

Xpress Authority & Permit Services

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SE HABLA ESPANOL

Please complete the following company information to begin your authority process.

APPLICANT:	
DOING BUSINESS AS:	
FEDERAL ID:	
BUSINESS TYPE: () INDIVIDUAL; () PARTNERSHIP; () CORPORATION (STATE_____)	
IF CORPORATION: CHARTER NUMBER _____ DATE: _____	
PHYSICAL ADDRESS:	
MAILING ADDRESS:	
EMAIL ADDRESS:	
PHONE NUMBER:	FAX:
OWNER/PRESIDENT/PARTNER:	SSN:
ADDRESS:	
2ND PARTNER:	SSN:
ADDRESS:	
ACTUAL COMMODITIES TO BE TRANSPORTED:	
INSURANCE AGENT:	PHONE:

Present DOT number (IF ANY) _____ DOT Safety Rating _____

YOU MUST ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS: (Please circle your answer.)

1. YES or NO Do you have ICC Authority now? (If so, attach copy.) MC# _____
2. YES or NO Do you or anyone connected with your company now have interest in any other ICC regulated carrier or broker?
(If yes, list Name of Company : _____ MC# _____)
3. YES or NO Have you ever had a DOT Safety Audit? Results: _____
4. YES or NO Have you been convicted after September 1, 1989, of distribution or possession of a controlled substance?
5. YES or NO Will your operations be conducted in compliance with the DOT rules and regulations.
6. YES or NO Are you domiciled, owned, or controlled by persons in Mexico?

I WOULD LIKE TO OBTAIN THE FOLLOWING: () FREIGHT (_____GVW); or () PASSENGER (___# veh capacity)
() Common () Contract () Broker (except HHG) () Freight Forwarder

I WILL BE TRANSPORTING THE FOLLOWING COMMODITIES: (Freight carriers only)

- () General commodities, non-hazardous commodities (\$750,000)
() Household
() Hazardous materials referenced in the Commission's insurance regulations at 49 CFR 1043.2(b)(2)(c) (\$1MM)
() Hazardous materials referenced in the Commission's insurance regulations at 49 CFR 1043.2(b)(2)(b) (\$5MM)
- () Will operate vehicles having Gross Vehicle Weight Ratings (GVWR) of 10,000 pounds or more:
() Will operate only vehicles having GVWR under 10,000 pounds:

Equipment: ___#Straight Trucks ___#Truck Tractors ___#Trailers Drivers: ___# Drivers with CDL

APPLICANTS SIGNATURE: _____
DATE: _____
REFERRED BY: _____

NO REFUNDS GRANTED ONCE THE APPLICATION HAS BEEN SUBMITTED TO THE FHWA.