, the text reads: "FMCSA needs to capture some details regarding the Cargo Tank Facilities the Applicant will operate." A blue link labeled "Next" is highlighted, with the instruction "Please Click Next to proceed." On the right side, there is a vertical menu with the following options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP.

- Agent for service of process
- Person responsible for compliance
- Person conducts certification, inspection, or testing functions
- Certifications/validation of meeting requirements

Mexican Commercial Zone

- FMCSA would like to capture Commercial Zone information from Mexico Domiciled Entities operating in the U.S. Exclusively Within the U.S. - Mexico International Border Commercial Zones:
 - Applicant maintain an office in the United States, provide the address, telephone number and fax number



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Federal Motor Carrier Safety Administration

Commercial Zone

FMCSA would like to capture Commercial Zone Information from Mexico Domiciled Carriers Operating in the United States Exclusively Within the U.S. - Mexico International Border Commercial Zones. (“Within U.S.-Mexico International Border Commercial Zones” refers to service in the United States entirely within the commercial zone of a municipality that is adjacent to Mexico. A Mexico-domiciled motor carrier may not provide point-to-point transportation services, including express delivery services, within the United States for goods other than international cargo.)

Please Click [Next](#) to proceed.

99%

- LOGOUT
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- WITHDRAW APP
- PRINT
- HELP

- Operating under insurance issued by an insurance or surety company in amounts meeting FMCSA financial responsibility requirements

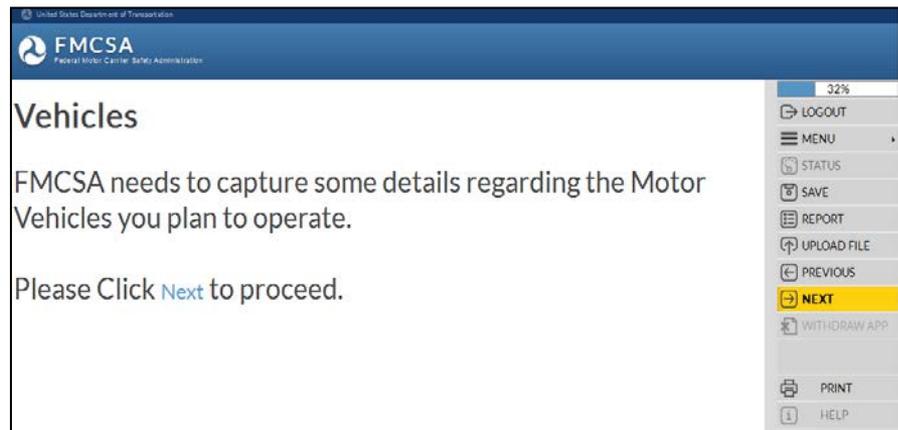
Vehicles

Vehicles

- FMCSA needs to capture details regarding the Motor Vehicles being planned to operate:
 - Number of non-CMV's
 - Type of CMV's
 - Number of CMV's operating in Canada or Mexico
 - Number of CMV's that will operate in Canada or Mexico
 - Number of CMV's that will operate in Interstate commerce
 - Number of CMV's that will operate in Intrastate commerce

Some of the questions in the following section may or may not display in the URS Online Application Process.

The questions display based on the answers selected or entered by the Applicant.



The screenshot shows the FMCSA online application interface. At the top, it displays the FMCSA logo and the text "Federal Motor Carrier Safety Administration". Below this, the heading "Vehicles" is visible. The main content area contains the text: "FMCSA needs to capture some details regarding the Motor Vehicles you plan to operate." followed by "Please Click [Next](#) to proceed." On the right side, there is a vertical menu with several options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP. At the top right of the menu, a progress indicator shows "32%".

Vehicles (Cont.)

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Vehicle

Please provide the number of non-CMV's the Applicant plans to operate.

Non-CMV Property

32%

LOGOUT

MENU

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PREVIOUS

NEXT

WITHDRAW APP

PRINT

HELP

Vehicles (Cont.)

- For each CMV identified, provide how many are:
 - Owned
 - Term Leased
 - Trip Leased
 - Towaway/Driveaway
 - Serviced
- Enter or use the up or down arrows to select a number of vehicles

United States Department of Transportation

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Federal Motor Carrier Safety Administration

Vehicles

What type of Commercial motor vehicle(s) will the Applicant operate?(Select all that apply)

	Owned	Term Leased	Trip Leased	Tow/Driveaway	Serviced
Straight Truck(s)	3	5	2	0	
Truck Tractor(s)	8	5	5	0	
Trailer(s)	10	3	0	0	
IEP Trailer Chassis Only	0	0	0	0	0

32%

- LOGOUT
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- UPLOAD FILE
- PREVIOUS
- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Vehicles (Cont.)

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Vehicle 32%

LOGOUT
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SAVE

Please provide the number of Commercial Motor Vehicles the Applicant will operate in Canada or Mexico.

Canada

Mexico

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Vehicle 32%

LOGOUT
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UPLOAD FILE
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WITHDRAW APP
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HELP

Please provide the number of Commercial Motor Vehicles the Applicant will operate solely in Interstate Commerce.

Vehicles (Cont.)

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Vehicle

Please provide the number of Commercial Motor Vehicles the Applicant will operate solely in Intrastate Commerce.

32%

- LOGOUT
- MENU
- STATUS
- SAVE
- REPORT
- UPLOAD FILE
- PREVIOUS
- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Vehicles (Cont.)

32%
United States Department of Transportation

Vehicle Summary

The following are instructions to complete the Vehicles category:

Provide an answer for the type of commercial motor vehicles the applicant will operate by selecting the vehicles from a drop down list.

Provide to the nearest 10,000 increments the estimates number of miles. Zero is an acceptable answer.

Only numbers (0-9) are allowed for numerical answers.

In order to save your answer and proceed, press the 'Next' button

Q: Non-CMV Property

A: 2

Q: What type of motor vehicle(s) will the Company operate with a Gross Vehicle Weight Rating, Gross Combination Weight Rating, Gross Vehicle Weight or Gross Combination Weight greater than or equal to 10,001 pounds?

A:	Owned	Term Leased	Trip Leased	Tow / Driveway	Serviced
Straight Truck(s)	3	5	2	0	
Truck Tractor(s)	8	5	5	0	
Trailer(s)	10	3	0	0	
IEP Trailer Chassis Only	0	0	0	0	0

Q: Please provide the number of vehicles that the Entity will operate in Canada or Mexico with a Gross Vehicle Weight Rating, Gross Combination Weight Rating, Gross Vehicle Weight or Gross Combination Weight greater than or equal to 10,001 pounds.

A: Canada: 0
Mexico: 0

Q: Please provide the number of Commercial Motor Vehicles the Applicant will operate solely in Interstate Commerce.

A: 10

Q: Please provide the number of Commercial Motor Vehicles the Applicant will operate solely in Intrastate Commerce.

A: 20

32%

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HELP

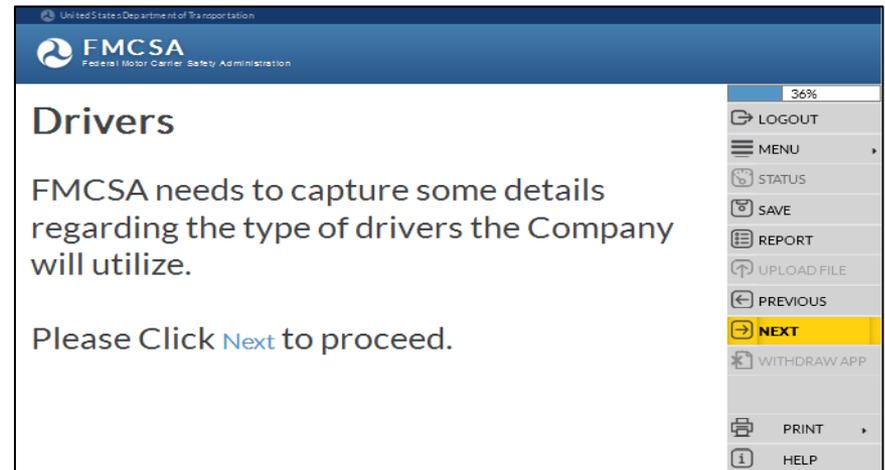
Drivers

Drivers

- FMCSA needs to capture details regarding the type of drivers the Applicant will utilize:
 - Number of drivers operating as Interstate
 - Number of drivers operating solely as Intrastate
 - Number of drivers with a CDL, Licencia Federal de Conductor (LFC), or a valid Canadian License Class 1, 2, 3, or 4 (or Class A, B, C, or D if licensed in Ontario)

Some of the questions in the following section may or may not display in the URS Online Application Process.

The questions display based on the answers selected or entered by the Applicant.

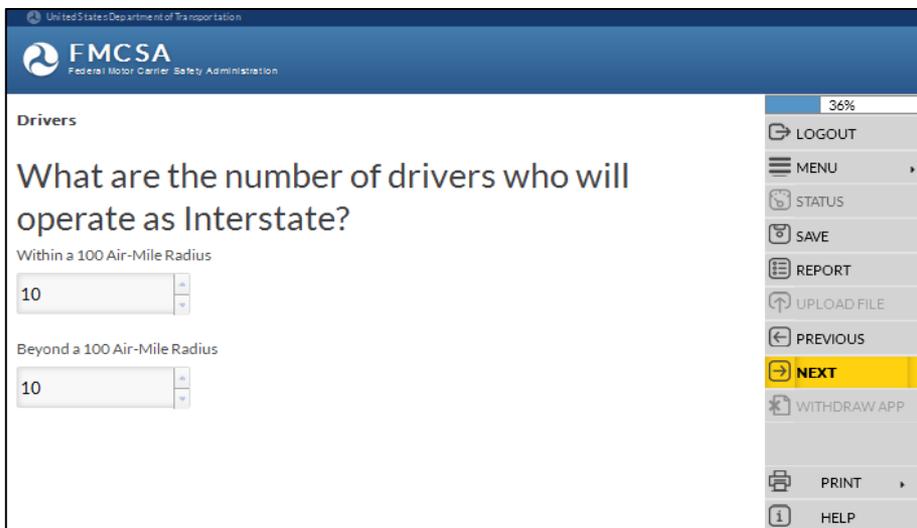


The screenshot shows the FMCSA URS Online Application Process interface. The top navigation bar includes the United States Department of Transportation logo and the FMCSA logo. The main content area is titled "Drivers" and contains the text: "FMCSA needs to capture some details regarding the type of drivers the Company will utilize. Please Click [Next](#) to proceed." A progress bar at the top right shows 36% completion. A sidebar menu on the right contains the following options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP.

- Number of drivers operating in Canada or Mexico

Drivers (Cont.)

- What are the number of drivers who will operate as ***Interstate***?
 - Within a 100 Air-Mile Radius
 - Beyond a 100 Air-Mile Radius
- What are the number of drivers who will operate solely as ***Intrastate***?
 - Within a 100 Air-Mile Radius
 - Beyond a 100 Air-Mile Radius



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

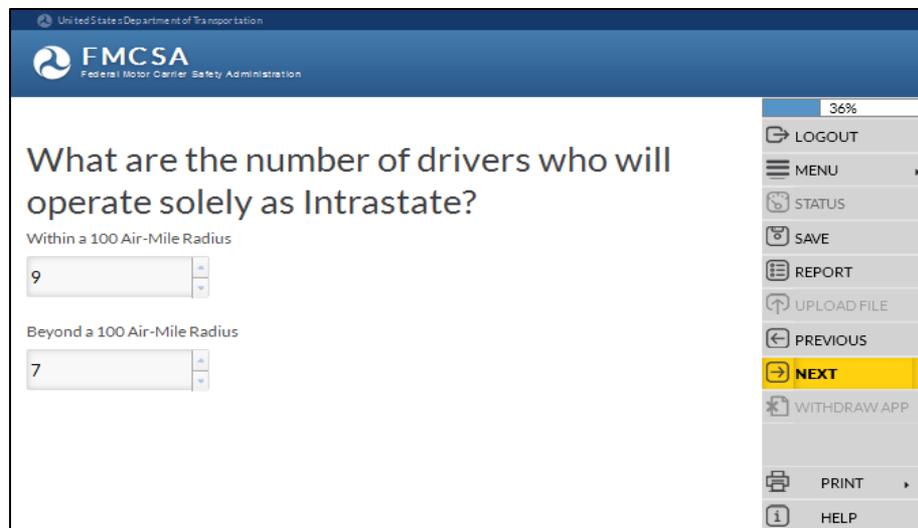
Drivers 36%

What are the number of drivers who will operate as Interstate?

Within a 100 Air-Mile Radius

Beyond a 100 Air-Mile Radius

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 UPLOAD FILE
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NEXT
 WITHDRAW APP
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What are the number of drivers who will operate solely as Intrastate?

Within a 100 Air-Mile Radius

Beyond a 100 Air-Mile Radius

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Drivers (Cont.)

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Drivers

36%

What are the number of drivers who will operate in Canada or Mexico?

Canada

Mexico

- LOGOUT
- MENU
- STATUS
- SAVE
- REPORT
- UPLOAD FILE
- PREVIOUS
- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Drivers (Cont.)

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

Driver Summary

Q: [What are the number of drivers who will operate as Interstate?](#)

A: Within a 100 Air-Mile Radius : 1
Beyond a 100 Air-Mile Radius : 1

Q: [What are the number of drivers who will operate solely as Intrastate?](#)

A: Within a 100 Air-Mile Radius : 1
Beyond a 100 Air-Mile Radius : 0

Q: [What are number of drivers with a Commercial Driver's License \(CDL\)?](#)

A: 3

Q: [What are the number of drivers who will operate in Canada or Mexico?](#)

A: Canada : 0
Mexico : 0

36%

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-  STATUS
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-  REPORT
-  UPLOAD FILE
-  PREVIOUS
-  **NEXT**
-  WITHDRAW APP
-  PRINT
-  HELP

URS Online Registration Process Flow

Who are you?

- Applicant contact info (company official or authorized rep)
- Business name, type, location
- Ownership and control, officers

What is your operation?

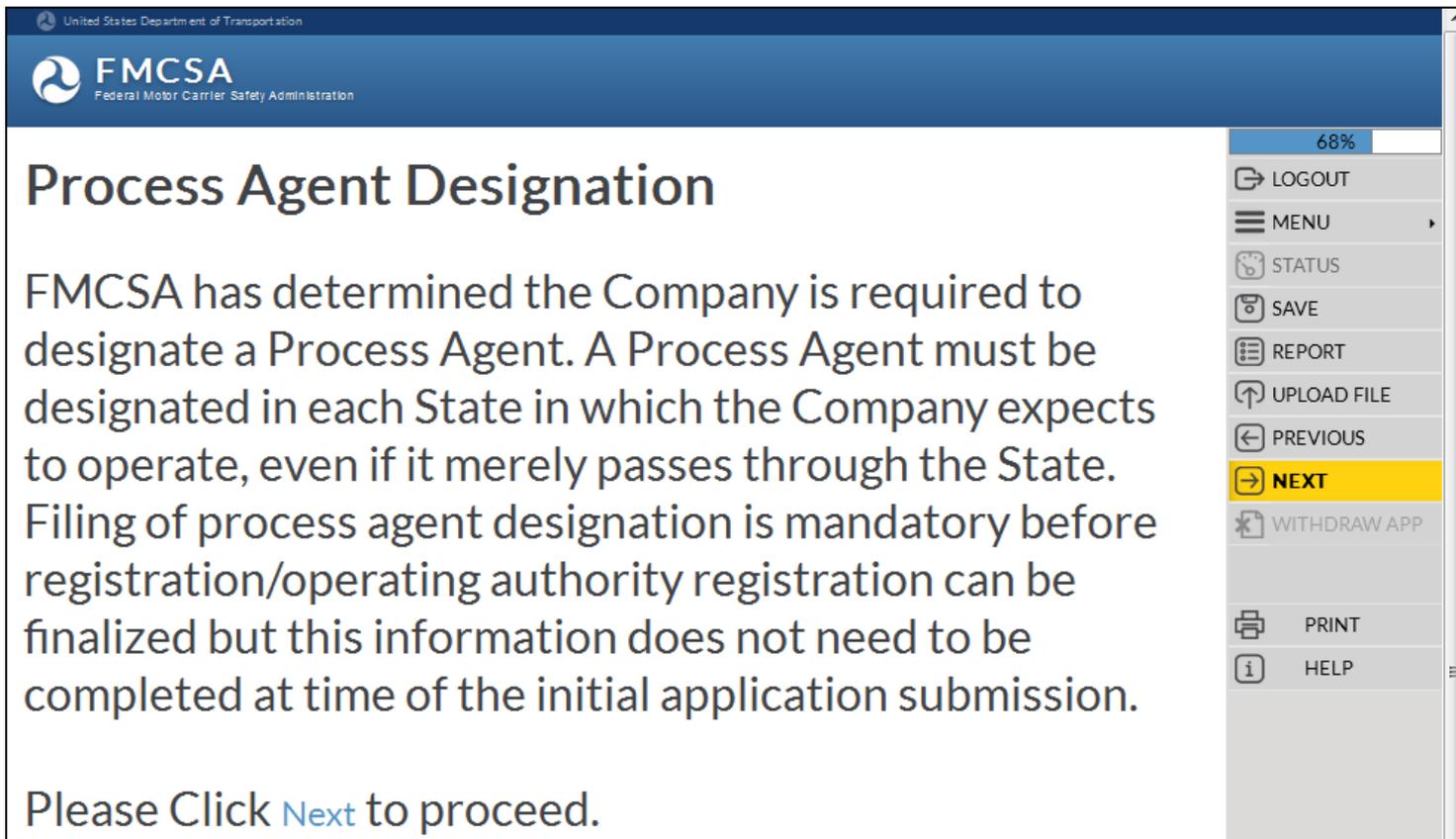
- Property, PAX, HM, IEP, FF, CTF, Broker, HHG
- For hire, private, unit of gov't
- Number of vehicles, drivers

Completing the registration

- Certifications, oaths
- Affiliations
- Payment for registration(s), notifications
- Insurance, BOC-3 filings

Additional Filing Requirements

Process Agent Designation (for operating authority only)



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Process Agent Designation

68%

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Process Agent Designation

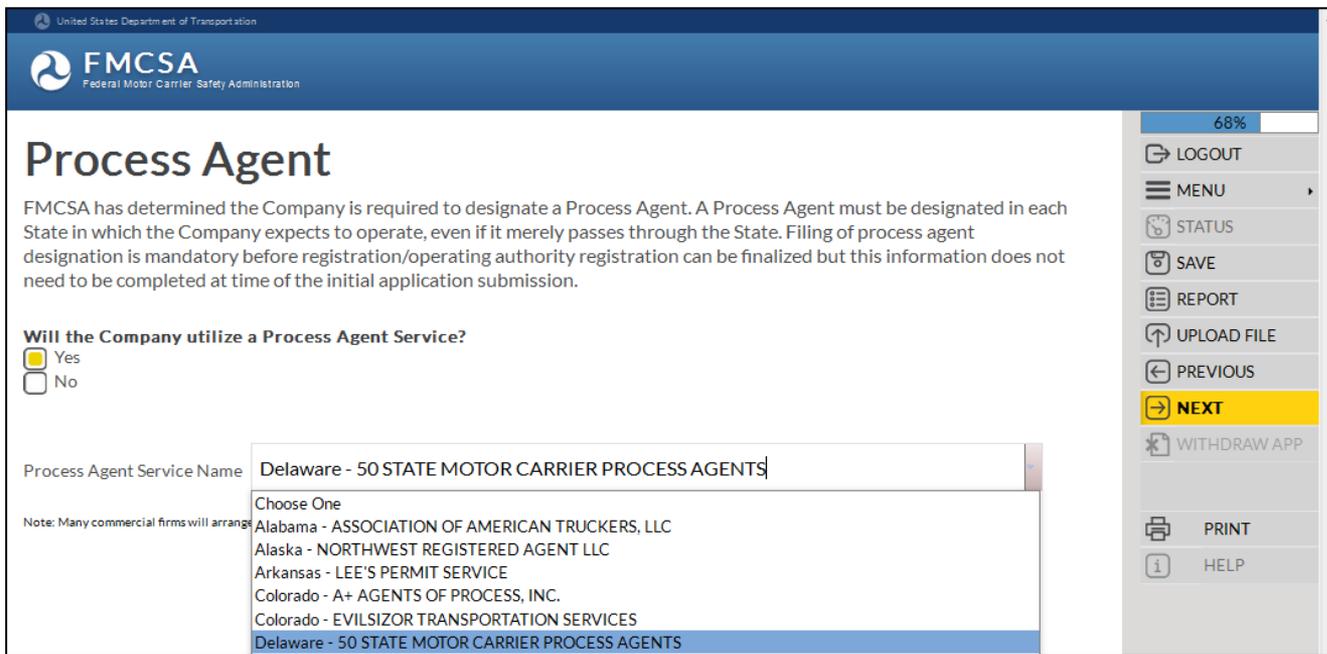
FMCSA has determined the Company is required to designate a Process Agent. A Process Agent must be designated in each State in which the Company expects to operate, even if it merely passes through the State. Filing of process agent designation is mandatory before registration/operating authority registration can be finalized but this information does not need to be completed at time of the initial application submission.

Please Click [Next](#) to proceed.

The Applicant must ensure the evidence of process agent designation is filed with FMCSA before operating authority registration can be granted

Process Agent Designation (Cont.)

- If the Applicant will use a Process Agent Service select **Yes**. Select the drop down arrow to view the Process Agent Service Names list and select a **Process Agent Name** from the list.
- If the Applicant will NOT use a Process Agent Service, select **No**.



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Process Agent

FMCSA has determined the Company is required to designate a Process Agent. A Process Agent must be designated in each State in which the Company expects to operate, even if it merely passes through the State. Filing of process agent designation is mandatory before registration/operating authority registration can be finalized but this information does not need to be completed at time of the initial application submission.

Will the Company utilize a Process Agent Service?

Yes
 No

Process Agent Service Name: Delaware - 50 STATE MOTOR CARRIER PROCESS AGENTS

Note: Many commercial firms will arrange

- Choose One
- Alabama - ASSOCIATION OF AMERICAN TRUCKERS, LLC
- Alaska - NORTHWEST REGISTERED AGENT LLC
- Arkansas - LEE'S PERMIT SERVICE
- Colorado - A+ AGENTS OF PROCESS, INC.
- Colorado - EVILSIZOR TRANSPORTATION SERVICES
- Delaware - 50 STATE MOTOR CARRIER PROCESS AGENTS

68%

- LOGOUT
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- NEXT**
- WITHDRAW APP
- PRINT
- HELP

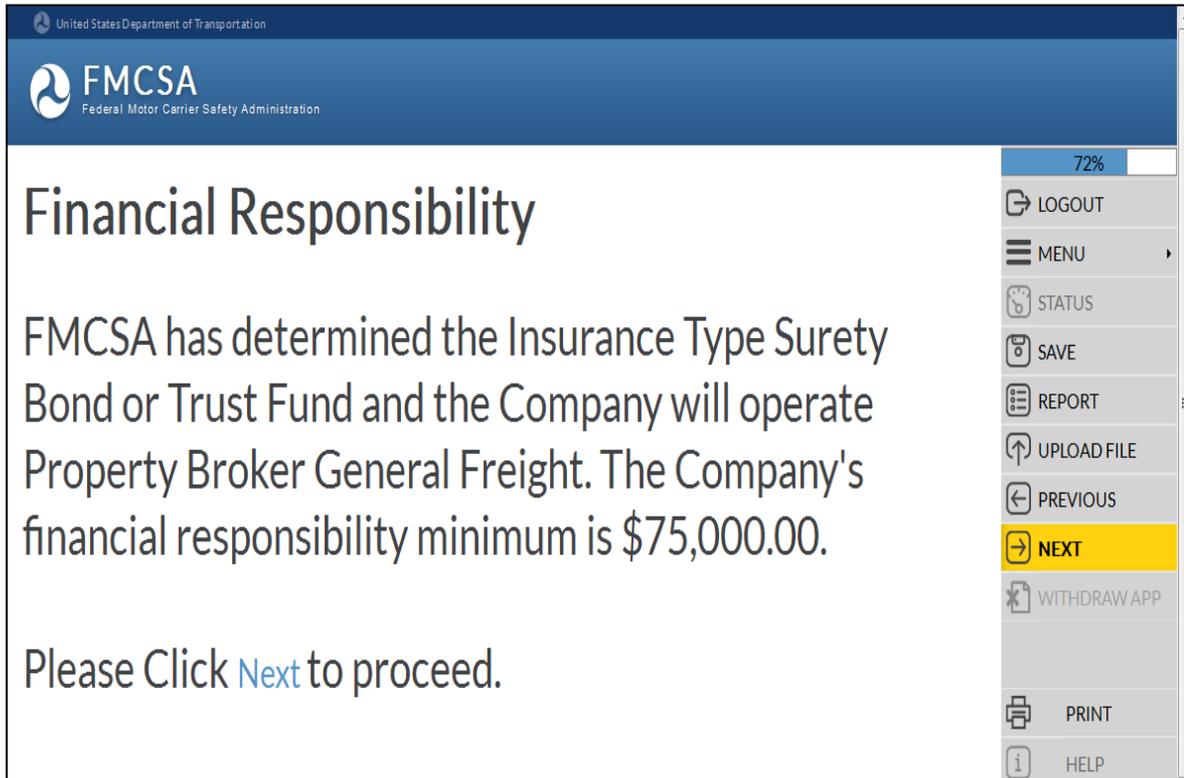
Process Agent Designation (Cont.)

2711 Centerville Road, Suite 400
 Wilmington, DE 19808
 Phone: (800) 927-9800
 Fax: (302) 636-5454
 Email: mvrep@cscin.com
 Website: www.cscglobal.com

Please print and retain for your records.

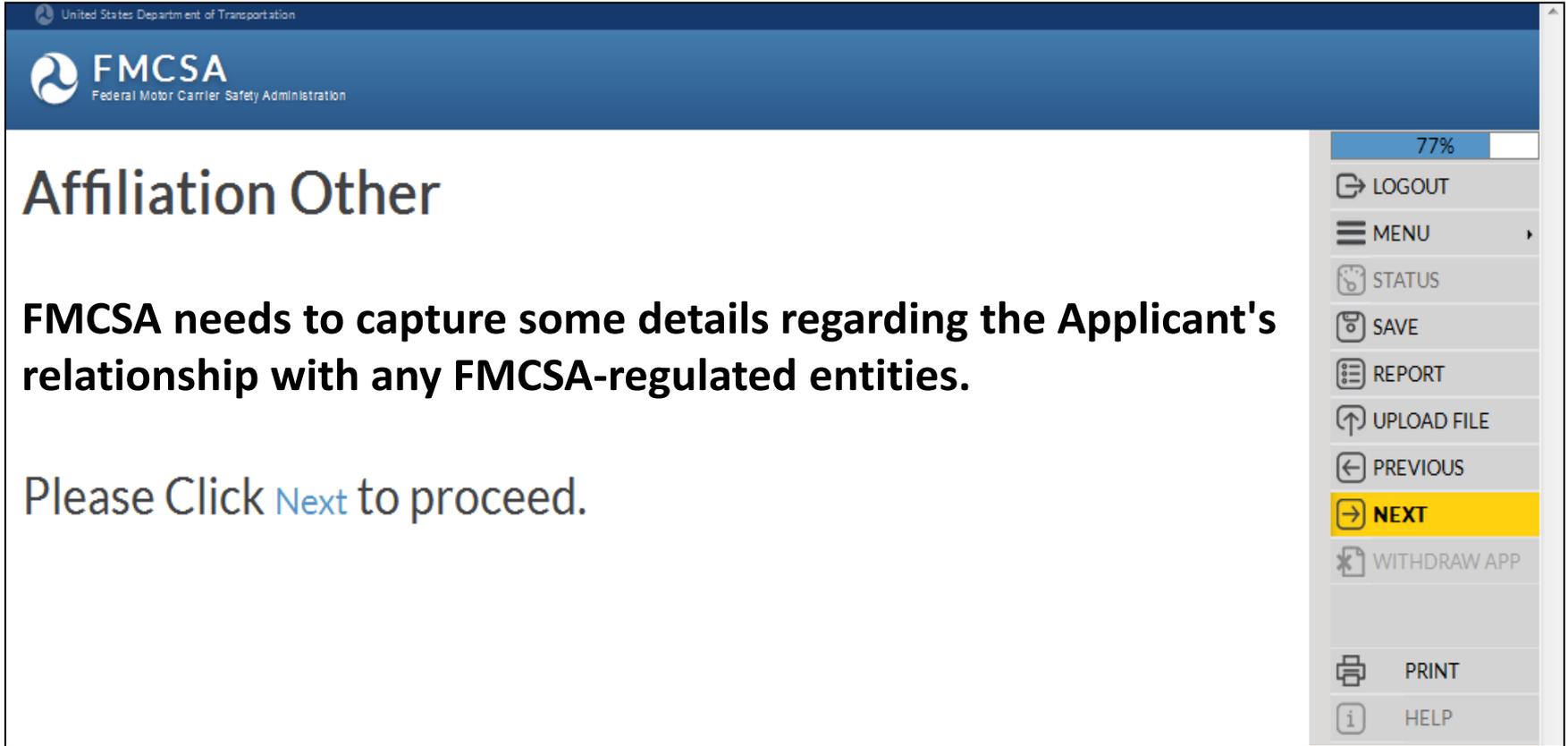
Financial Responsibility

- Based on the Operation Classification information provided in the application, FMCSA will determine the Entity's financial responsibility minimum.



The screenshot shows the FMCSA application interface. At the top, it displays the United States Department of Transportation logo and the FMCSA logo. The main heading is "Financial Responsibility". Below this, the text states: "FMCSA has determined the Insurance Type Surety Bond or Trust Fund and the Company will operate Property Broker General Freight. The Company's financial responsibility minimum is \$75,000.00." At the bottom, it says "Please Click [Next](#) to proceed." On the right side, there is a vertical menu with options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP. A progress bar at the top right shows 72% completion.

Affiliation with Others



United States Department of Transportation

FMCSA
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Affiliation Other

FMCSA needs to capture some details regarding the Applicant's relationship with any FMCSA-regulated entities.

Please Click [Next](#) to proceed.

77%

- LOGOUT
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- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Affiliation with Others (cont.)

United States Department of Transportation
FMCSA
Federal Motor Carrier Safety Administration

Affiliation Other

Does the Entity currently have, or has had within the last 3 years of the date of filing this application, relationships involving common stock, common ownership, common management, common control or familial relationships or any other person or applicant for registration?

Yes
 No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

77%

- [LOGOUT](#)
- [MENU](#)
- [STATUS](#)
- [SAVE](#)
- [REPORT](#)
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- [PREVIOUS](#)
- [NEXT](#)
- [WITHDRAW APP](#)

Affiliation Other

United States Department of Transportation
FMCSA
Federal Motor Carrier Safety Administration

Affiliation Other

Provide the name of the Applicant USDOT Number, MC/FF/MX number, and the Applicant's latest Safety Rating recorded on record with FMCSA. Additionally indicate whether the listed Companies are currently disqualified from operating commercial motor vehicles anywhere in the United States pursuant to section 219 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA) (Public Law 106-159, 113 Stat. 1748 (Dec. 9, 1999)).

USDOT Number

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

77%

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- [MENU](#)
- [STATUS](#)
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- [REPORT](#)
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Affiliation with Others (Cont.)

United States Department of Transportation

 **FMCSA**
Federal Motor Carrier Safety Administration

Affiliation Other Summary

77%

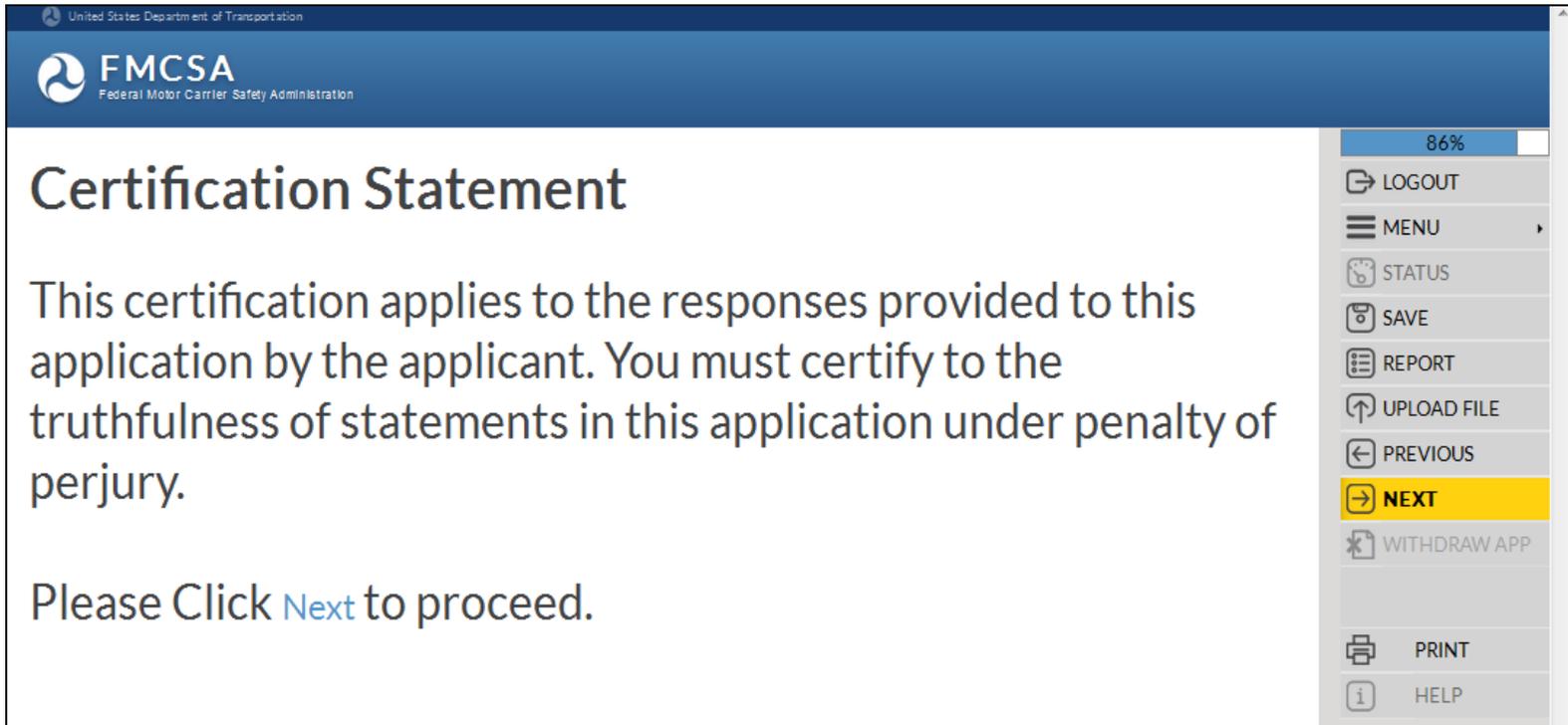
Q: Does the Entity currently have, or has had within the last 3 years of the date of filing this application, relationships involving common stock, common ownership, common management, common control or familial relationships or any other person or applicant for registration?

A: No

- LOGOUT
- MENU
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- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Certification Statement

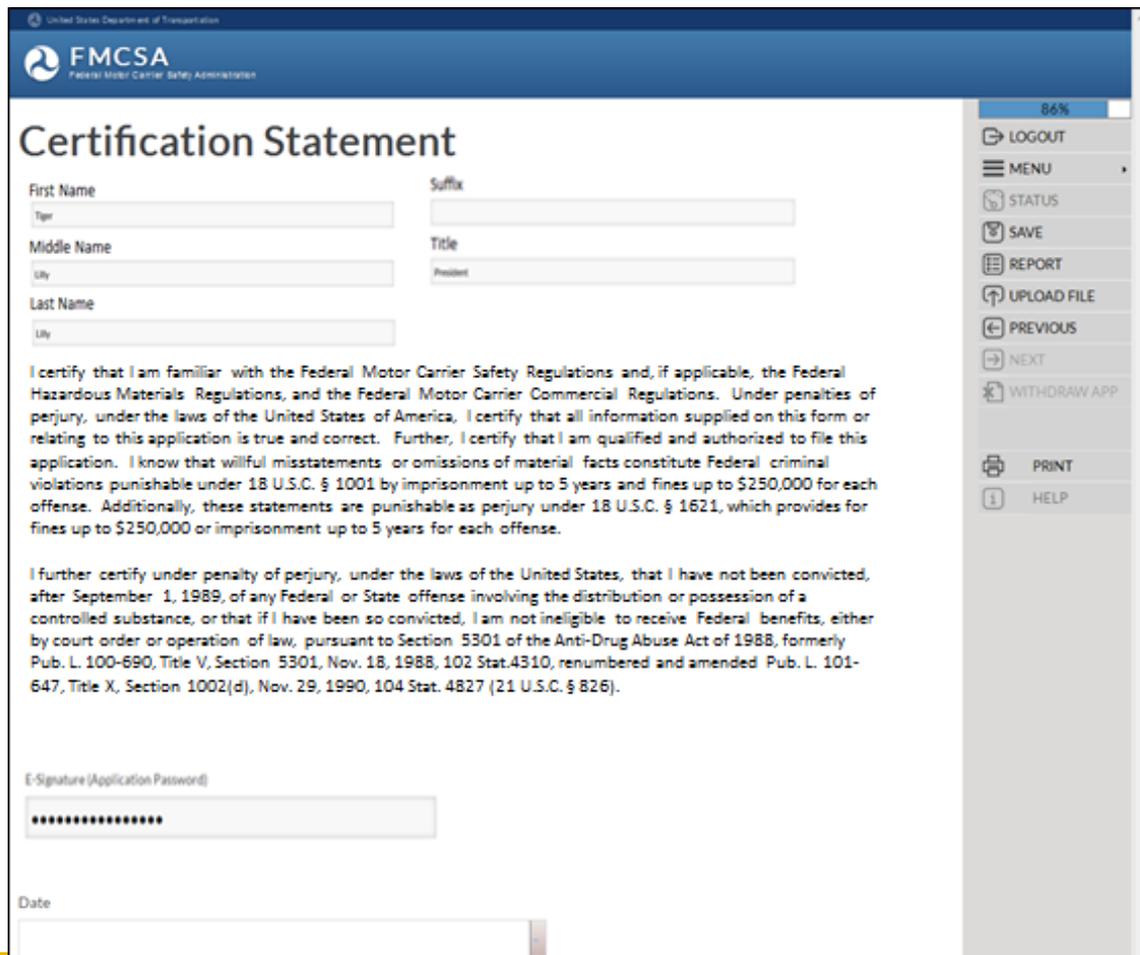
- This certification applies to the responses provided to the application by the Applicant to certify to the truthfulness of statements in the application under penalty of perjury.



The screenshot shows a web application interface for the FMCSA. At the top, there is a blue header with the FMCSA logo and the text "United States Department of Transportation" and "FMCSA Federal Motor Carrier Safety Administration". Below the header, the main content area displays the title "Certification Statement" and the text: "This certification applies to the responses provided to this application by the applicant. You must certify to the truthfulness of statements in this application under penalty of perjury." Below this text, it says "Please Click [Next](#) to proceed." On the right side of the page, there is a vertical sidebar menu with a progress indicator at the top showing "86%". The menu items are: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP.

Certification Statement (Cont.)

- Enter the following information:
 - First Name
 - Middle Name
 - Last Name
 - Suffix
 - Title
 - E-signature (Application Password)
 - Date (will display the current date)



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Certification Statement

86%

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HELP

First Name

 Suffix

Middle Name

 Title

Last Name

 Prefix

I certify that I am familiar with the Federal Motor Carrier Safety Regulations and, if applicable, the Federal Hazardous Materials Regulations, and the Federal Motor Carrier Commercial Regulations. Under penalties of perjury, under the laws of the United States of America, I certify 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 \$250,000 for each offense. Additionally, these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines up to \$250,000 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, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat.4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002(d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. § 826).

E-Signature (Application Password)

Date

Compliance Certifications

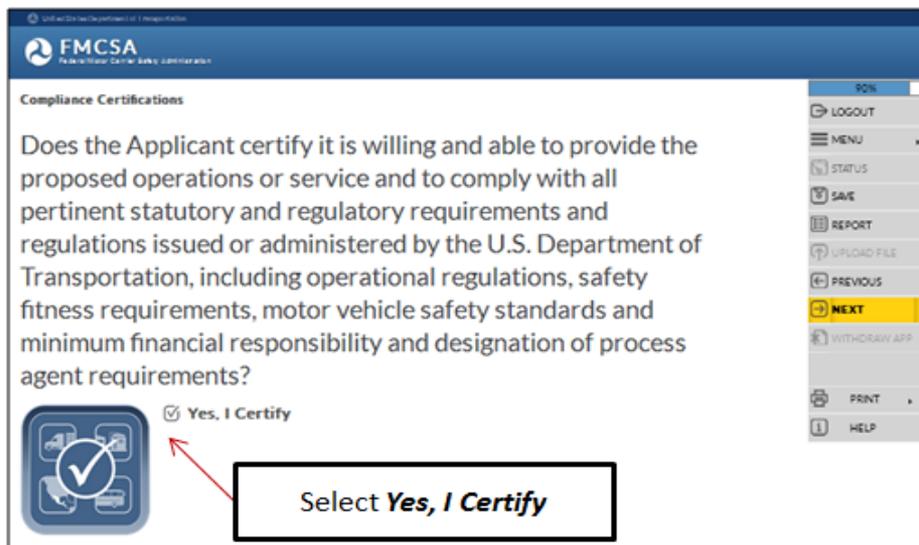
- Signing the certifications, the Certifying Official is on notice the representations made are subject to verification through inspections in the U.S. and through the request for examination of records and document



- Failure to support the representations in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the registration granted

Compliance Certifications (Cont.)

- Provide operations and comply with statutory and regulatory requirements and regulations
- Produce documents for review or inspection upon request



Compliance Certifications

Does the Applicant certify it is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements?

Yes, I Certify

Select **Yes, I Certify**



Compliance Certifications

Does the Applicant certify it is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request? Applicant understands that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent?

Yes, I Certify

Select **Yes, I Certify**

Compliance Certifications (Cont.)

- Entity NOT disqualified from operating CMV in the U.S.
- Process Agent Designation



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Compliance Certifications

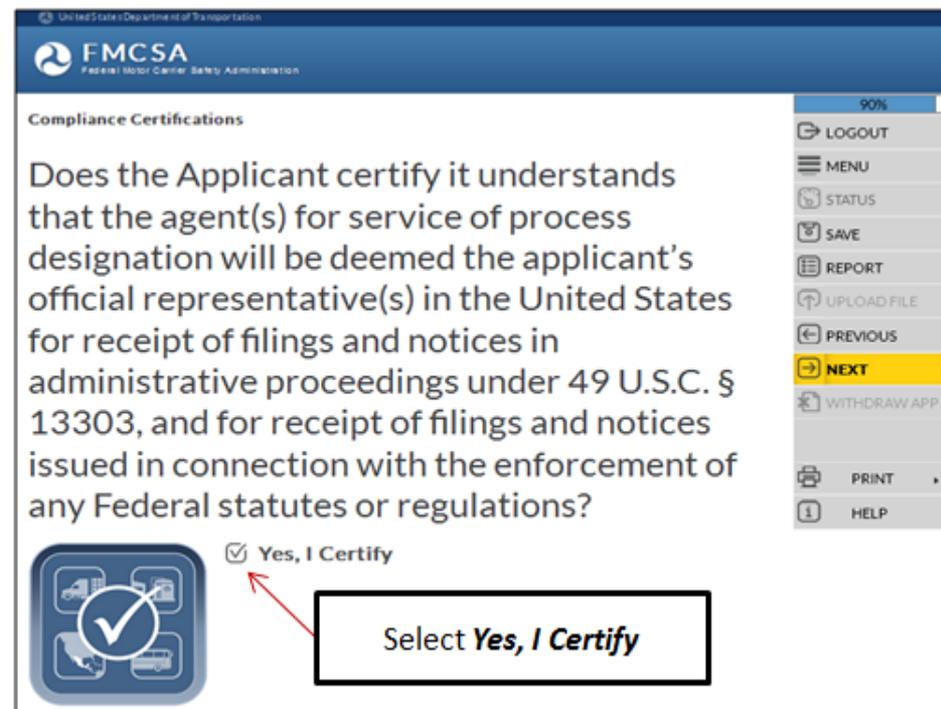
90%

Does the Applicant certify it is not currently disqualified from operating commercial motor vehicles in the United States?

Yes, I Certify

Select **Yes, I Certify**

LOGOUT
MENU
STATUS
SAVE
REPORT
UPLOAD FILE
PREVIOUS
NEXT
WITHDRAW APP
PRINT
HELP



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Compliance Certifications

90%

Does the Applicant certify it understands that the agent(s) for service of process designation will be deemed the applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. § 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations?

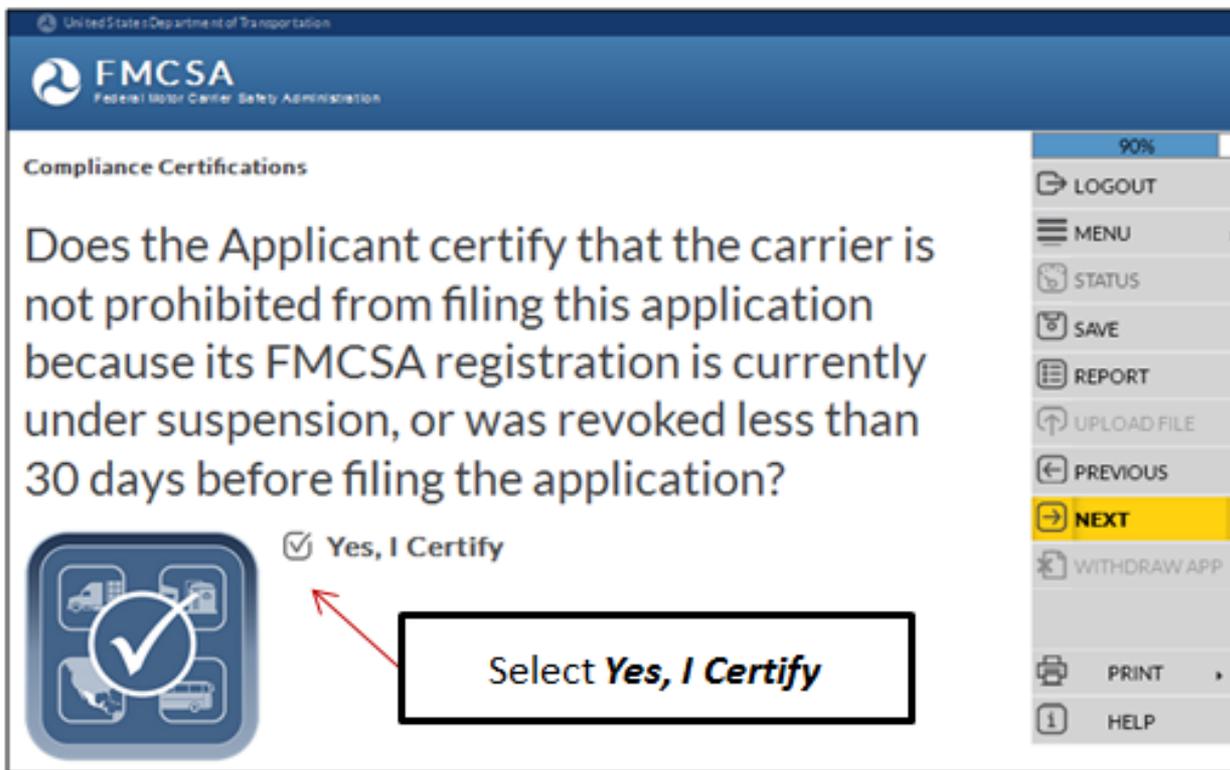
Yes, I Certify

Select **Yes, I Certify**

LOGOUT
MENU
STATUS
SAVE
REPORT
UPLOAD FILE
PREVIOUS
NEXT
WITHDRAW APP
PRINT
HELP

Compliance Certifications (Cont.)

- Entity NOT prohibited from filing for registration



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Compliance Certifications

90%

Does the Applicant certify that the carrier is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing the application?

Yes, I Certify

Select **Yes, I Certify**

LOGOUT
MENU
STATUS
SAVE
REPORT
UPLOAD FILE
PREVIOUS
NEXT
WITHDRAW APP
PRINT
HELP

The screenshot shows a web form for FMCSA Compliance Certifications. The question asks if the applicant certifies that the carrier is not prohibited from filing the application due to suspension or revocation. The 'Yes, I Certify' option is selected. A red arrow points from a text box labeled 'Select Yes, I Certify' to the selected radio button. A sidebar on the right contains navigation options, with 'NEXT' highlighted in yellow. A progress bar at the top right shows 90% completion.

Compliance Certifications (Cont.)

- Corrected registration revocation deficiencies
- Paid all taxes



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Compliance Certifications

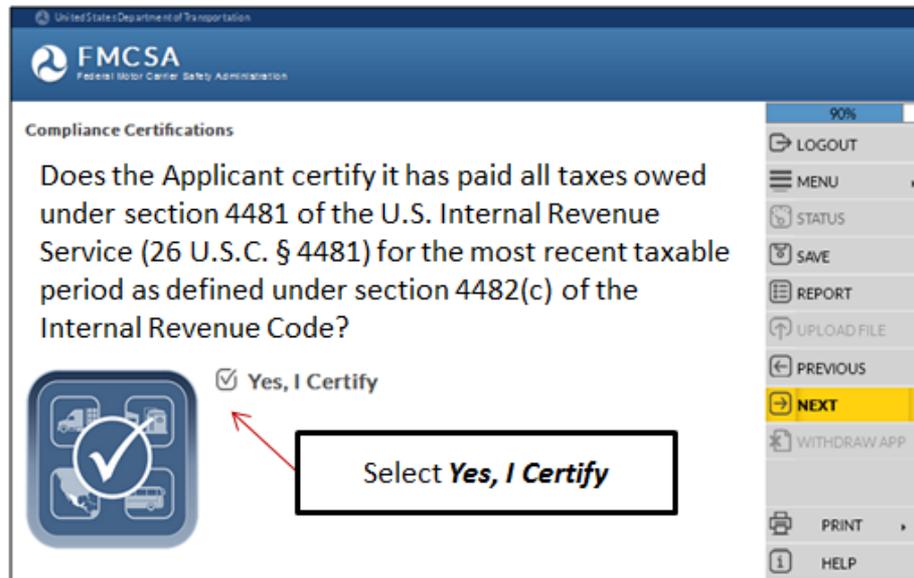
90%

If the Applicant's registration is currently revoked, does the Applicant certify the deficiencies cited in the revocation proceeding have been corrected?

Yes, I Certify

Select **Yes, I Certify**

LOGOUT
MENU
STATUS
SAVE
REPORT
UPLOAD FILE
PREVIOUS
NEXT
WITHDRAW APP
PRINT
HELP



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Compliance Certifications

90%

Does the Applicant certify it has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code?

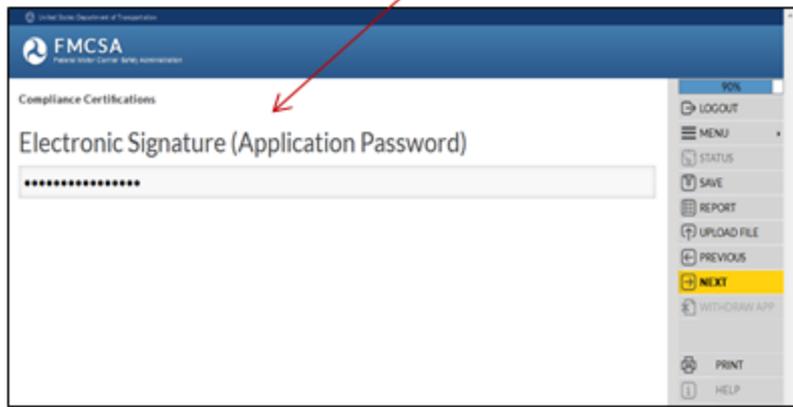
Yes, I Certify

Select **Yes, I Certify**

LOGOUT
MENU
STATUS
SAVE
REPORT
UPLOAD FILE
PREVIOUS
NEXT
WITHDRAW APP
PRINT
HELP

Compliance Certifications (Cont.)

Enter the **Application Password** to **Electronically Sign**



Review the **Compliance Certifications Summary** for accuracy

To change an answer to a question, click the question text to return to the question to change the answer

Compliance Certifications Summary

The following are instructions to complete the Compliance Certifications category:
For 'Yes, I certify' response, click 'Yes'.

[Does the Applicant certify it is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements?](#)

A: Yes, I Certify

[Does the Applicant certify it is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request? Applicant understands that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent?](#)

A: Yes, I Certify

Q: Does the Applicant certify it is not currently disqualified from operating commercial motor vehicles in the United States?

A: Yes, I Certify

[Does the Applicant certify it understands that the agent\(s\) for service of process designation will be deemed the applicant's official representative\(s\) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. § 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations?](#)

A: Yes, I Certify

[Does the Applicant certify that the carrier is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing the application?](#)

A: Yes, I Certify

[Does the Applicant certify it is willing and able to have all vehicles operated in the United States inspected at least every 90 days by a certified inspector and have decals affixed attesting to satisfactory compliance with applicable inspection criteria. This requirement will end after applicant has held permanent registration from FMCSA for three consecutive years?](#)

A: Yes, I Certify

90%

LOGOUT

MENU

STATUS

SAVE

REPORT

UPLOAD FILE

PREVIOUS

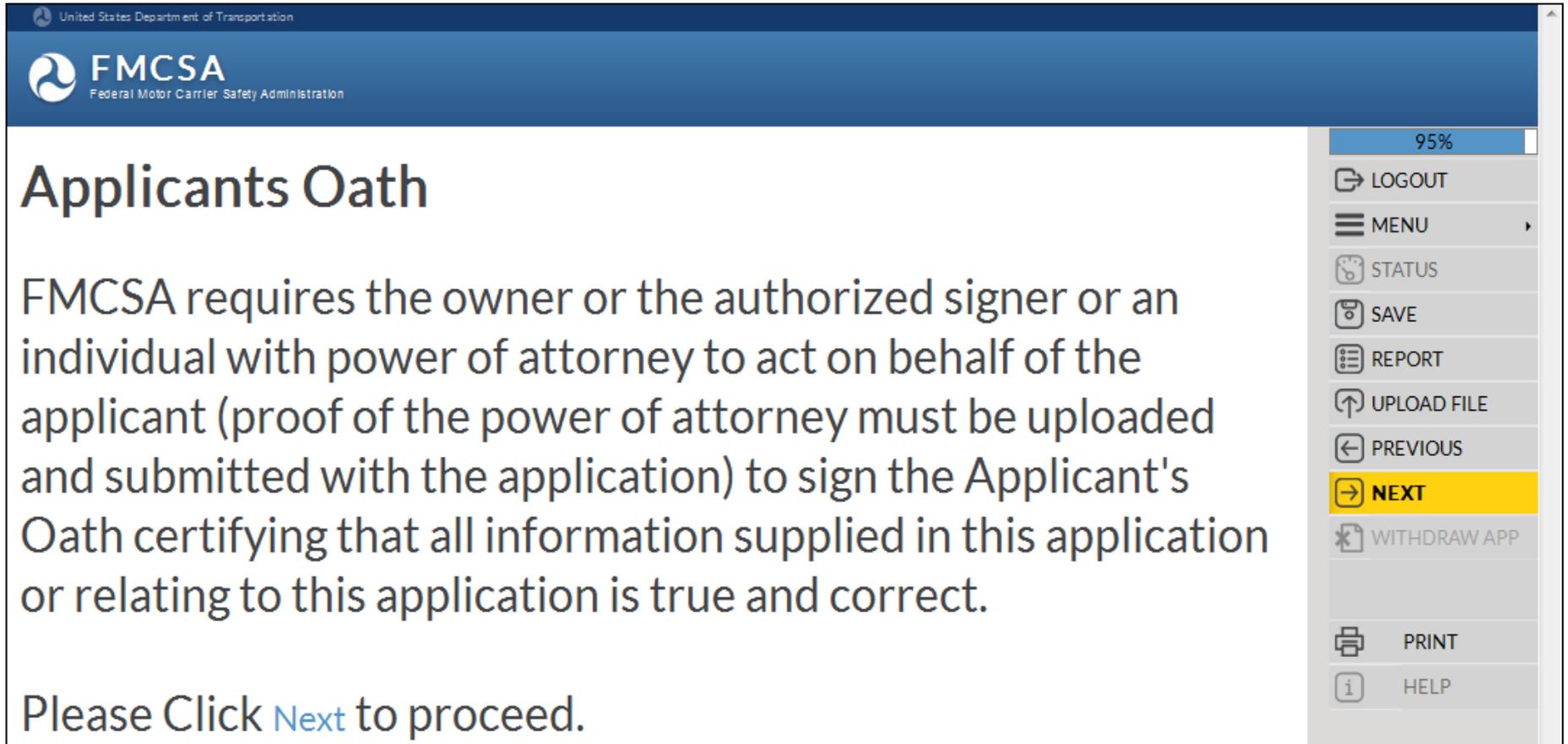
NEXT

WITHDRAW APP

PRINT

HELP

Applicant's Oath



The screenshot shows a web application interface for the FMCSA. At the top, there is a blue header with the United States Department of Transportation logo and the FMCSA logo. Below the header, the page title "Applicants Oath" is displayed. The main content area contains a paragraph explaining that FMCSA requires the owner or authorized signer to sign an oath certifying the truth and correctness of the application information. A "Next" button is highlighted in yellow in the right-hand navigation menu. The menu also includes options for Logout, Menu, Status, Save, Report, Upload File, Previous, Withdraw App, Print, and Help. A progress indicator at the top right shows 95% completion.

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Applicants Oath

FMCSA requires the owner or the authorized signer or an individual with power of attorney to act on behalf of the applicant (proof of the power of attorney must be uploaded and submitted with the application) to sign the Applicant's Oath certifying that all information supplied in this application or relating to this application is true and correct.

Please Click [Next](#) to proceed.

95%

- LOGOUT
- MENU
- STATUS
- SAVE
- REPORT
- UPLOAD FILE
- PREVIOUS
- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Applicant's Oath (Cont.)

- Oath applies to all supplemental filings to this application.
- Signature must be that of an Authorized Official of the Applicant, not the Legal Representative.



FMCSA
Federal Motor Carrier Safety Administration

95%

Applicant's Oath

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

I,

First Name

Last Name

I, verify under penalty of perjury, under the laws of the United States of America, 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 of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of 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, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862).

E-Signature (Application Password)

Title

Date

LOGOUT

MENU

STATUS

SAVE

REPORT

UPLOAD FILE

PREVIOUS

NEXT

WITHDRAW APP

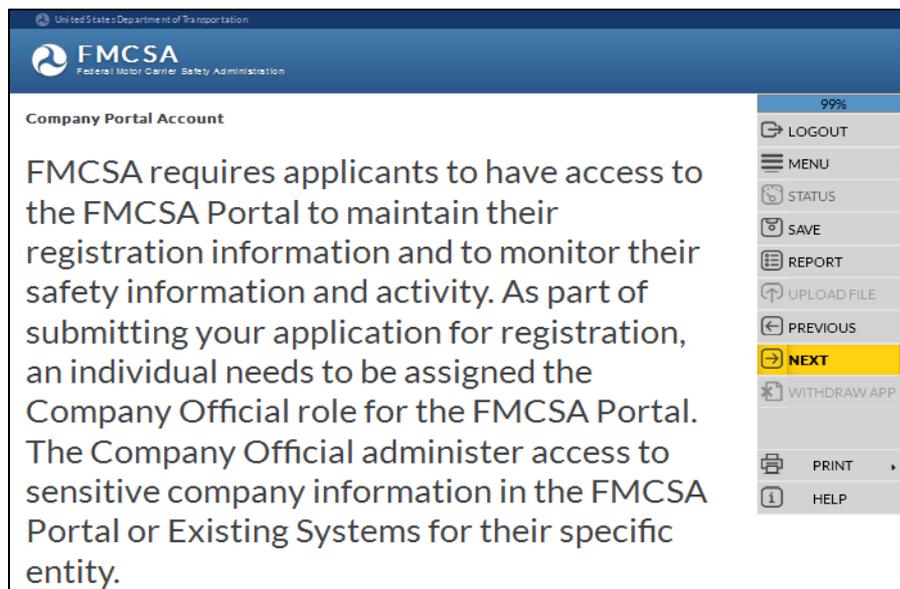
PRINT

HELP

URS Company Official Portal Account

- Applicants are required to have FMCSA Portal access to maintain their registration information and to monitor their safety information and activity
- An individual needs to be assigned the Company Official role for the FMCSA Portal

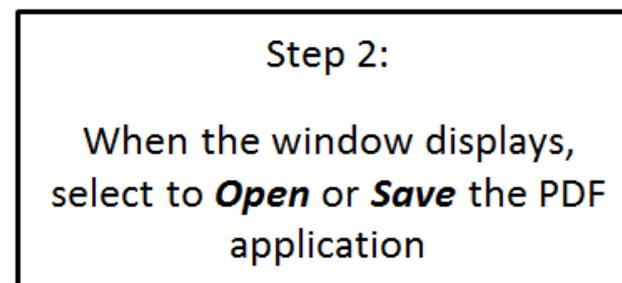
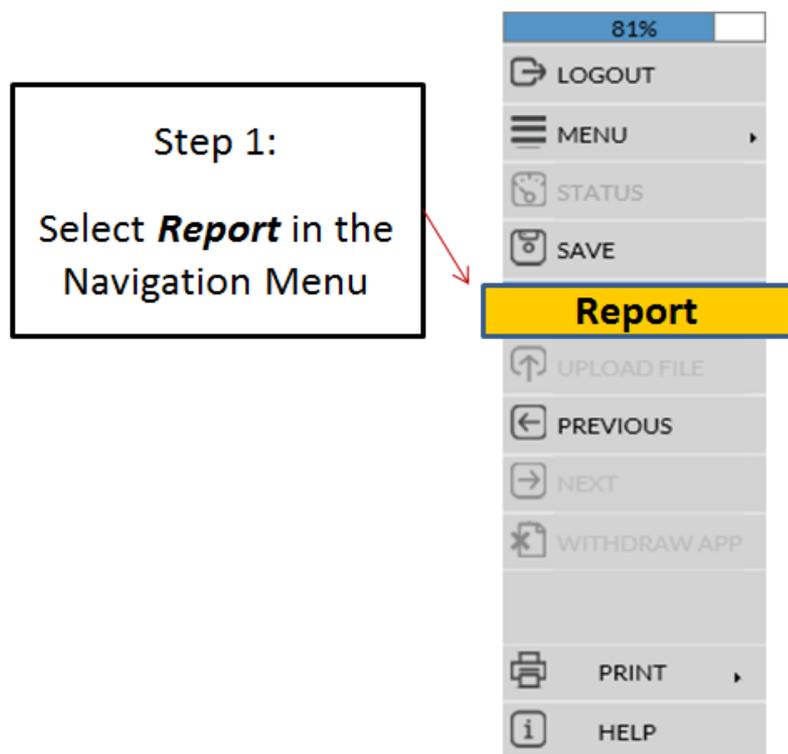
For detailed information on this application section, reference the training module: "URS Company Official Portal Account"



The screenshot shows the FMCSA Company Portal Account page. The header includes the United States Department of Transportation logo and the FMCSA logo. The page title is "Company Portal Account". The main content area contains the following text: "FMCSA requires applicants to have access to the FMCSA Portal to maintain their registration information and to monitor their safety information and activity. As part of submitting your application for registration, an individual needs to be assigned the Company Official role for the FMCSA Portal. The Company Official administer access to sensitive company information in the FMCSA Portal or Existing Systems for their specific entity." On the right side, there is a navigation menu with the following options: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP. A progress indicator at the top right shows 99%.

Creating a PDF File of the Application for Viewing, Printing and Saving

- The system can generate the application in PDF format for easy viewing, printing and saving the application to your preferred location



Creating a PDF File of the Application for Viewing, Printing and Saving (Cont.)

If you selected to **Open** the application, it will display in PDF format

MCSA1_User110_20151117.pdf - Adobe Acrobat Reader DC

File Edit View Window Help

Home Tools Document    |   1 / 25

 UNITED STATES DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration

Date Filed: _____

This document reflects the answers provided to the URS Application Summary, FORM MCSA-1 on DATE OF APPLICATION SUBMISSION

REASONS TO FILE	
<input checked="" type="checkbox"/> NEW REGISTRATION (first time registering)	
BUSINESS DESCRIPTION	
1. LEGAL BUSINESS NAME MX Industries	
2. DOING BUSINESS AS NAME (if different from Legal Business Name)	
3. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will <u>not</u> be accepted)	
852 Mexico Place	Mexico City SL 78230 Mexico City
<small>STREET ADDRESS/ROUTE NUMBER</small>	<small>CITY STATE/PROVINCE ZIP CODE+ COLON+ (Mexico Only) FOREIGN COUNTRY</small>
4. MAILING ADDRESS (This may be a P.O. Box Number) <input type="checkbox"/> SAME AS PRINCIPAL ADDRESS	
852 Mexico Place	Mexico City SL 78230 Mexico City
<small>STREET ADDRESS/ROUTE NUMBER</small>	<small>CITY STATE/PROVINCE ZIP CODE+ COLON+ (Mexico Only) FOREIGN COUNTRY</small>
5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS	
<input type="checkbox"/> United States <input type="checkbox"/> Canada <input checked="" type="checkbox"/> Mexico <input type="checkbox"/> Other Country	
	8574521
<small>Canadian NSC Number (National Safety Code)</small>	<small>Mexico RFC Number (Federal Taxpayer Registry)</small>
6. PRINCIPLE BUSINESS TELEPHONE NUMBER	MX-(200)85245210
7. PRINCIPLE FAX TELEPHONE NUMBER (optional)	
8. PRINCIPLE BUSINESS CELL PHONE NUMBER (optional)	
10. IRS TAX ID NUMBER Enter the Employer Identification Number (EIN) assigned to the applicant by the Internal Revenue Service (See instructions)	11. DUN & BRADSTREET NUMBER (if applicable)

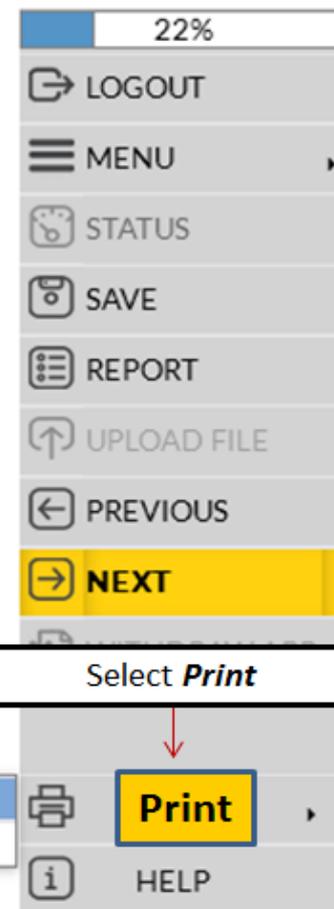
    70.9%     

Printing the Application

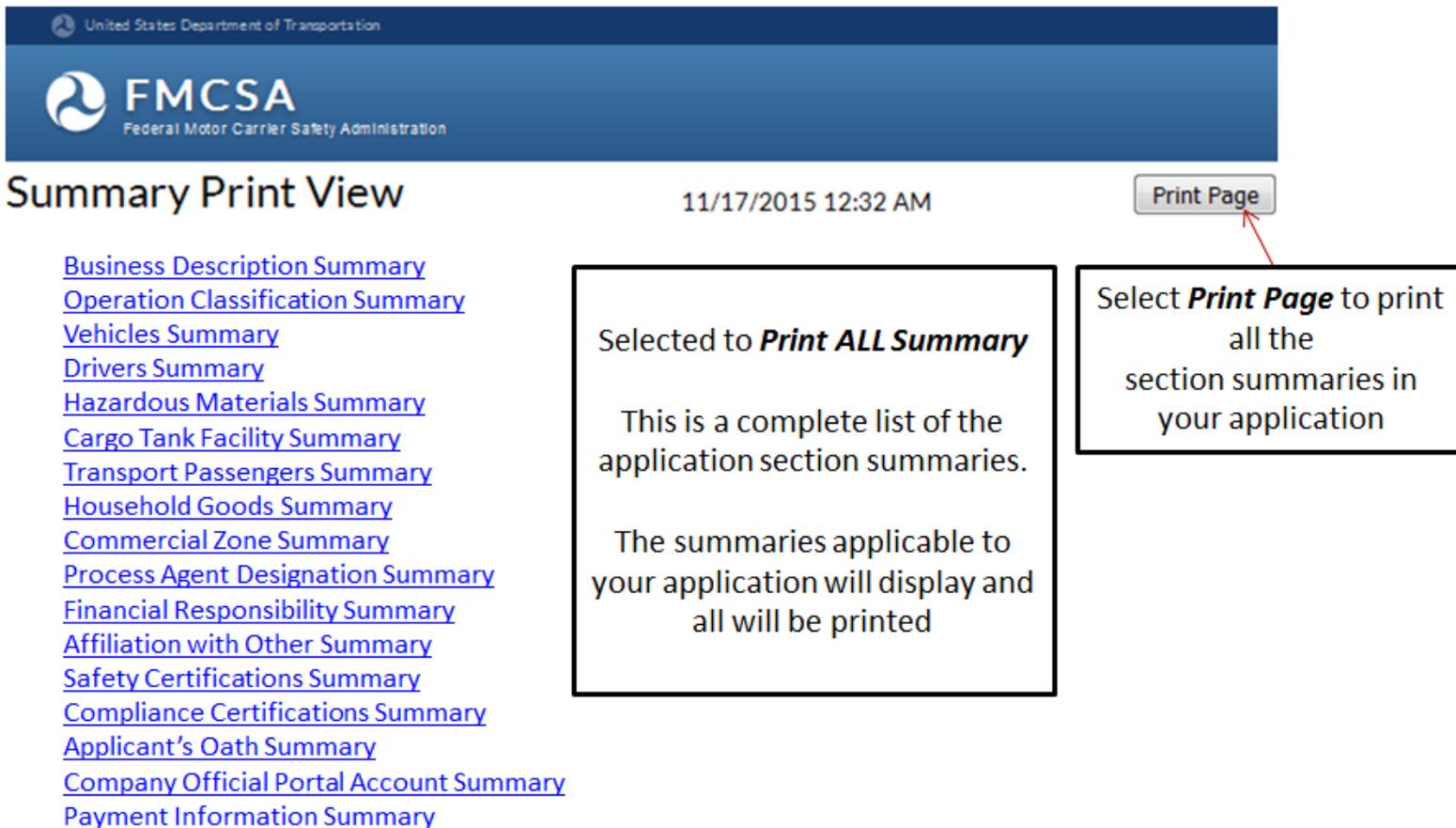
- The appli
in the app
- In the Na
to print th
summarie
applicatic

Select to print the
Current Page or all the application
section **Summaries**

Print current page
Print ALL Summary - HTML



Printing the Application (Cont.)



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Summary Print View

11/17/2015 12:32 AM

Print Page

- [Business Description Summary](#)
- [Operation Classification Summary](#)
- [Vehicles Summary](#)
- [Drivers Summary](#)
- [Hazardous Materials Summary](#)
- [Cargo Tank Facility Summary](#)
- [Transport Passengers Summary](#)
- [Household Goods Summary](#)
- [Commercial Zone Summary](#)
- [Process Agent Designation Summary](#)
- [Financial Responsibility Summary](#)
- [Affiliation with Other Summary](#)
- [Safety Certifications Summary](#)
- [Compliance Certifications Summary](#)
- [Applicant's Oath Summary](#)
- [Company Official Portal Account Summary](#)
- [Payment Information Summary](#)

Selected to **Print ALL Summary**

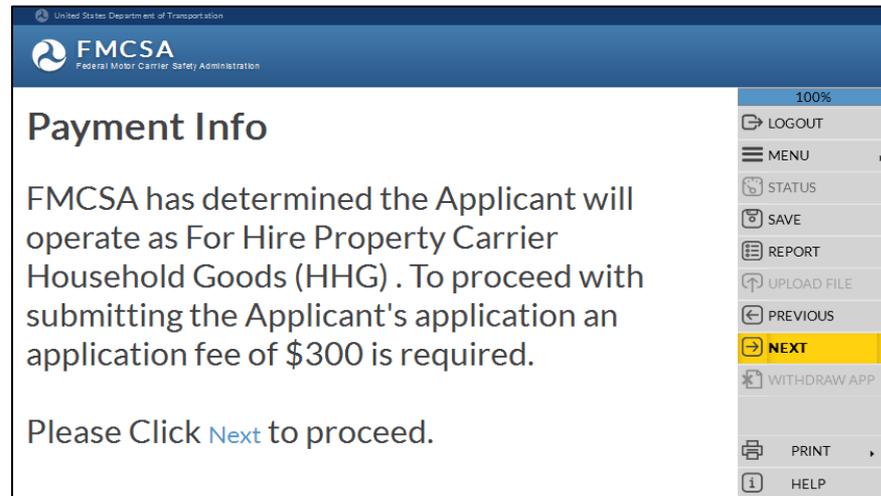
This is a complete list of the application section summaries.

The summaries applicable to your application will display and all will be printed

Select **Print Page** to print all the section summaries in your application

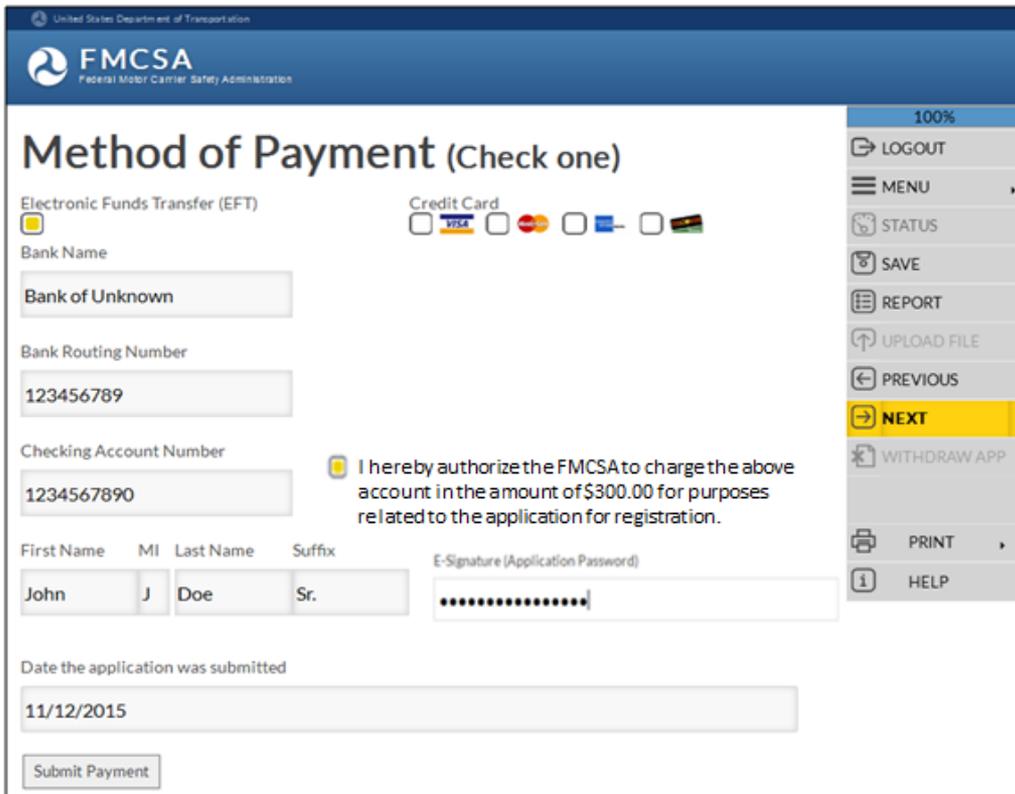
Payment Information

- Operation Classification(s) determines the Applicant's required application fee dollar amount
- The Applicant must ensure the evidence of process agent designation is filed with FMCSA before new registration can be granted
- The Applicant must ensure the evidence of financial responsibility is filed with FMCSA before new registration can be granted



The screenshot shows the FMCSA Payment Info screen. The header includes the United States Department of Transportation logo and the FMCSA logo. The main content area displays the following text: "Payment Info", "FMCSA has determined the Applicant will operate as For Hire Property Carrier Household Goods (HHG) . To proceed with submitting the Applicant's application an application fee of \$300 is required.", and "Please Click [Next](#) to proceed." The right sidebar contains a navigation menu with the following items: LOGOUT, MENU, STATUS, SAVE, REPORT, UPLOAD FILE, PREVIOUS, NEXT (highlighted in yellow), WITHDRAW APP, PRINT, and HELP. The top right corner of the sidebar shows a progress indicator at 100%.

Payment Information – Electronic Funds Transfer (EFT)



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Method of Payment (Check one)

Electronic Funds Transfer (EFT)
 Credit Card
 
 
 
 

Bank Name
Bank of Unknown

Bank Routing Number
123456789

Checking Account Number
1234567890

I hereby authorize the FMCSA to charge the above account in the amount of \$300.00 for purposes related to the application for registration.

First Name	MI	Last Name	Suffix	E-Signature (Application Password)
John	J	Doe	Sr.

Date the application was submitted
11/12/2015

Submit Payment

100%

LOGOUT

MENU

STATUS

SAVE

REPORT

UPLOAD FILE

PREVIOUS

NEXT

WITHDRAW APP

PRINT

HELP

Steps to pay by EFT

Step 1: Select the EFT box

Step 2: Enter the **Bank Name**, **Bank Routing Number** and **Checking Account Number**

Step 3: Select the box to authorize the FMCSA to charge the account

Step 4: Enter your **First**, **MI**, **Last Name** and **Suffix**

Step 5: Enter **Application Password** to E-sign

Step 6: The **Date the application was submitted** will default to the current Date

Step 7: Click **Submit Payment**

Payment Information – Credit Card

Steps to Pay by Credit Card

Step 1: Select the credit card you will use

Step 2: Enter the **Credit Card Number**, **Expiration Month**, **Expiration Year** and **Security Code** from the back of the card

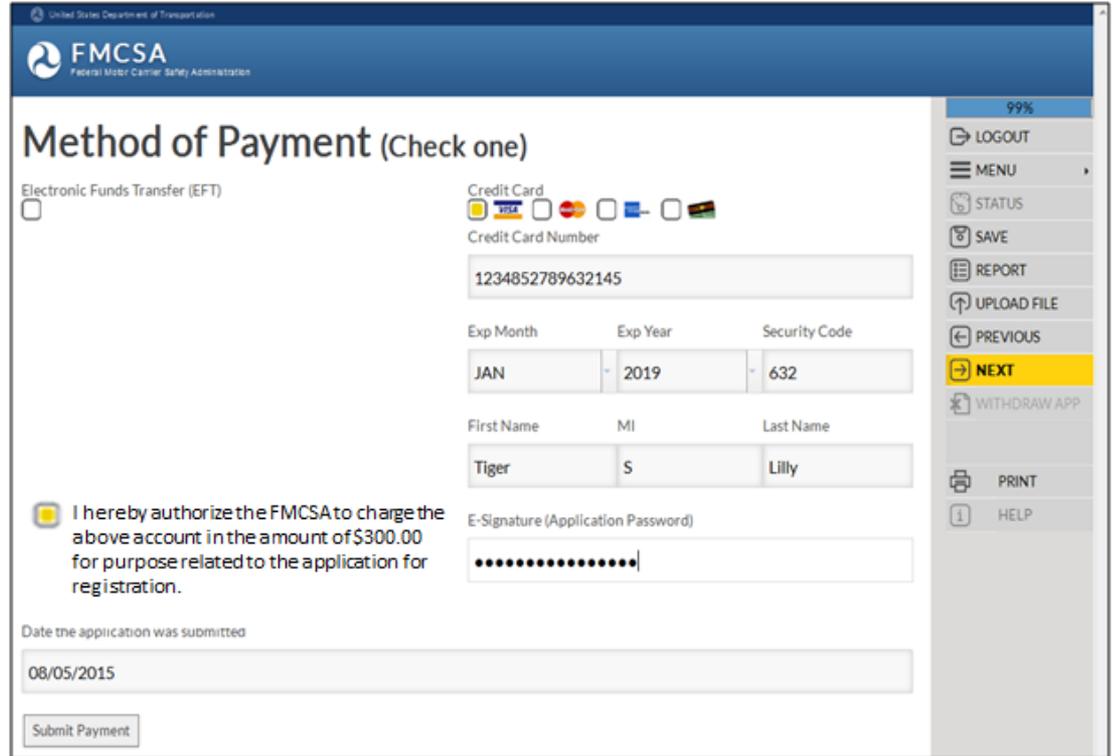
Step 3: Enter your **First**, **MI** and **Last Name**

Step 4: Select the box to authorize the FMCSA to charge the account

Step 5: Enter the **Application Password** to E-sign

Step 6: The **Date the application was submitted** will default to the current date

Step 7: Click **Submit Payment**



United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Method of Payment (Check one)

Electronic Funds Transfer (EFT)

Credit Card 

Credit Card Number
1234852789632145

Exp Month: JAN | Exp Year: 2019 | Security Code: 632

First Name: Tiger | MI: S | Last Name: Lilly

I hereby authorize the FMCSA to charge the above account in the amount of \$300.00 for purpose related to the application for registration.

E-Signature (Application Password)
.....|

Date the application was submitted
08/05/2015

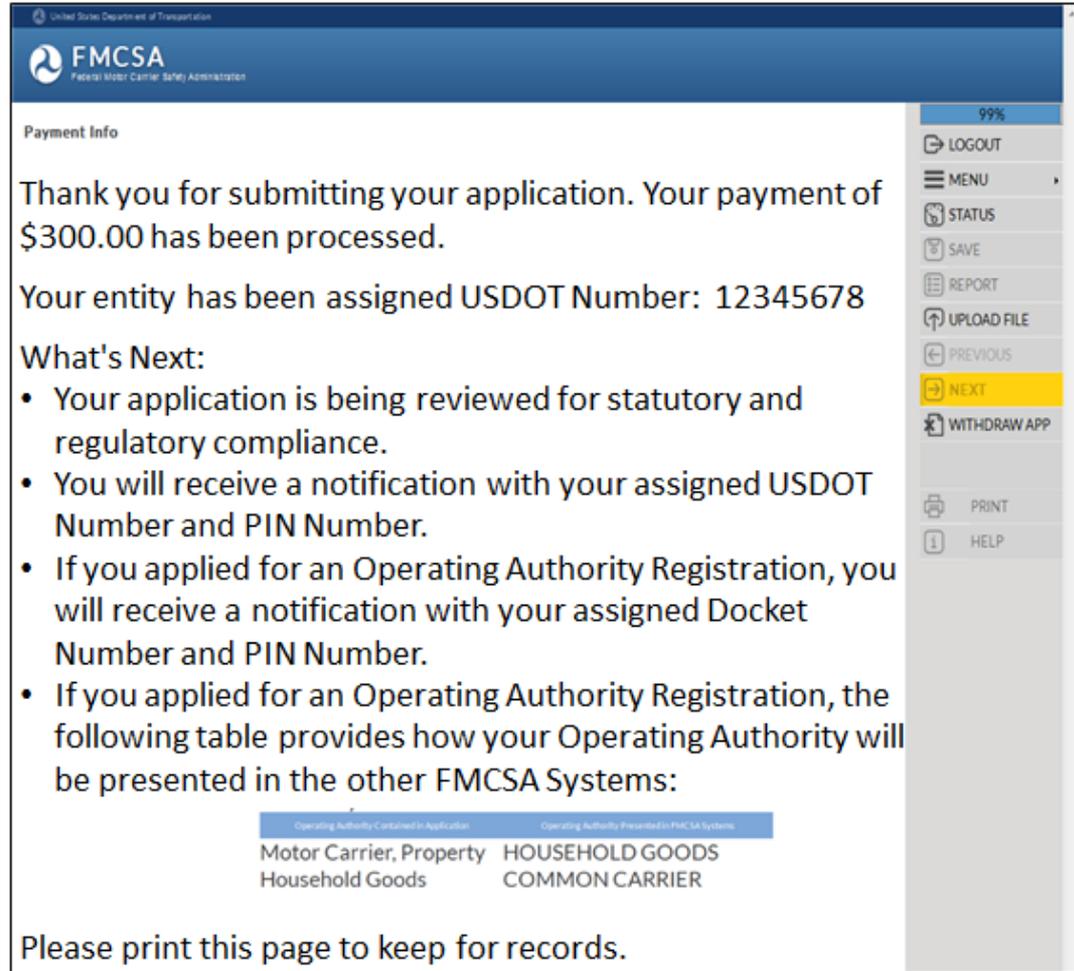
Submit Payment

99%

- LOGOUT
- MENU
- STATUS
- SAVE
- REPORT
- UPLOAD FILE
- PREVIOUS
- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Payment Information (Cont.)

- A **Thank You** message will display acknowledging the payment was processed successfully and provides the next steps in the application process



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FMCSA
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Payment Info

99%

LOGOUT

MENU

STATUS

SAVE

REPORT

UPLOAD FILE

PREVIOUS

NEXT

WITHDRAW APP

PRINT

HELP

Thank you for submitting your application. Your payment of \$300.00 has been processed.

Your entity has been assigned USDOT Number: 12345678

What's Next:

- Your application is being reviewed for statutory and regulatory compliance.
- You will receive a notification with your assigned USDOT Number and PIN Number.
- If you applied for an Operating Authority Registration, you will receive a notification with your assigned Docket Number and PIN Number.
- If you applied for an Operating Authority Registration, the following table provides how your Operating Authority will be presented in the other FMCSA Systems:

Operating Authority Contained In Application	Operating Authority Presented In FMCSA Systems
Motor Carrier, Property Household Goods	HOUSEHOLD GOODS COMMON CARRIER

Please print this page to keep for records.

Returning to Complete an Incomplete Application

- An Applicant may return to an incomplete application that was saved within 30 calendar days of the application start date.
- To complete an application select the ***Returning Applicant*** check box.



United States Department of Transportation

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Welcome to the Unified Registration System.

Are you a New Applicant or a Returning Applicant?

NEW APPLICANT

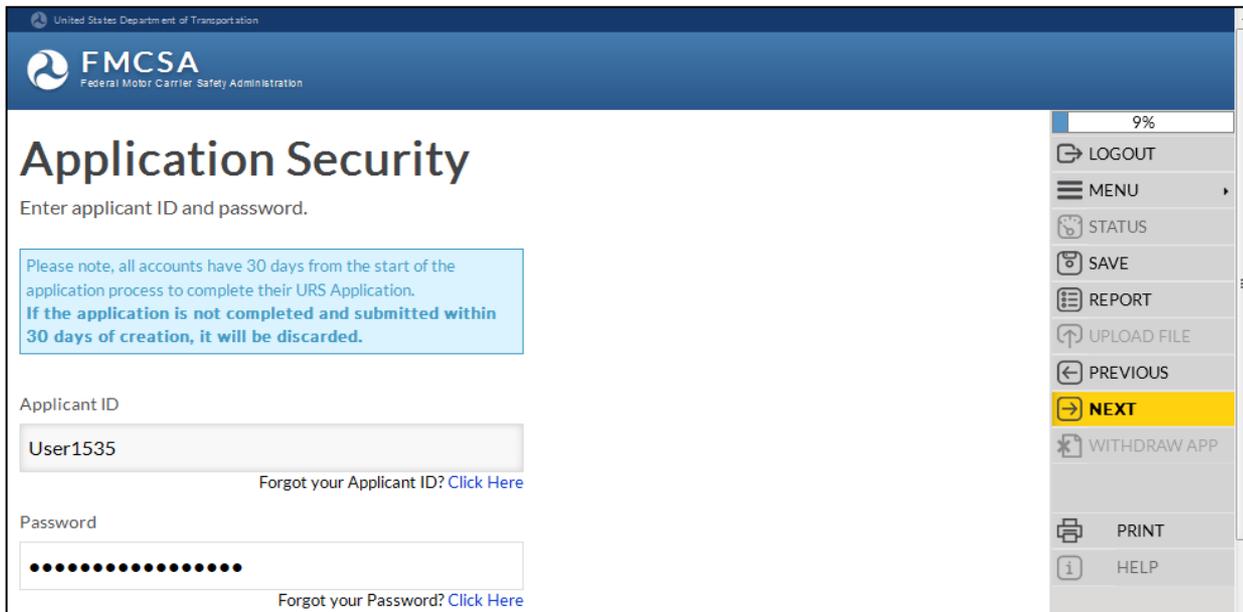
RETURNING APPLICANT

5%

- LOGOUT
- MENU
- STATUS
- SAVE
- REPORT
- UPLOAD FILE
- PREVIOUS
- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Returning to Complete an Incomplete Application (Cont.)

- If you have forgotten the **Applicant ID** select the **Click Here** link to recover the Applicant ID.
- If you have forgotten the **Password** select the **Click Here** link to recover the Password.



United States Department of Transportation

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Application Security

Enter applicant ID and password.

Please note, all accounts have 30 days from the start of the application process to complete their URS Application.
If the application is not completed and submitted within 30 days of creation, it will be discarded.

Applicant ID
User1535
[Forgot your Applicant ID? Click Here](#)

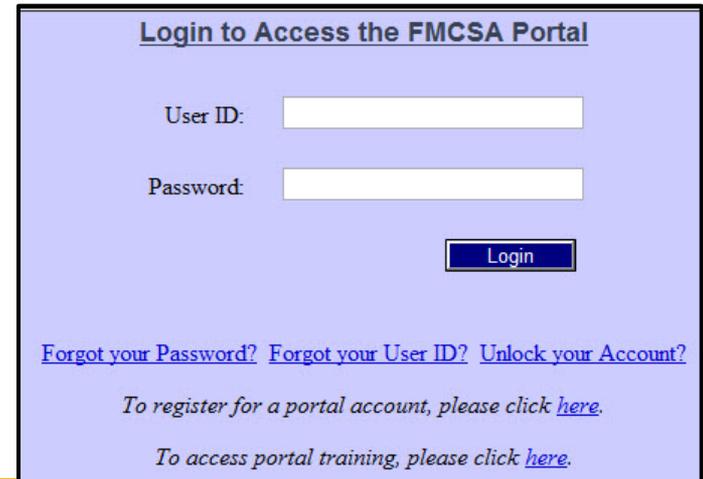
Password
.....
[Forgot your Password? Click Here](#)

9%

- LOGOUT
- MENU
- STATUS
- SAVE
- REPORT
- UPLOAD FILE
- PREVIOUS
- NEXT**
- WITHDRAW APP
- PRINT
- HELP

Resources

- For more information on URS requirements, or to complete a biennial update, carriers can visit www.fmcsa.dot.gov/urs.
- Carriers can find more FMCSA registration and licensing FAQs and submit their questions online at www.fmcsa.dot.gov/ask.
- Carriers can view their information online using the FMCSA Portal at: <https://portal.fmcsa.dot.gov/login>
- FMCSA Contact Center
 - 800-832-5660
 - Hours of Operation:
M–F 8:00am–8:00pm ET



Login to Access the FMCSA Portal

User ID:

Password:

[Forgot your Password?](#) [Forgot your User ID?](#) [Unlock your Account?](#)

To register for a portal account, please click [here](#).

To access portal training, please click [here](#).

URS Summary

- December 12, 2015:
 - Electronic filing only using MCSA-1 online application process for new applicants*
 - Existing entities will use current processes
- September 30, 2016:
 - URS is fully operational
 - USDOT Number is sole identifier, Docket (MC, FF, MX) numbers will no longer be issued
 - Electronic applications only—paper forms no longer accepted
 - Registration will cost \$300 per registration requested on an application, including a separate fee for safety registration
- December 31, 2016
 - Insurance filings for Existing Private HAZMAT and Exempt-For Hire Carriers must be on file
 - Service of process agent filings for Existing Private and Exempt-For Hire Carriers (BOC-3) must be on file

*Excluding Non-North American and Mexican Long Haul carriers

Contact Information

- Jeff Loftus, URS Team Lead and Chief, Technology Division
jeff.loftus@dot.gov / 202-385-2363
- Jon Dierberger, Division Administrator Tennessee
jon.dierberger@dot.gov / 615-781-5782
- Andrew Eno, Division Administrator Oregon
andrew.eno@dot.gov / 503-399-5775
- Jon McCormick, Division Administrator North Carolina
jon.mccormick@dot.gov / 919-256-9672
- Ken Riddle, Director, Office of Registration and Safety Information
kenneth.riddle@dot.gov / 202-366-9616
- Max Strathman, Division Administrator Kansas
max.strathman@dot.gov / 785-228-9238 Ext 228

