

MOTOR CARRIER IDENTIFICATION REPORT
 (Application for USDOT Number)
 OKLAHOMA CORPORATION COMMISSION, TRANSPORTATION DIVISION
 P.O. BOX 52000, OKLAHOMA CITY, OK 73152-2000
 Fax (405) 521-2916

REASON FOR FILING (Mark only one) <input type="checkbox"/> New Application <input type="checkbox"/> Biennial Update or Changes <input type="checkbox"/> Out of Business <input type="checkbox"/> Reapplication									
1. Name of Carrier/PIN				9. Doing Business as (DBA) Name					
2. Physical Street Address/Route Number				10. Mailing Address/P.O. Box					
3. City		4. State		11. City		12. State			
5. Zip		6. Phone Number		13. Zip					
7. Cell Phone Number		8. USDOT No.		14. FEIN (Corp. or Partnerships)		15. SSN (Individuals)			
16. Carrier Mileage (to nearest 10,000 miles for last calendar year)					Year				
17. Carrier Operation (Circle One) A. Interstate B. Intrastate Only (Hazardous Materials) C. Intrastate Only (Non-Hazardous Materials)									
18. Operation Classification (Circle one) A. Authorized For-Hire B. Private (Property)							19. e-mail address		
20. Cargo Classifications (Circle All That Apply)									
A General Freight	G Building Materials	L Intermodal Cont.	R Meat	X Beverages					
B Household Goods	H Mobile Homes	M Passengers	S Garbage,Refuse,Trash	Y Paper Products					
C Metal: Sheets, Coils, Rolls	I Machinery, large objects	N Oilfield Equipment	T U.S. Mail	Z Utility					
D Motor Vehicles	J Fresh Produce	O Livestock	U Chemicals	AA Farm Supplies					
E Drive away /Towaway	K Liquids/Gases	P Grain, Feed, Hay	V Commodities Dry Bulk	BB Construction					
F Logs,Poles, Beams,Lumber		Q Coal/Coke	W Refrigerated Food	CC Water Well					
				DD Other_____					
21. Hazardous Materials Carried/Shipped (Circle All that Apply) C=Carried S=Shipped B=In Bulk N=In Non Bulk									
C S A. DIV 1.1	B N	C S O. DIV 2.3D	B N	C S CC. DIV 6.1 SOLID	B N				
C S B. DIV 1.2	B N	C S P. CLASS 3	B N	C S DD. CLASS 7	B N				
C S C. DIV 1.3	B N	C S Q. CLASS 3A	B N	C S EE. HRCQ	B N				
C S D. DIV 1.4	B N	C S R. CLASS 3B	B N	C S FF. CLASS 8	B N				
C S E. DIV 1.5	B N	C S S. COMB LIQUID	B N	C S GG. CLASS 8A	B N				
C S F. DIV 1.6	B N	C S T. DIV 4.1	B N	C S HH. CLASS 8B	B N				
C S G. DIV 2.1	B N	C S U. DIV 4.2	B N	C S II. CLASS 9	B N				
C S H. DIV 2.1LPG	B N	C S V. DIV 4.3	B N	C S JJ. ELEVATED TEMP MAT	B N				
C S I. DIV 2.1(METHANE)	B N	C S W. DIV 5.1	B N	C S KK. INFECTIOUS WASTE	B N				
C S J DIV 2.2	B N	C S X. DIV 5.2	B N	C S LL. MARINE POLLUTANTS	B N				
C S K. DIV2.2A(AMMONIA)	B N	C S Y. DIV 6.2	B N	C S MM. HAZARDOUS SUB(RQ)	B N				
C S L. DIV 2.3A	B N	C S Z. DIV 6.1A	B N	C S NN. HAZARDOUS WASTE	B N				
C S M. DIV 2.3B	B N	C S AA. DIV 6.1B	B N	C S OO. ORM	B N				
C S N. DIV 2.3C	B N	C S BB. DIV 6.1 POISON	B N						
22. Number of Equipment	Straight Trucks	Truck Tractors	Trailers	HazMat Cargo Tank Trailers	HazMat Cargo Tank Trucks	Cars	PASSENGERS		
							Taxicab	Mini-bus/Van	Limousine
Owned									
Term Leased									
23. Number of Drivers Subject to Motor Carrier Safety Regulations:									
INTERSTATE			INTRASTATE			Total Drivers _____			
100-Mile Radius _____			100 Mile-Radius _____			Total CDL Drivers _____			
Beyond 100-Mile Radius _____			Beyond 100-Mile Radius _____						
24. Certification Statement (To be completed by an authorized official)									
I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal (Please print name) 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 _____			

INSTRUCTIONS FOR COMPLETING THE MOTOR CARRIER IDENTIFICATION REPORT (TDF 19)

(Print or Type All Information)

1. Enter the legal name of the business entity (i.e., corporation, partnership, or individual) that owns/controls the carrier operation. Show the PIN issued to the carrier by the OCC.
 2. Enter the principal place of business street address (where all safety records are maintained).
 3. Enter the city where the principal place of business is located.
 4. Enter the two-letter postal abbreviation for the state in which the principal place of business is located.
 5. Enter the zip code number corresponding to the street address.
 6. Enter the telephone number, including area code, of the principal place of business.
 7. Enter the cell telephone number for the business.
 8. Enter the identification number assigned to your motor carrier operation by the U.S. D.O.T., if known.
 9. If the business entity is operating under a name other than that in Block 1, (i.e., "trade name") enter that name. Otherwise, leave blank.
 10. Enter the mailing address if different from the physical address, otherwise leave blank. This instruction also applies to #11, #12, and #13.
 11. Enter the city corresponding to the mailing address.
 12. Enter the two-letter postal abbreviation for the state corresponding to the mailing address.
 13. Enter the zip code number corresponding to the mailing address.
 14. Enter the federal employer identification number (FEIN) for corporations or partnerships assigned to your carrier operation. To apply for a FEIN, contact the IRS at 1-800-829-4933 or on line at www.irs.gov.
 15. Enter the social security number (SSN) for sole proprietors.
 16. **Carrier Mileage** — Enter the total mileage of all Commercial Motor Vehicles (CMV) in the company's operation to the nearest 10,000 miles for the last calendar year (e.g., 2013).
 17. Circle the appropriate type of carrier operation.
Interstate - transportation of persons or property across state lines or wholly within one state as part of a through movement that originates or terminates in another state or country.
Intrastate - transportation of persons or property wholly within one state.
 18. Circle appropriate classification. Circle all that apply.
Authorized for Hire - transportation for compensation as a licensed motor carrier of property owned by others, or passengers or a certificate holder for household goods.
Private (Property) - a person who provides transportation of property by commercial motor vehicle and is not a for-hire motor carrier.
 19. Enter the e-mail address for the official point of contact, if you have one.
 20. Circle all the letters of the types of cargo you usually transport. If "Other" is circled, enter the name of the commodity in the space provided.
 21. Circle all the letters of the types of hazardous materials (HM) you transport/ship. In the columns before the HM types, circle either C for carrier of HM or S for shipper of HM. In the columns following the HM types, circle either B if the HM is transported in Bulk (over 119 gallons) or N if the HM is transported in Non-bulk (119 gallons or less). (49 CFR 173.2) Below are clarifications of the lettered codes:

A. Div 1.1 Explosives (with mass explosion hazard)	Y. Div 6.2 Infectious substance (Etiologic agent)
B. Div 1.2 Explosives (with projection hazard)	Z. Div 6.1 A (Poison Liquid which is a PIH Zone A)
C. Div 1.3 Explosives (with predominantly fire hazard)	AA. Div 6.1 B (Poison Liquid which is a PIH Zone B)
D. Div 1.4 Explosives (with no significant blast hazard)	BB. Div 6.1 Poison (Poisonous liquid with no inhalation hazard)
E. Div 1.5 Very insensitive explosives; blasting agents	CC. Div 6.1 Solid (meets the definition of a poisonous solid)
F. Div 1.6 Extremely insensitive detonating substances	DD. Class 7 Radioactive material
G. Div 2.1 Flammable gas	EE. HRCQ (Highway Route Controlled Quantity of Radioactive material)
H. Div 2.1 LPG (Liquefied Petroleum Gas)	FF. Class 8 Corrosive material
I. Div 2.1 Methane Gas	GG. Class 8 A (Corrosive liquid which is a PIH Zone A)
J. Div 2.2 Non-flammable compressed gas	HH. Class 8 B (Corrosive liquid which is a PIH Zone B)
K. Div 2.2 A (Anhydrous Ammonia)	II. Class 9 Miscellaneous hazardous material
L. Div 2.3 A (Poison Gas which is Poison inhalation Hazard (PIH) Zone A)	JJ. Elevated Temperature Material (Meets definition in 49 CFR 171.8 for an elevated temperature material)
M. Div 2.3 B (Poison Gas which is PIH Zone B)	KK. Infectious Waste (Meets definition in 49 CFR 171.8 for an infectious waste)
N. Div 2.3 C (Poison Gas which is PIH Zone C)	LL. Marine Pollutants (Meets definition in 49 CFR 171.8 for a marine pollutant)
O. Div 2.3 D (Poison Gas which is PIH Zone D)	MM. Hazardous Sub (RQ) (Meets definition in 49 CFR 171.8 of a reportable quantity of a hazardous substance)
P. Class 3 Flammable and combustible liquid	NN. Hazardous Waste (Meets definition in 49 CFR 171.8 of a hazardous waste)
Q. Class 3 A (Flammable liquid which is a PIH Zone A)	OO. ORM (Meets definition in 49 CFR 171.8 of Other Regulated material)
R. Class 3 B (Flammable liquid which is a PIH Zone B)	
S. Combustible Liquid (Refer to 49 CFR 173.120(b))	
T. Div 4.1 Flammable solid	
U. Div 4.2 Spontaneously combustible material	
V. Div 4.3 Dangerous when wet material	
W. Div 5.1 Oxidizer	
X. Div 5.2 Organic peroxide	
- Note: Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101)
22. Enter the total number of vehicles owned, term leased and trip leased, that are, or can be, operational the day this form is completed.
Taxicab - a service utilizing vehicles having a seating capacity of less than 7 passengers not operated on a regular route or between specified points.
Mini-bus/Van - a multi-purpose passenger vehicle with a capacity of 10-24 people, typically built on a small truck chassis.
Limousine - a passenger vehicle usually built on a lengthened automobile chassis.
 23. Enter the number of interstate/intrastate drivers used on an average work day. Part-time, casual, term leased, trip leased and company drivers are to be included. Also, enter the total number of drivers and the total number of drivers who have a Commercial Drivers License (CDL).
Interstate/Intrastate - see definitions in #17.
100-mile radius driver - driver operates only within a 100 air-mile radius of the normal work reporting location.
 24. Print or type the name, in the space provided, of the individual authorized to sign documents on behalf of the entity listed in Block 1. That individual must sign, date, and show his or her title in the spaces provided.