



## New Authority Package

When starting a trucking company there are many steps involved. We are here to help you. With NASTC's New Authority Package you will get:

- US DOT Number**
- Motor Carrier Authority**
- BOC-3 Process Agents**
- Drug and Alcohol Program**

There are still other things that you must do to become operational. Below is a list of items that you are required to have. NASTC is available to help you with these things if you find you need assistance.

### Checklist for Items to Be Completed By You

- Unified Carrier Registration
- Pay your Federal Heavy Vehicle Use Tax(HVUT) with the IRS (Form 2290)
- Set up your IRP acct in your state and purchase your base plate
- Obtain your IFTA stickers
- Purchase any state permits

After you begin hauling your own freight, you also have day-to-day responsibilities that you must perform.

### Recordkeeping Responsibilities

- Build Driver Qualification files
- Enroll in a Drug and Alcohol Program and do your pre-employment drug screening
- Maintain Hours of Service, Accident, and Maintenance Records
- Be prepared for your New Entrant Audit

## NASTC New Authority Package

<b>Basic Package includes:</b>	<b>\$649</b>
<b>US DOT Number</b>	
<b>Motor Contract Carrier Authority</b>	
<b>BOC-3 Process Agents</b>	
<b>Drug and Alcohol Program</b>	

## Add-Ons

<b>Unified Carrier Registration</b>	<b>\$90</b>
<b>NASTC Insurance Services</b>	<b>Call</b>
<b>Each additional test</b>	<b>\$35</b>
<b>Reasonable Suspicion Kit</b>	<b>\$79.95</b>



FORM OP-1 Application For Motor Property Carrier And Broker

This application is for businesses requesting operating authority as a motor carrier, broker, and/or U.S. based enterprise carrier of property or household goods.

SECTION 1 - Applicant Information

Do you have operating authority from or an application being processed by the FMCSA, FHWA, OMCS, or ICC?
DOT Number (If available. If not, see instructions.)

Legal Business Name
Doing Business As Name (If different from Legal Business Name.)

Physical Business Address
Street Name and Number (No P.O. Box)
City
State
Zip
Phone
Fax

Mailing Address (If different from Physical Business Address above.)
Street Name and Number
City
State
Zip

Company Representative (Person who can respond to inquires.)
Name
Title
Contact Phone
Ext
Email

Form Of Business - Select Only One
Corporation
Sole Proprietorship
Partnership
Tax ID
Social Security Number

SECTION 2 - Type of Operating Authority

Check box(es) for each type of Authority requested. YOU MUST SUBMIT A FILING FEE OF \$300 FOR EACH BOX CHECKED.
Motor Contract Carrier of Property (except Household Goods)
Broker of Property (except Household Goods)
Motor Contract Carrier of Household Goods.
Broker of Household Goods.

SECTION 3 - Insurance Information

Applicants that will operate commercial motor vehicles must complete this section.
The dollar amounts in parentheses represent the minimum amount of bodily injury and property damage (liability) insurance coverage you must maintain and have on file with the FMCSA.
NOTE: Refer to the instructions for information about cargo insurance requirements for motor common carriers and United States-based enterprise carriers, and surety bond/trust fund agreement filings for brokers.

Applicant will operate any vehicle having a gross vehicle weight rating (GVWR) of 10,000 pounds or more to transport:
Non-hazardous commodities (\$750,000)
Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.9 (\$1,000,000)
Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.9 (\$5,000,000)

Applicant will operate ONLY vehicles having a gross vehicle weight rating (GVWR) under 10,000 pounds to transport:
Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403 (\$5,000,000)
Commodities other than those listed above (\$300,000)

SECTION 4 - Safety Certification (for vehicle-operating applicants only)

Applicants Subject To Federal Motor Carrier Safety Regulations
If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations (FMCSRs) at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with FMCSRs;
2. Can produce a copy of the FMCSRs and the Hazardous Materials Transportation Regulations;
3. Has in place a driver safety training/orientation program;
4. Has prepared and maintains an accident register (49 CFR Part 390.15);
5. Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
6. Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395, and 396);
7. Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Yes No



**SECTION 6 - Applicant's Oath**

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

I, \_\_\_\_\_, verify under penalty of perjury, under the laws of the United States of America,

(Print Name)

that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U. S. C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U. S. C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U. S. C. 862).

I certify that the applicant is not domiciled in Mexico, or owned or controlled by persons of that country. (NOTE: The preceding sentence does not pertain to applicants that are United States-based Enterprise Carriers of International Cargo and/or Household Goods.)

I hereby authorize Service of Process Agents, Inc. to file the necessary designation of agent form with the Federal Motor Carrier Safety Administration (formerly Federal Highway Administration) to assure my company's compliance with 49 C. F. R. §366 in all states. According to FMCSA Ruling, the filing of a BOC-3 form listing all 48 states will meet the requirement to designate agents and will comply with the requirement for obtaining FMCSA authority.

I authorize NASTC to represent my company and such representation expires upon the granting of this authority.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Payment Options**

You will see an immediate charge on your credit card to FMCSA for \$300.00. Three to six weeks later, NASTC will charge the remaining \$349.00 to your card.

**Credit Card - Payment Authorization**

<input type="checkbox"/> Visa	Credit Card Number _____	<b>Total Payment Amount</b> \$ _____
<input type="checkbox"/> Mastercard	Expiration Date _____ CSV _____	

<b>Name</b> (exactly as it appears on card)	<b>Doing Business As Name</b> (If different from Legal Business Name.)
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**Credit Card Billing Address**

<b>Street Name and Number</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number Associated With Credit Card</b>			

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Motor Carrier Identification Report

(Application for USDOT Number)

REASON FOR FILING (Mark only one)

- NEW APPLICATION     
  BIENNIAL UPDATE OR CHANGES     
  OUT OF BUSINESS NOTIFICATION     
  REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME		
3. PRINCIPAL ADDRESS	4. CITY	5. STATE/PROVINCE	6. ZIP CODE+4	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS	9. CITY	10. STATE/PROVINCE	11. ZIP CODE+4	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER
16. USDOT NO.	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO.	
			EIN	SSN
20. INTERNET E-MAIL ADDRESS		21. CARRIER MILEAGE (to nearest 10,000 miles for last calendar year) YEAR		

22. COMPANY OPERATION (Mark all that apply)

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

23. OPERATION CLASSIFICATION (Mark all that apply)

A. Authorized For-Hire   
  B. Exempt For-Hire   
  C. Private Property   
  D. Private Passengers (Business)   
  E. Private Passengers (Non-Business)   
  F. Migrant   
  G. U. S. Mail   
  H. Federal Government   
  I. State Government   
  J. Local Government   
  K. Indian Tribe   
  L. Other \_\_\_\_\_

24. CARGO CLASSIFICATIONS (Mark all that apply)

<input type="checkbox"/> A. GENERAL FREIGHT	<input type="checkbox"/> G. BUILDING MATERIALS	<input type="checkbox"/> M. PASSENGERS	<input type="checkbox"/> S. GARBAGE, REFUSE, TRASH	<input type="checkbox"/> Y. PAPER PRODUCT
<input type="checkbox"/> B. HOUSEHOLD GOODS	<input type="checkbox"/> H. MOBILE HOMES	<input type="checkbox"/> N. OIL FIELD EQUIPMENT	<input type="checkbox"/> T. U.S.MAIL	<input type="checkbox"/> Z. UTILITY
<input type="checkbox"/> C. METAL:SHEETS, COILS, ROLLS	<input type="checkbox"/> I. MACHINERY, LARGE OBJECTS	<input type="checkbox"/> O. LIVESTOCK	<input type="checkbox"/> U. CHEMICALS	<input type="checkbox"/> AA. FARM SUPPLIES
<input type="checkbox"/> D. MOTOR VEHICLES	<input type="checkbox"/> J. FRESH PRODUCE	<input type="checkbox"/> P. GRAIN, FEED, HAY	<input type="checkbox"/> V. COMMODITIES DRY BULK	<input type="checkbox"/> BB. CONSTRUCTION
<input type="checkbox"/> E. DRIVE AWAY/TOWAWAY	<input type="checkbox"/> K. LIQUIDS/GASES	<input type="checkbox"/> Q. COAL/COKE	<input type="checkbox"/> W. REFRIGERATED FOOD	<input type="checkbox"/> CC. WATER WELL
<input type="checkbox"/> F. LOGS, POLES, BEAMS, LUMBER	<input type="checkbox"/> L. INTERMODAL CONT.	<input type="checkbox"/> R. MEAT	<input type="checkbox"/> X. BEVERAGES	<input type="checkbox"/> DD. OTHER

25. HAZARDOUS MATERIALS (CARRIER OR SHIPPER) (Mark all that apply)

				(C) CARRIER				(S) SHIPPER				(B) BULK - IN CARGO TANKS				(NB) NON-BULK - IN PACKAGES							
		C	S	B		NB				C	S	B		NB				C	S	B		NB	
A. DIV 1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. DIV 2.2D (Ammonia)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 4.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. HRCQ		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. DIV 2.3A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 4.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. DIV 2.3B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. CLASS 8A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. DIV 2.3C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 5.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. CLASS 8B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. DIV 2.3D		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. CLASS 9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. Class 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.1A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. ELEVATED TEMP MAT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. Class 3A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. DIV 6.1B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. INFECTIOUS WASTE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. Class 3B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. DIV 6.1 POISON		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. MARINE POLLUTANTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. COMB LIQ		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. DIV 6.1 SOLID		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MM. HAZARDOUS SUB (RQ)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NN. HAZARDOUS WASTE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																		OO. ORM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor-coach	Number of vehicles carrying number of passengers (including the driver)																
							School Bus			Mini-bus	Passenger Van		Limousine										
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+								
OWNED																							
TERM LEASED																							
TRIP LEASED																							

27. DRIVER INFORMATION

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

28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?  Yes  No

If Yes, enter your USDOT Number. \_\_\_\_\_

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. president, treasurer, general partner, limited partner)

1. \_\_\_\_\_ 2. \_\_\_\_\_

30. CERTIFICATION STATEMENT (to be completed by authorized official)

I, \_\_\_\_\_ certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

(Please print)



# NASTC MEMBER REGISTRATION AUTHORIZATION FORM BOC-3

I hereby authorize **Service of Process Agents, Inc.**, to file the necessary designation of agent form with the Federal Motor Carrier Safety Administration (formerly Federal Highway Administration) to assure my company's compliance with 49 C.F.R. §366 in all states. According to FMCSA Ruling, the filing of a BOC-3 form listing all 48 states will meet the requirement to designate agents and will comply with the requirement for obtaining FMCSA authority.

DOCKET NUMBER		US DOT (if any)	
MC / MX / FF		USDOT #	

LEGAL NAME

DOING-BUSINESS-AS NAME (if any)

BUSINESS ADDRESS	
Street:	
City, State, Zip:	

MAILING ADDRESS (if different)	
Street:	
City, State, Zip:	

Name of Contact Person:	
Telephone:	
Fax:	
Email:	
Date:	
Signature of Authorized Person:	
Type or Print Name:	

Please complete and fax to 615.451.9916  
Or email [angel.clark@nastc.com](mailto:angel.clark@nastc.com)  
THANK YOU!



National Association of Small Trucking Companies  
104 Stuart Drive \* Hendersonville, TN 37075  
800-264-8580 Fax: 615-451-0041  
[www.nastc.com](http://www.nastc.com)

## Power of Attorney

I, \_\_\_\_\_ an officer of \_\_\_\_\_,  
hereby appoint \_\_\_\_\_, and its employees to act on my  
behalf in processing all applications with the Federal Motor Carrier Safety administration,  
including, but not limited to, signing all required certifications and oaths as my representative and  
establishing an FMCSA Portal account on my behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_