



# Motor Carrier Account Application

For Office Use Only
Motor Carrier Account Number: _____
Document Date _____

Use this application for New Account set up and account changes

Legal Name
DBA

Tax Identification Number _____	USDOT Number _____	Registrant Only (Circle if YES)  YES
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Business Type:					
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Owner Operator		
<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit Corporation		<input type="checkbox"/> Partnership	<input type="checkbox"/> Religious	

<b><i>Business Phone &amp; Fax</i></b> <i>(company phone not individual)</i>	
Phone _____	FAX _____

<b><i>Physical Business Address - No Agent or Virtual Address Permitted</i></b>			
Street _____			
City _____	State <b>DE</b>	Zip _____	County _____

<b><i>Mailing Address</i></b>	
P O Box _____	Street _____
City _____	State _____ Zip _____