

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399.

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0013. Public reporting for this collection of information is estimated to be approximately 20 minutes per response (and 7.5 minutes for the biennial update), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
**Federal Motor Carrier Safety Administration**

## Intermodal Equipment Provider Identification Report

(Application for USDOT Number)

# FORM MCS-150C

### REASON FOR FILING (select only one):

*New Application*      *Biennial Update or Changes*      *Out of Business Notification*  
*Reapplication (after revocation of new entrant)*      *Reactivate*

**1. LEGAL BUSINESS NAME:** \_\_\_\_\_

**2. DOING BUSINESS AS NAME** (if different from Legal Business Name): \_\_\_\_\_

### 3-7. PRINCIPAL PLACE OF BUSINESS (see [49 CFR 390.5T](#)):

3. STREET ADDRESS/ROUTE NUMBER      4. CITY      5. STATE/PROVINCE      6. ZIP CODE      7. COLONIA (Mexico only)

### 8-12. MAILING ADDRESS:      Same as Principal Address      Mailing address below:

8. STREET ADDRESS/ROUTE NUMBER      9. CITY      10. STATE/PROVINCE      11. ZIP CODE      12. COLONIA (Mexico only)

### 13-15. CONTACT NUMBERS:

13. PRINCIPAL BUSINESS PHONE NUMBER      14. PRINCIPAL CONTACT CELL PHONE NUMBER      15. PRINCIPAL BUSINESS FAX NUMBER

### 16. HAVE YOU EVER BEEN ISSUED A USDOT NUMBER BY THE FEDERAL MOTOR CARRIER ADMINISTRATION?

Yes      No      If yes, enter your USDOT Number: \_\_\_\_\_

### 17-18. IDENTIFICATION NUMBERS:

17. DUN & BRADSTREET NUMBER      18. IRS/TAX ID NUMBER  
(see instructions before completing this section)

**19. E-MAIL ADDRESS:** \_\_\_\_\_

### 20. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S. (TRAILER CHASSIS ONLY)

Owned \_\_\_\_\_ Leased \_\_\_\_\_ Serviced \_\_\_\_\_

**21. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS, AND TITLES***(e.g., president, treasurer, general partner, limited partner)*

1. \_\_\_\_\_
2. \_\_\_\_\_  
*(please type or print names)* *(please type or print titles)*

**22. CERTIFICATION STATEMENT** *(to be completed by authorized official):*

I, \_\_\_\_\_, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or 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:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(please type or print)*