

MOTOR CARRIER IDENTIFICATION REPORT
 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"/> Biennial Update or Changes		<input type="checkbox"/> Out of Business		<input type="checkbox"/> Reapplication								
1. Name of Carrier/PIN			2. Doing Business as (DBA) Name											
3. Physical Street Address/Route Number			8. Mailing Address/P.O. Box											
4. City		5. County		9. City		10. County								
6. State		7. Zip		11. State		12. Zip								
13. Phone Number		14. USDOT No.		15. FEIN (Corp. or Partnerships)		16. SSN (Individuals)								
17. Carrier Mileage (to nearest 10,000 miles for last calendar year)				Year										
18. Carrier Operation (Circle One) A. Interstate B. Intrastate Only (Hazardous Materials) C. Intrastate Only (Non-Hazardous Materials)														
19. Operation Classification (Circle one) A. Authorized For-Hire B. Private (Property)						20. e-mail address								
21. 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 _____										
22. 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					
23. Equipment	Straight Trucks	Truck Tractors	Trailers	HazMat Cargo Tank Trailers	HazMat Cargo Tank Trucks	Cars	PASSENGERS							
							Taxicab	Mini-bus/Van	Limousine					
Owned														
Term Leased														
24. 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 _____									
25. 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 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. 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.
 3. Enter the principal place of business street address (where all safety records are maintained).
 4. Enter the city where the principal place of business is located.
 5. Enter the name of the county in which the principal place of business is located.
 6. Enter the two-letter postal abbreviation for the State in which the principal place of business is located.
 7. Enter the zip code number corresponding with the street address.
 8. Enter the mailing address if different from the physical address. Otherwise leave blank. This also applies to #9,#10,#11,#12.
 9. Enter the City corresponding with the mailing address.
 10. Enter the name of the county corresponding with the mailing address.
 11. Enter the two-letter postal abbreviation for the State corresponding with the mailing address.
 12. Enter the ZIP code number corresponding with the mailing address.
 13. Enter the telephone number, including area code, of the principal place of business.
 14. Enter the identification number assigned to your motor carrier operation by the U.S. D.O.T., if known.
 15. 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 <https://www.irs.gov/pub/irs-pdf/fss4.pdf>.
 16. Enter the social security number (SSN) for sole proprietors.
 17. **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., 2006).
 18. 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.
 19. 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) - means a person who provides transportation of property by commercial motor vehicle and is not a for-hire motor carrier.
 20. Enter the e-mail address for the official point of contact, if you have one.
 21. 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.
 22. Circle all the letters of the types of hazardous materials (HM) you transport/ship. In the columns before the HM types, either circle C for carrier of HM or S for shipper of HM. In the columns following the HM types, either circle 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) B. Div 1.2 Explosives (with projection hazard) C. Div 1.3 Explosives (with predominantly fire hazard) D. Div 1.4 Explosives (with no significant blast hazard) E. Div 1.5 Very insensitive explosives; blasting agents F. Div 1.6 Extremely insensitive detonating substances G. Div 2.1 Flammable gas H. Div 2.1 LPG (Liquefied Petroleum Gas) I. Div 2.1 Methane Gas J. Div 2.2 Non-flammable compressed gas K. Div 2.2 A (Anhydrous Ammonia) L. Div 2.3 A (Poison Gas which is Poison inhalation Hazard (PIH) Zone A) M. Div 2.3 B (Poison Gas which is PIH Zone B) N. Div 2.3 C (Poison Gas which is PIH Zone C) O. Div 2.3 D (Poison Gas which is PIH Zone D) P. Class 3 Flammable and combustible liquid Q. Class 3 A (Flammable liquid which is a PIH Zone A) 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	Y. Div 6.2 Infectious substance (Etiologic agent) Z. Div 6.1 A (Poison Liquid which is a PIH Zone A) AA. Div 6.1 B (Poison Liquid which is a PIH Zone B) BB. Div 6.1 Poison (Poisonous liquid with no inhalation hazard) CC. Div 6.1 Solid (meets the definition of a poisonous solid) DD. Class 7 Radioactive material EE. HRCQ (Highway Route Controlled Quantity of Radioactive material) FF. Class 8 Corrosive material GG. Class 8 A (Corrosive liquid which is a PIH Zone A) HH. Class 8 B (Corrosive liquid which is a PIH Zone B) II. Class 9 Miscellaneous hazardous material JJ. Elevated Temperature Material (Meets definition in 49 CFR 171.8 for an elevated temperature material) KK. Infectious Waste (Meets definition in 49 CFR 171.8 for an infectious waste) LL. Marine Pollutants (Meets definition in 49 CFR 171.8 for a marine pollutant) MM. Hazardous Sub (RQ) (Meets definition in 49 CFR 171.8 of a reportable quantity of a hazardous substance) NN. Hazardous Waste (Meets definition in 49 CFR 171.8 of a hazardous waste) OO. ORM (Meets definition in 49 CFR 171.8 of Other Regulated material)
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- Note: Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101)
23. 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.
 24. 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.
 25. 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.