

# Contractor Business Services

## Motor Carrier Authority Application

### Fees for Obtaining your own Authority:

DOT Number - **Free**

MC Number - **\$300.00 Interstate or Intrastate (Payable with Credit Card to FMCSA)**

BOC-3 (Process agent) - **\$30.00 one-time fee (Payable with Credit Card to Evilsizor, Inc.)**

UCR Fee - **\$45.00, including small credit card processing fee per vehicle (Tractor and Trailer = 2 vehicles)**

CBS Fee - **\$200.00 (Payable with Credit Card to CBS, LLC)**

Fax back to (704) 551-0628 or

IFTA Decals - **Minimal cost, only applies to Interstate**

our toll free fax is (866) 868-9681

CBS to fill-in:	DOT#: _____
	Pending MC#: _____
	Entered By: _____
	Date Completed: _____

Driver Name: \_\_\_\_\_ (as it appears on Credit Card)

Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_

EIN # \_\_\_\_\_ email addr: \_\_\_\_\_

Address (where CC gets billed):

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV# \_\_\_\_\_  
(mo/yr) (last 3 or 4 #s on back of card)

Credit Card Type \_\_\_\_\_

Truck Information: Own or Lease Truck? \_\_\_\_\_ Purchased: \_\_\_\_\_  
(Date)

\_\_\_\_\_  
VIN #: \_\_\_\_\_

Year Make Model

Gross Vehicle Weight \_\_\_\_\_

**Truck registration fees vary based on truck value and miles driven by state (estimate \$1,000 - \$1,800 or so).**

Motor Carrier Authority: Interstate: \_\_\_\_\_ Intrastate: \_\_\_\_\_ Household Goods? \_\_\_\_\_

If you are applying for an Interstate authority please indicate whether or not you want us to file your quarterly IFTA reports

YES: \_\_\_\_\_ NO: \_\_\_\_\_ **\$5.00 per week**

If you currently have an IRP account number please list: \_\_\_\_\_

In what states do you drive? \_\_\_\_\_

Estimated Mileage In Each State: \_\_\_\_\_

**ASK US about permits / taxes on trucking in AR (Prop.) KY (HUT) NJ (Corp.) NM (WDT) NY (HUT) OR (HUT)**

Process Agent (Form BOC-3):

If you do not have a process agent please indicate whether you want us to obtain one for you:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Authorized Signature **X**  
\_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**PLEASE NOTE: YOUR APPLICATION IS PLACED IN PENDING STATUS BY THE FMCSA WHILE YOU ARRANGE FOR INSURANCE COVERAGE. THEY PUBLISH YOUR NAME IN THE FMCSA REGISTER AND ALLOW 3 WEEKS FOR ANY COMMENTS TO BE POSTED ABOUT YOU, so allow at least 4 weeks for your authority approval.**