

**Step 1 SERVICES NEEDED**

**PLEASE CHECK MARK THE SERVICES YOU REQUIRE FROM OUR OFFICE.**

MC #	<input type="checkbox"/>	NM WDT Reg.	<input type="checkbox"/>	QUARTERLY REPORTS	<input type="checkbox"/>
UCR FILING	<input type="checkbox"/>	NY HUT Reg.	<input type="checkbox"/>	LOG CHECKING	<input type="checkbox"/>
U.S. DOT #	<input type="checkbox"/>	OH PUCO No.	<input type="checkbox"/>	OTHER (Please fill in)	<input type="checkbox"/>
BOC-3 FILING	<input type="checkbox"/>	OR Reg.	<input type="checkbox"/>		<input type="checkbox"/>
IFTA Acct.	<input type="checkbox"/>	PA PUC No.	<input type="checkbox"/>		<input type="checkbox"/>
KYU No.	<input type="checkbox"/>				<input type="checkbox"/>

**Step 2 YOUR COMPANY INFORMATION**

**ARE YOU AN/A?**

Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Liability (LLC)	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Which State?	<input type="checkbox"/>	Date Incorporated?	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Company Name(Legal Name)

**Doing Business As(DBA)**

Business Address(Street/City/State)

Mailing Address (If different from above)

Contact Name

Phone Number

Fax Number

Cell Number

Email Address

**CORPORATE OFFICERS (This information is needed for UCR, ICC, DOT, IFTA & most other permits)**

NAME & TITLE

HOME ADDRESS

HOME PHONE

SOCIAL SECURITY NUMBER

NAME & TITLE

HOME ADDRESS

HOME PHONE

SOCIAL SECURITY NUMBER

NAME & TITLE

HOME ADDRESS

HOME PHONE

SOCIAL SECURITY NUMBER

NAME & TITLE

HOME ADDRESS

HOME PHONE

SOCIAL SECURITY NUMBER

<b>INSURANCE INFORMATION</b>					
Agency Name					
Contact Name					
Address Name					
Street Address					
Mailing Address ( if different)					
Phone Number					
Fax Number					
Policy Number					
<b>YOUR PERMITS &amp; ACCOUNT NUMBER</b>					
Federal ID (EIN) #					
IRP Base State & Acct #					
US DOT #					
MC #					
CA #					
IFTA # & State					
Kentucky Permit #					
New Mexico Permit #					
* Username & Password					
New York HUT Permit #					
* Username & Password					
Oregon Permit #					
ICC Authority (Type)					
<b>ADDITIONAL INFORMATION ABOUT YOUR COMPANY</b>					
What do you Haul?					
Is it Hazardous?					
Do You use Owner/Operators?					
If so who is responsible for Taxes?					
Have you ever applied for an IFTA Before?					
If so has that IFTA ever been revoked?					
<b>Number of Power Units?</b>					
<b>Number of Trailers?</b>					
<b>Mileage for Previous Year(for all units)</b>					
Do you have Bulk Fuel storage?					

Step 3 STATES

**STATES THAT YOU PLAN ON OPERATING IN (Check mark all that apply)**

<input type="checkbox"/>	<b>ALL STATES</b>	<input type="checkbox"/>	MI Michigan	<input type="checkbox"/>	UT Utah
<input type="checkbox"/>	AL Alabama	<input type="checkbox"/>	MN Minnesota	<input type="checkbox"/>	VT Vermont
<input type="checkbox"/>	AK Alaska	<input type="checkbox"/>	MS Mississippi	<input type="checkbox"/>	VA Virginia
<input type="checkbox"/>	AZ Arizona	<input type="checkbox"/>	MO Missouri	<input type="checkbox"/>	WA Washington
<input type="checkbox"/>	AR Arkansas	<input type="checkbox"/>	MT Montana	<input type="checkbox"/>	WV West Virginia
<input type="checkbox"/>	CA California	<input type="checkbox"/>	NE Nebraska	<input type="checkbox"/>	WI Wisconsin
<input type="checkbox"/>	CO Colorado	<input type="checkbox"/>	NV Nevada	<input type="checkbox"/>	WY Wyoming
<input type="checkbox"/>	CT Connecticut	<input type="checkbox"/>	NH New Hampshire		
<input type="checkbox"/>	DE Delaware	<input type="checkbox"/>	NJ New Jersey		<b>CANADIAN PROVINCES</b>
<input type="checkbox"/>	DC Dist of Columbia	<input type="checkbox"/>	NM New Mexico		
<input type="checkbox"/>	FL Florida	<input type="checkbox"/>	NY New York	<input type="checkbox"/>	AB Alberta
<input type="checkbox"/>	GA Georgia	<input type="checkbox"/>	NC North Carolina	<input type="checkbox"/>	BC British Columbia
<input type="checkbox"/>	ID Idaho	<input type="checkbox"/>	ND North Dakota	<input type="checkbox"/>	MB Manitoba
<input type="checkbox"/>	IL Illinois	<input type="checkbox"/>	OH Ohio	<input type="checkbox"/>	NB New Brunswick
<input type="checkbox"/>	IN Indiana	<input type="checkbox"/>	OK Oklahoma	<input type="checkbox"/>	NF Newfoundland
<input type="checkbox"/>	IA Iowa	<input type="checkbox"/>	OR Oregon	<input type="checkbox"/>	NT Northwest Territories
<input type="checkbox"/>	KS Kansas	<input type="checkbox"/>	PA Pennsylvania	<input type="checkbox"/>	NS Nova Scotia
<input type="checkbox"/>	KY Kentucky	<input type="checkbox"/>	RI Rhode Island	<input type="checkbox"/>	ON Ontario
<input type="checkbox"/>	LA Louisiana	<input type="checkbox"/>	SC South Carolina	<input type="checkbox"/>	PE Prince Edward Island
<input type="checkbox"/>	ME Maine	<input type="checkbox"/>	TN Tennessee	<input type="checkbox"/>	PQ Quebec
<input type="checkbox"/>	MD Maryland	<input type="checkbox"/>	TX Texas	<input type="checkbox"/>	SK Saskatchewan
<input type="checkbox"/>	MA Massachusetts	<input type="checkbox"/>		<input type="checkbox"/>	YT Yukon

