

# 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:	MC:	US DOT:	TX DOT:
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:	

I WOULD LIKE TO OBTAIN THE FOLLOWING:

( ) BOC-3	( ) KYU	( ) ADDRESS CHANGE
( ) IFTA	( ) NM	( ) AUTHORITY FAX
( ) IRP	( ) NY	( ) HAZMAT
( ) TX DOT	( ) OR	( ) NAME CHANGE
( ) UCR		( ) REINSTATEMENT
( ) US DOT		( ) SCAC [ALPAH] CODE

Equipment: \_\_\_#Straight Trucks \_\_\_#Truck Tractors \_\_\_#Trailers      Drivers: \_\_\_# Drivers with CDL

Unit #	Year	Make	Empty Weight	Gross Vehicle Weight	License Plate #	Complete Vehicle Identification Number (VIN)	Type *	Axle	Purchase Date	New Used	Owned Leased	Name of Owner

APPLICANTS SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 REFERRED BY: \_\_\_\_\_