



This document reflects the answers provided to the URS Application Summary, FORM MCSA-1 on DATE OF APPLICATION SUBMISSION.

REASONS TO FILE			
<input checked="" type="checkbox"/> NEW REGISTRATION (first time registering)			
BUSINESS DESCRIPTION			
1. LEGAL BUSINESS NAME Humming Transport LLC			
2. DOING BUSINESS AS NAME (if different from Legal Business Name)			
3. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will <u>not</u> be accepted)			
9162 BUR OAK CIR	EL PASO	TEXAS	79907-2006
<small>STREET ADDRESS/ROUTE NUMBER</small>	<small>CITY</small>	<small>STATE/PROVINCE</small>	<small>ZIP CODE+4 COLONIA (Mexico Only) FOREIGN COUNTRY</small>
4. MAILING ADDRESS (This may be a P.O. Box Number) <input type="checkbox"/> SAME AS PRINCIPAL ADDRESS			
9162 BUR OAK CIR	EL PASO	TEXAS	79907-2006
<small>STREET ADDRESS/ROUTE NUMBER</small>	<small>CITY</small>	<small>STATE/PROVINCE</small>	<small>ZIP CODE+4 COLONIA (Mexico Only) FOREIGN COUNTRY</small>
5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS			
<input checked="" type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other Country			
<small>Canadian NSC Number (National Safety Code)</small>		<small>Mexico RFC Number (Federal Taxpayer Registry)</small>	
6. PRINCIPAL BUSINESS TELEPHONE NUMBER		(915)247-8565	
7. PRINCIPAL FAX TELEPHONE NUMBER (optional)			
8. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional)		(915)472-1494	
10. IRS TAX ID NUMBER Enter the Employer Identification Number (EIN) assigned to the applicant by the Internal Revenue Service (See instructions) 872485508		11. DUN & BRADSTREET NUMBER (if applicable)	



11. UNIT OF GOVERNMENT

Federal State Local Tribal

12. FORM OF BUSINESS (Select the business form that applies)

Sole Proprietor Corporation State of Incorporation _____
 Partnership Limited Liability Partnerships State _____
 Trusts Limited Liability Company State TEXAS
 Other (please specify) _____

13. OWNERSHIP and CONTROL

Owned/controlled by citizen of U.S. Owned/controlled by citizen of Mexico
 Owned/controlled by citizen of Canada Owned/controlled by citizen of other foreign country _____

14. NAME(S) AND TITLES(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS(S) (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

NAME Luis Ramos

TITLE Owner



15. OPERATION CLASSIFICATION

a. For-Hire Motor Carrier

- Property
 - Hazardous Materials
 - Household Goods
 - Exempt Commodities
 - Other Non-Hazardous Freight

- Passengers
 - Charter & Special Operations
 - Regular Route
 - Exempt per 49 USC 13506
 - Migrant Workers

- Mexico-owned, U.S.-based Enterprise
 - United States-based enterprise owned or controlled by persons of Mexico providing truck services for the transportation of international cargo (except Household Goods)
 - United States-based enterprise owned or controlled by persons of Mexico providing truck services for the international transportation of Household Goods.
 - United States-based enterprise owned or controlled by persons of Mexico transporting passengers in Charter or Special Operations.
 - United States-based enterprise owned or controlled by persons of Mexico providing transportation of passengers over regular route.

b. Private Motor Carrier

- Property – Hazardous Materials
- Property – Non-Hazardous
- Passengers – Business
- Passengers – Non-business
- Migrant Workers

c. Property Broker

- General Freight (except Household Goods)
- Household Goods

d. Freight Forwarder

- General Freight (except Household Goods)
- Household Goods
- Operates Vehicles
- Hazardous Materials

e. Cargo Tank Facility

f. Intermodal Equipment Provider

g. Driveaway/Towaway

h. Other

16. COMPANY CONTACT PERSON (Please designate an individual within your company to respond to inquiries)

Luis Ramos, Owner
NAME AND TITLE

9162 BUR OAK CIR
STREET ADDRESS/ROUTE NUMBER

EL PASO
CITY

TEXAS
STATE/PROVINCE

FOREIGN COUNTRY

79907-2006
ZIP CODE+4

COLONIA (Mexico Only)

(915)247-8565
TELEPHONE NUMBER

FAX NUMBER (optional)

CEL PHONE (optional)

hummingtransport@gmail.com
E-MAIL ADDRESS (optional)



17. APPLICANT'S REPRESENTATIVE (Please designate a consultant or agent to respond to inquiries, if applicable)

Luis Ramos

NAME AND TITLE, AND RELATIONSHIP TO APPLICANT

9162 BUR OAK CIR

STREET ADDRESS/ROUTE NUMBER

EL PASO

CITY

TEXAS

STATE/PROVINCE

FOREIGN COUNTRY

79907-2006

ZIP CODE+4

COLONIA (Mexico Only)

hummingtransport@gmail.com

E-MAIL ADDRESS (optional)

(915)472-1494

TELEPHONE NUMBER

FAX NUMBER (optional)

CEL PHONE (optional)

E-MAIL ADDRESS (optional)

18. CERTIFICATION STATEMENT (to be completed by the applicant)

I, Luis Ramos, certify that I am familiar with the Federal Motor Carrier Safety Regulations and, if applicable, the Federal
(Please Print Name)

Hazardous Materials Regulations, and the Federal Motor Carrier Commercial Regulations. Under penalties of perjury, under the laws of the United States of America, I certify that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment up to 5 years and fines up to \$250,000 for each offense. Additionally, these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines up to \$250,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat.4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002(d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. § 826).

Signature Electronic signature recorded Date 04/29/2025 Title Owner



OPERATION CLASSIFICATION AND INFORMATION

19. TYPE OF OPERATION

- INTERSTATE INTRASTATE

20. CARGO Please check all classifications of cargo that applicant transports or handles:

- | | |
|--|---|
| <p>a. <input checked="" type="checkbox"/> General Freight</p> <p>b. <input checked="" type="checkbox"/> Metal: Sheets, Coils, Rolls</p> <p>c. <input checked="" type="checkbox"/> Motor Vehicles</p> <p>d. <input type="checkbox"/> Driveaway-Towaway</p> <p>e. <input checked="" type="checkbox"/> Logs, Poles, Beams, Lumber</p> <p>f. <input checked="" type="checkbox"/> Building Materials</p> <p>g. <input checked="" type="checkbox"/> Mobile Homes</p> <p>h. <input checked="" type="checkbox"/> Machinery, Large Objects</p> <p>i. <input checked="" type="checkbox"/> Fresh Produce</p> <p>j. <input type="checkbox"/> Liquid/Gases</p> <p>k. <input checked="" type="checkbox"/> Intermodal</p> <p>l. <input type="checkbox"/> Oil Field Equipment</p> <p>m. <input type="checkbox"/> Livestock</p> | <p>n. <input checked="" type="checkbox"/> Grain, Feed, Hay</p> <p>o. <input checked="" type="checkbox"/> Coal/Coke</p> <p>p. <input checked="" type="checkbox"/> Meat</p> <p>q. <input type="checkbox"/> Garbage, Refuse, Trash</p> <p>r. <input checked="" type="checkbox"/> U.S. Mail</p> <p>s. <input type="checkbox"/> Chemicals</p> <p>t. <input checked="" type="checkbox"/> Commodities (Dry), In Bulk</p> <p>u. <input checked="" type="checkbox"/> Refrigerated Food</p> <p>v. <input type="checkbox"/> Beverages</p> <p>w. <input type="checkbox"/> Paper Products</p> <p>x. <input checked="" type="checkbox"/> Utility Service</p> <p>y. <input checked="" type="checkbox"/> Farm Supplies</p> <p>z. <input checked="" type="checkbox"/> Water Well</p> <p>aa. <input checked="" type="checkbox"/> Construction</p> <p>bb. <input type="checkbox"/> Other (Please specify): _____</p> |
|--|---|

21. Number of Non-CMV's the applicant plans to operate:

Non-CMV's transporting Property: _____

Non-CMV's transporting Passengers: _____



22. (a) NUMBER OF COMMERCIAL MOTOR VEHICLE(S) THAT WILL BE OPERATING IN THE U.S.

	Straight Truck(s)	Truck Tractor(s)	Trailer (s)	IEP Trailer Chassis only	Hazmat Cargo Tank Truck(s)	Hazmat Cargo Tank Trailer(s)	Motor Coaches	School Bus(es)		Mini- bus(es)	Van(s)		Limousine				
								Number of vehicles carrying number of passengers (including the driver) below									
								1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
Owned																	
Term Leased																	
Trip Leased																	
Serviced																	
Tow/ Drive- away ¹																	

(b) NUMBER OF COMMERCIAL MOTOR VEHICLES THAT WILL BE OPERATING IN CANADA OR MEXICO.

CANADA	MEXICO

(c) NUMBER OF COMMERCIAL MOTOR VEHICLES THAT WILL BE OPERATING SOLELY IN INTERSTATE COMMERCE.

SOLELY INTERSTATE

(d) NUMBER OF COMMERCIAL MOTOR VEHICLES THAT WILL BE OPERATING SOLELY IN INTRASTATE COMMERCE.

SOLELY INTRASTATE

23. (a) NUMBER OF DRIVERS WHO WILL BE OPERATING IN THE U.S.

	INTERSTATE	SOLELY INTRASTATE	TOTAL DRIVERS	NUMBER OF DRIVERS WITH A COMMERCIAL DRIVER'S LICENSE (CDL), LICENCIA FEDERAL DE CONDUCTOR (LFC), OR A VALID CANADIAN LICENSE CLASS 1, 2, 3 OR 4 (OR CLASS A, B, C, OR D IF LICENSED IN ONTARIO)
Within 100 air-mile Radius				
Beyond 100 air-mile Radius				

(b) NUMBER OF DRIVERS WHO WILL BE OPERATING IN CANADA OR MEXICO.

CANADA	MEXICO

¹ Persons who conduct driveaway operations do not need to provide vehicle information due to the nature of these operations.

HAZARDOUS MATERIALS

24. HAZARDOUS MATERIALS CARRIED OR SHIPPED

C (Carried) S (Shipped) B (Bulk) NB (Non-Bulk) See Instructions

C	S	A.	Div 1.1 Explosives (with mass explosion hazard)	B	NB	C	S	V.	Div 4.3 Dangerous when wet material	B	NB
C	S	B.	Div 1.2 Explosives (with projection hazard)	B	NB	C	S	W.	Div 5.1 Oxidizer	B	NB
C	S	C.	Div 1.3 Explosives (with predominantly fire hazard)	B	NB	C	S	X.	Div 5.2 Organic Peroxide	B	NB
C	S	D.	Div 1.4 Explosives (with no significant blast hazard)	B	NB	C	S	Y.	Div 6.2 Infectious substance (Etiologic agent)	B	NB
C	S	E.	Div 1.5 Very insensitive explosives; blasting agents	B	NB	C	S	Z.	Div 6.1 A (Poison Liquid which is a PIH Zone A)	B	NB
C	S	F.	Div 1.6 Extremely insensitive detonating substances	B	NB	C	S	AA.	Div 6.1 B (Poison Liquid which is a PIH Zone B)	B	NB
C	S	G.	Div 2.1 Flammable gas	B	NB	C	S	BB.	Div 6.1 Poison (Poisonous liquid with no inhalation hazard)	B	NB
C	S	H.	Div 2.1 Liquefied Petroleum Gas (LPG)	B	NB	C	S	CC.	Div 6.1 Solid (Meets the definition of a poisonous solid)	B	NB
C	S	I.	Div 2.1 Methane Gas	B	NB	C	S	DD.	Class 7 Radioactive materials (Other than Highway Route Controlled Quantity of Radioactive Material (HRCQ).	B	NB
C	S	J.	Div 2.2 Non-flammable compressed gas	B	NB	C	S	EE.	HRCQ	B	NB
C	S	K.	Div 2.2 (Anhydrous Ammonia)	B	NB	C	S	FF.	Class 8 Corrosive material	B	NB
C	S	L.	Div 2.3 A (Poison Gas which is Poison Inhalation Hazard (PIH) Zone A)	B	NB	C	S	GG.	Class 8 A (Corrosive liquid which is a PIH Zone A)	B	NB
C	S	M.	Div 2.3 B (Poison Gas which in PIH Zone B)	B	NB	C	S	HH.	Class 8 B (Corrosive liquid which is a PIH Zone B)	B	NB
C	S	N.	Div 2.3 C (Poison Gas which is PIH Zone C)	B	NB	C	S	II.	Class 9 Miscellaneous hazardous material	B	NB
C	S	O.	Div 2.3 D (Poison Gas which is PIH Zone D)	B	NB	C	S	JJ.	Elevated Temperature Material (Meets definition in 49 CFR § 171.8 for an elevated temperature material)	B	NB
C	S	P.	Class 3 Flammable and combustible liquid	B	NB	C	S	KK.	Infectious Waste (Meets definition in 49 CFR § 171.8 for an infectious waste)	B	NB
C	S	Q.	Class 3 A (Flammable liquid which is a PIH Zone A)	B	NB	C	S	LL.	Marine Pollutants (Meets Definition in 49 CFR § 171.8 for a marine pollutant)	B	NB
C	S	R.	Class 3 B (Flammable liquid which is a PIH Zone B)	B	NB	C	S	MM.	Hazardous Substances (RQ) (Meets definition in 49 CFR § 171.8 of a reportable quantity of a hazardous substance)	B	NB
C	S	S.	Combustible Liquid (Refer to 49 CFR § 173.20 (b))	B	NB	C	S	NN.	Hazardous Waste (Meets definition in 49 CFR § 171.8 of a hazardous waste)	B	NB
C	S	T.	Div 4.1 Flammable Solid	B	NB	C	S	OO.	ORM (Meets definition in 49 CFR § 171.8 of Other Regulated Material)	B	NB
C	S	U.	Div 4.2 Spontaneously combustible material	B	NB						



HAZARDOUS MATERIALS PERMITTING

25. DOES THE APPLICANT NEED A HAZARDOUS MATERIALS SAFETY PERMIT (HMSP)?

Yes No

26. WHICH OF THE FOLLOWING HAZARDOUS MATERIAL(S) DOES THE APPLICANT TRANSPORT? CHECK ALL THAT APPLY:

- Highway Route Controlled Quantities (HRCQ) of radioactive materials.
- More than 25 kg (kilograms) (55 pounds) of a Division 1.1, 1.2, or 1.3 material or a quantity of Division 1.5 material that requires placarding.
- For materials that meet the definition of "material poisonous by inhalation" (TIH) as defined in 49 CFR 171.8: More than 1 liter (L)(1.08 quarts) per package of a material meeting the definition of a Hazard Zone A TIH material, a material meeting the definition of a Hazard Zone B TIH material in a bulk package (capacity greater than 450 liters [119 gallons]), or a material meeting the definition of a Hazard Zone C or D TIH material in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons).
- Shipments of compressed or refrigerated liquid methane or liquefied natural gas with a methane content of at least 85% in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons).

27. HOW MANY ACCIDENTS, AS DEFINED IN 49 CFR 390.5, HAS YOUR APPLICANT HAD IN THE PAST 12 MONTHS?

Number of Accidents _____

28. DOES THE APPLICANT CERTIFY IT HAS A SATISFACTORY SECURITY PROGRAM IN PLACE AS REQUIRED IN 49 CFR PART 385, SUBPART E?

Yes
 No

29. IS THE APPLICANT REQUIRED BY ANY STATE(S) TO HAVE A PERMIT FOR ANY OF THE HAZARDOUS MATERIALS LISTED IN QUESTION 25?

Yes
 No

30. IF YOUR ANSWER TO QUESTION 29 IS YES, CHECK THE STATE(S) IN WHICH YOU HAVE THE PERMIT.

- | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AR | <input type="checkbox"/> AZ | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DC | <input type="checkbox"/> DE | <input type="checkbox"/> FL | <input type="checkbox"/> GA |
| <input type="checkbox"/> HI | <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> MA | <input type="checkbox"/> MD | <input type="checkbox"/> ME |
| <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MO | <input type="checkbox"/> MS | <input type="checkbox"/> MT | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> NE | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM |
| <input type="checkbox"/> NV | <input type="checkbox"/> NY | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA | <input type="checkbox"/> PR | <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN |
| <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | | | |

NOTE: All motor carriers must comply with all pertinent Federal, State, local and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by a State agency operating a plan pursuant to Section 18 of the Occupational Safety and Health Act of 1970 ("OSHA State plan agency"). Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

31. CERTIFICATION STATEMENT

I, _____, certify that I am familiar with the 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 _____ Date _____ Title _____



CARGO TANK FACILITY

32. HOW MANY CARGO TANK FACILITIES WILL THE APPLICANT REGISTER WITH THIS APPLICATION?

33. CARGO TANK FACILITY NAME:

34 (a) IS THE CARGO TANK FACILITY PHYSICAL ADDRESS DIFFERENT FROM THE PRINCIPAL PLACE OF BUSINESS ADDRESS? Yes No

(b) IF THE ANSWER TO QUESTION 34(a) IS YES, PLEASE PROVIDE CARGO TANK FACILITY PHYSICAL ADDRESS.

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

POSTAL
CODE

COLONIA (Mexico)

35 (a) IS THE MAILING ADDRESS DIFFERENT FROM THE CARGO TANK FACILITY PHYSICAL ADDRESS?

Yes No

(b) IF THE ANSWER TO QUESTION 35(a) IS YES, PLEASE PROVIDE CARGO TANK FACILITY MAILING ADDRESS (P. O. BOX IS ACCEPTED).

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

POSTAL
CODE

COLONIA (Mexico)

36.				
Functions	Exemptions	Special Permits	Vehicles	
<input type="checkbox"/> External Visual Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Internal Visual Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Leakage Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Lining Inspection			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412	
<input type="checkbox"/> Thickness Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Pressure Test			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> Other MC300 series specifications <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> 173.8 petroleum tanks <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> Non spec ASME propane tanks	
<input type="checkbox"/> Dye Penetrant Testing (PT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	
<input type="checkbox"/> Radiographic Examination (RT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	
<input type="checkbox"/> Wet Fluorescent Magnetic Particle Testing (MT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	
<input type="checkbox"/> Ultrasonic Testing (UT)			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338	



Functions	Exemptions	Special Permits	Vehicles
<input type="checkbox"/> Direct, Remote, or Enhanced Visual Inspection			<input type="checkbox"/> MC330 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> MC331 <input type="checkbox"/> MC338
<input type="checkbox"/> Manufacture			<input type="checkbox"/> MC331 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT407 <input type="checkbox"/> Nurse Tank <input type="checkbox"/> DOT412
<input type="checkbox"/> Assembly			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC310 <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC311 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305 <input type="checkbox"/> Nurse Tank
<input type="checkbox"/> Repair (108.403)			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC310 <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC311 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305
<input type="checkbox"/> Certification (Design Certified Engineer)			<input type="checkbox"/> MC306 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406 <input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC310 <input type="checkbox"/> MC307 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC311 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305 <input type="checkbox"/> Nurse Tank
<input type="checkbox"/> Component Manufacturer			
Mobile Testing Information (Mandatory Selection of one option below)			
Where do you use testing/inspection equipment?	<input type="radio"/> Fixed Facility	<input type="radio"/> Mobile	<input type="radio"/> Both
Process Agent			
Name	Address (No P.O. Box)	City	State
			Zip / Postal Code
Responsible Person (Facility Location)			
Title:			
Name:			
Phone:		Fax:	
Email:			



37. Does the Applicant utilize a registered inspector, authorized inspector, certified individual, qualified inspector, or design certified engineer employed by the company to conduct certification, inspection, or testing functions?

Yes No

Name:

Type: Design Certified Engineer Registered Inspector Authorized Inspector
 Certified Individual Qualified Inspector

38. Does the Applicant utilize a registered inspector, authorized inspector, certified individual, qualified inspector, or design certified engineer not employed by the company to conduct certification, inspection, or testing functions?

Yes No

Name: _____ **Cargo Tank #:** _____

Type: Design Certified Engineer Registered Inspector Authorized Inspector
 Certified Individual Qualified Inspector

ASME "U" Stamp

Certification #	Authorization Date	Expiration Date

"R" and/or "TR" stamps or "U" and/or "T" Stamps

Certification #	Authorization Date	Expiration Date

I certify that all Registered Inspectors and Design Certifying Engineers used in performance of the prescribed functions meet the minimum qualification requirements set forth in 49 CFR 171.8, that I am the person responsible for ensuring compliance with the applicable requirements of this chapter, and that I have knowledge of the requirements applicable to the functions to be performed.

Yes, I Certify

Certifying Name:

Certifying Title:

Certifying Email:

Date:



TRANSPORTATION OF HOUSEHOLD GOODS

39. CERTIFICATION: ARBITRATION PROGRAM AND TARIFF

MOTOR CARRIER OF HOUSEHOLD GOODS (including United States-based enterprises transporting international household goods shipments)

I, _____, certify that I am fit, willing, and able to provide the specialized
Print First and Last Name and Title

services necessary to transport household goods. I am familiar with FMCSA regulations for household goods movements and have acquired or am willing to acquire the protective equipment and trained operators necessary to perform household goods movements. I certify that my tariff is available for inspection by shippers upon reasonable request. I further certify that I will offer arbitration as a means of settling loss and damage disputes and disputes regarding carrier charges in addition to those collected at delivery. The following information can be used to contact a representative of the arbitration program in which I will participate.

Contact information for the arbitration program in which I will participate:

Name	Address (Street, City, State and Zip Code)	Telephone Number

Signature of Motor Carrier Representative

BROKER OF HOUSEHOLD GOODS

I, _____, certify that applicant is fit, willing, and able to provide household
Print Name and Title

goods brokerage operations and to comply with all pertinent statutory and regulatory requirements.

Signature of Company Official

Date

Title

FREIGHT FORWARDER OF HOUSEHOLD GOODS

I, _____, certify that applicant is fit, willing, and able to provide household
Print Name and Title

goods freight-forwarding operations and to comply with all pertinent statutory and regulatory requirements.

Signature of Company Official

Date

Title

HOUSEHOLD GOODS MOTOR CARRIER APPLICANTS MUST:

1. Provide evidence of participation in an arbitration program and a copy of the notice they provide to shippers of the availability of binding arbitration.
2. Identify their tariff and provide a copy of the notice to shippers of the availability of that tariff for inspection, indicating how that notice is provided.

Signature of Company Official

Date

Title

TRANSPORTATION OF PASSENGERS

40. DOES THE APPLICANT RECEIVE ANY FEDERAL TRANSPORTATION GRANT FUNDS THAT WILL SUBSIDIZE THEIR TRANSPORTATION PROVIDED UNDER THIS REGISTRATION?

Yes No

41. GOVERNMENT FUNDING STATUS – IF THE ANSWER TO QUESTION 40 IS YES, SPECIFY THE NATURE OF GOVERNMENTAL FINANCIAL ASSISTANCE YOU RECEIVE, IF ANY, BY SELECTING THE APPROPRIATE OPTION BELOW

- Public recipient** – Applicant is any of the following: any State; any municipality or other political subdivision of a State; any public agency or instrumentality of such entities of one or more State(s); an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, or person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.
- Private recipient** – Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease or operation of any bus.

Public Interest Criteria Regular route public recipient and charter and special operations private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

Public Recipient Applicants: All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- (1) No motor carrier of passengers (other than a motor carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- (2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be scanned and uploaded along with your application.

Fitness Only Criteria: No additional evidence is needed from applicants for regular-route or charter and special transportation that do not receive governmental financial assistance.

42. PASSENGER CARRIER COMPLIANCE CERTIFICATION

I, _____, certify that I am fit, willing, and able to comply with all pertinent
Print Name and Title

statutory and regulatory requirements including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

Signature of Company Official

Date

Title

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations, located at 49 CFR Part 37, Subpart H. The term charter and special transportation corresponds to the term "demand responsive service," and "service over regular routes," corresponds to the term "fixed route service" under the Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, please refer to the Federal Motor Carrier Safety Administration's website at www.fmcsa.dot.gov.



SCOPE OF AUTHORITY (PASSENGER CARRIERS)

43.

- (1) Charter and special transportation, in interstate or foreign commerce, between points in the United States.
- (2) Charter and special transportation, in interstate or foreign commerce, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- (3) Service as a passenger carrier over regular routes. (Regular route passenger carrier authority to perform regularly scheduled service.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle. Public recipient applicants requesting authority to operate over regular routes must scan and upload to the application a description of the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).
- (4) Service as a passenger carrier over regular routes provided by United States-based enterprises owned or controlled by persons of Mexico. Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.

NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate regular route authority. No carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route(s).



COMMERCIAL ZONE OPERATIONS

“Within U.S.-Mexico International Border Commercial Zones” refers to service in the United States entirely within the commercial zone of a municipality that is adjacent to Mexico. A Mexico-domiciled motor carrier may not provide point-to-point transportation services, including express delivery services, within the United States for goods other than international cargo.

44. SCOPE OF REGISTRATION

- Service as a for-hire motor carrier of property (except household goods) within the commercial zones
- Service as a for-hire motor carrier of household goods within the commercial zones
- Service as a private motor carrier of property (handling applicant’s own goods) within the commercial zones
- Service as a passenger motor carrier within the commercial zones

45. UNITED STATES ADDRESS: (a) Do you currently maintain an office in the United States?

- Yes No

(b) If yes, please provide the full street address, telephone number, and fax number.

STREET ADDRESS/ROUTE NUMBER		
CITY	STATE	ZIP CODE+4
TELEPHONE NUMBER	FAX NUMBER (optional)	



ADDITIONAL INFORMATION

46. FINANCIAL RESPONSIBILITY

If applicant is a Mexico-domiciled motor carrier of property and operates exclusively within the U.S.-Mexico border commercial zones, please skip to item 46f, under this section.

a. MOTOR PASSENGER CARRIER

For-hire motor passenger carriers operating in the United States must maintain public liability insurance. The minimum amount of coverage is shown in parentheses.

Applicant

- Has one or more vehicles with a seating capacity of 16 passengers or more, including the driver¹ (\$5,000,000 U.S.)
- Has only motor vehicles with a seating capacity of 15 passengers or fewer, including the driver¹ (\$1,500,000 U.S.)

¹Unless exempted under 49 CFR 387.27(b).

- Receives a grant from the Federal Transit Administration (FTA) under 49 U.S.C. §§ 5307, 5310, or 5311. Applicant understands that it is not required to comply with FMCSA's minimum levels of public liability insurance, and that applicant is required to maintain financial responsibility at the highest level required by any State within which it operates (transit service area) (see 49 U.S.C. § 31138 (e) (4)).

Applicant's transit service area lies within the borders of the following State(s):

Applicant will maintain financial responsibility in the amount of \$ _____

Applicant's insurance company has filed will file proof of liability insurance coverage.

b. MOTOR PROPERTY CARRIER

- Applicant will operate motor vehicles having a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) of 10,001 pounds (4,536 kg.) or more to transport:

- Non-hazardous commodities (\$750,000 U.S.)
- Hazardous materials referenced in the FMCSA regulations at 49 CFR 387.303(b)(2)(c) (\$1,000,000 U.S.)
- Hazardous materials referenced in the FMCSA regulations at 49 CFR 387.303(b)(2)(b) (\$5,000,000 U.S.)

- Applicant will only operate motor vehicles having a gross vehicle weight under 10,001 pounds (4,536 kg). Applicant will transport:

- Any quantity of Divisions 1.1, 1.2 or 1.3 explosives, any quantity of poison gas (Division 2.3, Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A materials), or highway route-controlled quantity radioactive materials as defined in 49 CFR 173.455 (\$5,000,000 U.S.)
- Commodities other than those listed above (\$300,000 U.S.)

- Applicant will maintain cargo insurance (HHG motor carriers only) (\$5,000 U.S. / \$10,000 U.S.).

c. PROPERTY BROKER

- Applicant's surety company/financial institution will file a property broker's surety bond or trust fund agreement in the amount of \$75,000

d. SELF-INSURED CARRIERS/FREIGHT FORWARDERS

Applicant has received authorization from FMCSA to self-insure its:

- Bodily Injury and Property Damage (BI&PD) Cargo liability Both BI&PD and Cargo liability

and applicant is in full compliance with the conditions of the Agency's decision authorizing it to self-insure. YES NO



e. FREIGHT FORWARDER

- Applicant will operate as a freight forwarder only and seeks a waiver of BI&PD liability requirements by certifying that in its forwarding operations applicant: (1) will not own or operate any motor vehicles upon highways in the transportation of property; (2) will not perform transfer, collection, or delivery services; and (3) will not have motor vehicles operated under its direction and control in the performance of transfer, collection, or delivery services.
- Applicant will operate vehicles having Gross Vehicle Weight Ratings (GVWR) of 10,001 pounds or more to transport:
 - Non-hazardous commodities (\$750,000 U.S.).
 - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(c) (\$1,000,000 U.S.).
 - Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 387.303(b)(2)(b) (\$5,000,000 U.S.).
- Applicant will operate only vehicles having Gross Vehicle Weight Ratings (GVWR) under 10,001 pounds to transport:
 - Any quantity of Classes A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity of radioactive materials (\$5,000,000 U.S.).
 - Commodities other than those listed above (\$300,000 U.S.).
- Applicant will maintain cargo insurance (HHG freight forwarders only) (\$5,000 U.S. / \$10,000 U.S.).

f. MOTOR CARRIERS DOMICILED IN MEXICO ONLY

Has applicant operated, or does applicant currently operate, under insurance issued by an insurance or surety company in amounts meeting FMCSA minimum financial responsibility requirements for periods of 24 hours or longer for movements in the U.S.-Mexico international border commercial zones?

- YES NO See 49 CFR 387.303(b)(4)

g. INSURANCE INFORMATION (Proof of insurance will be mandatory before registration/operating authority registration can be finalized but this insurance information need not be completed at time of the initial MCSA-1 Form submission.)

Applicant must maintain insurance coverage for bodily injury and property damage

Please provide the following information:

Insurance Company _____
 Address _____

 Maximum Insurance Amount _____
 Policy Number _____
 Date Issued _____
 Insurance Effective Date _____ Expiration Date _____

SELF INSURED for _____ BI&PD and _____ Cargo or self-insured up to _____ for BI&PD and/or _____ Cargo.

47. AFFILIATION WITH FMCSA LICENSED ENTITIES OR OTHER APPLICANTS APPLYING FOR USDOT NUMBER REGISTRATION

Do you currently have, or have you had within the last 3 years of the date of filing this application, relationships involving common stock, common ownership, common management, common control or familial relationships with any FMCSA-regulated entities?

- YES NO

If yes, provide the name of the company, USDOT Number, MC/FF/MX number, and the company's latest U.S. DOT safety rating. (If applicant requires more space, the online Form MCSA-1 will allow additional data fields for applicant to upload the additional information)

Applicant must indicate whether these entities are currently disqualified from operating commercial motor vehicles anywhere in the United States pursuant to section 219 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA) (Public Law 106-159, 113 Stat. 1748 (Dec. 9, 1999)).



USDOT Number	MC/FF/MX	Legal Name	DBA Name	Current Safety Rating	Revoked / Suspended

SAFETY CERTIFICATIONS

48. SAFETY CERTIFICATIONS FOR MEXICO-DOMICILED CARRIERS

<p>A. Does the applicant certify it maintains current copies or has access to all U.S. DOT Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards and if applicable the Federal Hazardous Materials Regulations (if a property carrier transporting hazardous materials), and Federal Motor Carrier Commercial Regulations, understands and will comply with such regulations, and has ensured that all company personnel are aware of these requirements.</p>	<input type="checkbox"/> Yes, I Certify
--	---

B. Individual responsible for compliance with applicable regulatory and safety requirements.

Full Name	Address (Street, City, State and Zip Code)	Position Title

D. Applicant certifies that the following tasks and measures will be fully accomplished and procedures fully implemented before it commences interstate operations in the United States:

I. DRIVER QUALIFICATIONS

<p>1. Does the Applicant certify it has in place a system and procedures for ensuring the continued qualification of drivers to operate safely, including a safety record for each driver, procedures for verification of proper age and licensing of each driver, and procedures for identifying drivers who are not complying with the FMCSRs (Federal Motor Carrier Safety Regulations), and a description of a retraining and educational program for poorly performing drivers?</p>	<input type="checkbox"/> Yes, I Certify
<p>2. Does the Applicant certify it has procedures in place to review drivers' employment and driving histories for at least the last 3 years, to determine whether the individual is qualified and competent to drive safely?</p>	<input type="checkbox"/> Yes, I Certify
<p>3. Does the Applicant certify it has established a program to review the records of each driver at least once every twelve (12) months and will maintain a record of the review?</p>	<input type="checkbox"/> Yes, I Certify
<p>4. Does the Applicant certify it will ensure, once operations in the United States have begun, that all of its drivers operating in the United States are at least 21 years of age and possess the appropriate licensing for the type of vehicle and commodity being transported?</p>	<input type="checkbox"/> Yes, I Certify

II. HOURS-OF-SERVICE

<p>1. Does the Applicant certify it has in place a record keeping system and procedures to monitor the hours-of-service performed by drivers, including procedures for continuing review of drivers' log books, and for ensuring compliance with all operations requirements?</p>	<input type="checkbox"/> Yes, I Certify
---	---



<p>2. Does the Applicant certify it has ensured that all drivers to be used in the United States are knowledgeable of the United States' hours-of-service requirements under 49 CFR Part 395, as well as the requirement for preparing daily log entries in their own handwriting for each 24-hour period?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>3. Does the Applicant certify it will ensure, once operations in the United States have begun, that its drivers operate within the hours-of-service rules and are not fatigued while on duty?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>III. DRUG AND ALCOHOL <i>(To be completed by motor carriers subject to drug and alcohol testing only)</i></p>	
<p>1. Does the applicant operate Commercial Motor Vehicles as defined in 49 CFR 382.107 and 49 CFR 383.5?</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. Does the Applicant certify it is familiar with the alcohol and controlled substance testing requirements of 49 CFR part 382 and 49 CFR part 40 and has in place a program for systematic testing of drivers?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>IV. VEHICLES</p>	
<p>1. Does the Applicant certify it the carrier has established a system and procedures for inspection, repair and maintenance of its vehicles in a safe condition, and for preparation and maintenance of records of inspection, repair, and maintenance in accordance with the U.S. DOT's Federal Motor Carrier Safety Regulations and, if applicable, the Federal Hazardous Materials Regulations and the Federal Commercial Regulations?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. Does the Applicant certify it the carrier has inspected all vehicles that will be used in the United States before the beginning of such operations and has proof of the inspection on board the vehicle as required by 49 CFR 396.17?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>3. Does the Applicant certify it will ensure, once operations in the United States have begun, that all vehicles it operates in the United States were manufactured or have been retrofitted in compliance with the applicable U.S. DOT Federal Motor Vehicle Safety Standards or Canadian Motor Vehicle Safety Standards in effect at the time of manufacture?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>4. Does the Applicant certify it will ensure, once operations in the United States have begun, that all violations and defects noted on inspection reports are corrected before vehicle and drivers are permitted to enter the United States?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>5. Does the Applicant certify it will ensure that all vehicles operated in the United States are inspected at least every 90 days by a certified inspector in accordance with the requirements for a Level II Inspection under the criteria of the North American Standard Inspection, as defined in 49 CFR 350.105, once operations in the United States begin and until such time as the carrier has held permanent registration from the FMCSA for at least 36 consecutive months. After the 36-month period expires, the carrier will ensure that all vehicles operated in the United States are inspected in accordance with 49 CFR 396.17 at least once every 12 months thereafter.</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>V. ACCIDENT MONITORING</p>	
<p>1. Does the Applicant certify that the carrier has in place a program for monitoring vehicle accidents and it maintains an accident register in accordance with 49 CFR 390.15?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. Does the Applicant certify that the carrier has established an accident countermeasures program and driver training program to reduce accidents?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>VI. PRODUCTION OF RECORDS</p>	



<p>1. Does the Applicant certify that the carrier can and will produce records demonstrating compliance with the safety requirements within 48 hours of receipt of a request from a representative of the U.S. DOT/FMCSA or other authorized Federal or State official?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. Please upload a document stating the Full Name (First Name and Last Name), and Address of individual(s) is directed by applicant to respond to inquiries for records.</p>	<p><input type="checkbox"/> Yes</p>
<p>VII. HAZARDOUS MATERIALS (To be completed by motor carriers of hazardous materials only)</p>	
<p>1. Does the Applicant certify that the HM carrier has full knowledge of the U.S. DOT Hazardous Materials Regulations, and has established programs for the thorough training of its personnel as required under 49 CFR part 172, Subpart H and 49 CFR 177.816?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>2. The HM carrier has attached to this application a statement providing information concerning: (1) the names of employees responsible for ensuring compliance with HM regulations, (2) a description of their HM safety functions, and (3) a copy of the information used to provide HM training.</p>	<p><input type="checkbox"/> Yes</p>
<p>3. Does the Applicant certify that the HM carrier has established a system and procedures for filing and maintaining HM shipping documents?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>4. Does the Applicant certify that the HM carrier has a system in place to ensure that all HM trucks are marked and placarded as required by 49 CFR part 172, subparts D and F?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>5. Does the Applicant certify the carrier will register under 49 CFR part 107, subpart G, if transporting any quantity of hazardous materials requiring the vehicle to be placarded?</p>	<p><input type="checkbox"/> Yes, I Certify</p>
<p>TO BE COMPLETED BY CARGO TANK (CT) MOTOR CARRIERS OF HAZARDOUS MATERIALS (HM):</p>	
<p>6. Does the Applicant certify the carrier will submit with this application, certificates of compliance for each cargo tank the company utilizes in the U.S., together with the name, qualifications, Cargo Tank (CT) Facility number, and CT Facility number registration statement of the facility it will be utilizing to conduct the test and inspections of such tanks as required by 49 CFR part 180?</p>	<p><input type="checkbox"/> Yes, I Certify</p>



COMPLIANCE CERTIFICATIONS

49. By signing these certifications, the certifying official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for examination of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the authority granted.

<p>1. Does the Applicant certify it is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>2. Does the Applicant certify it is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request? Applicant understands that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>3. Does the Applicant certify it is not currently disqualified from operating commercial motor vehicles in the United States?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>4. Does the Applicant certify it understands that the agent(s) for service of process designation will be deemed the applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. § 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>5. Does the Applicant certify that the carrier is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing the application?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p>6. Does the Applicant certify it has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code?</p>	<input checked="" type="checkbox"/> Yes, I Certify
<p><i>TO BE COMPLETED ONLY BY A MEXICO-DOMICILED MOTOR CARRIER</i></p> <p>7. Does the Applicant certify it has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code?</p>	<input type="checkbox"/> Yes, I Certify

Electronic signature recorded
 Signature

NOTE: All motor carriers operating within the United States, including foreign-domiciled motor carriers applying for USDOT registration by this form, must comply with all applicable Federal, State, local, and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by an OSHA State plan agency pursuant to section 18 of the Occupational Safety and Health Act of 1970. Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations



APPLICANT'S OATH

50. This oath applies to all supplemental filings to this application. The signature must be that of an authorized official of the applicant, not the legal representative.

I, Luis Ramos, verify under penalty of perjury, under the laws of the United States of America,
(PRINT NAME)

that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862).

Signature Electronic signature recorded Title Owner Date 04/29/2025



FILING FEE INFORMATION (FMCSA does NOT refund filing fees)

51. TYPE(S) OF FILING:

Motor Carrier Authority

- Motor Carrier, Property
- Motor Carrier, Property Household Goods
- Motor Carrier, Passenger Regular Route
(FTA Grantee: 5307, 5310, or 5311)(No Fee)
- Motor Carrier, Passenger Regular Route (Other FTA Grantee)
- Motor Carrier, Passenger Charter/Special Operations
(FTA Grantee: 5307, 5310, or 5311)(No Fee)
- Motor Carrier, Passenger Charter/Special Operations
(Other FTA Grantee)
- Motor Carrier, Passenger
- Motor Carrier, Property Enterprise
- Motor Carrier, Property Household Goods Enterprise
- Motor Carrier, Passenger Enterprise
- Motor Carrier, Property MX Commercial Zone
- Motor Carrier, Property Household Goods MX Commercial Zone
- Motor Carrier, Passenger MX Commercial Zone

Broker Authority

- Broker, Household Goods
- Broker, Property

Freight Forwarder Authority

- Freight Forwarder, Household Goods
- Freight Forwarder, Property

Miscellaneous (No Fee)

- Cargo Tank Facility Registration
- Intermodal Equipment Provider
- Motor Carrier, Interstate Private or Exempt Property
- Motor Carrier, Interstate Private or Exempt Passenger

Hazardous Materials Safety Permit (No Fee)

- Yes, Interstate No, Interstate
- Yes, Intrastate No Intrastate

Total Fee Amount Due: \$ 300 _____

METHOD OF PAYMENT (Check one):

ELECTRONIC FUNDS TRANSFER (EFT)

BANK NAME: _____

CHECKING ACCOUNT NUMBER: -----

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER: -----

Print Name of the person who the credit card is issued to: _____

Date the application was completed: _____



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

Public reporting for this collection of information is estimated to be 1 hour, 20 minutes per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is 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 valid OMB Control Number for this information collection is 2126-XXXX. 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-MBI, U.S. Department of Transportation, Washington, D.C. 20590.

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.

Tenga en cuenta que la fecha de caducidad indicada en este formulario se refiere al proceso de renovación de la solicitud de recoger de información para este formulario con la Oficina de Gestión y Presupuesto. Este requisito para recopilar información como se solicita en este formulario no expira. Para preguntas, por favor comuníquese con la Oficina de Información de Registro y Seguridad, Registro, Licencias y División de Seguros.

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 2126-0015. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, 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, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Una agencia federal no puede conducir ó auspiciar, y una persona no está sujeta a responder ni será sujeta a penalidades por fallar en cumplir con una recolección de información sujeta a los requerimientos del Acto de Reducción de Papeleo, a menos que la recolección de información muestre un Número de Control OMB válido. El Número de Control OMB para esta recolección de información es 2126-0015. El reporte público para esta recolección de información es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesarios y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información son mandatorias. Enviar los comentarios respecto a esta carga estimada ó cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de Información, Administración Federal de Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Designation of Agents for Service of Process

Designación de Agentes del Servicio de Proceso

FORM BOC-3

FULL AND CORRECT NAME OF CARRIER, BROKER, OR FREIGHT FORWARDER:

Nombre Completo y Correcto del Transportista, Agente, o el Destinatario del Flete:

HUMMING TRANSPORT LLC

ADDRESS OF CARRIER, BROKER, OR FREIGHT FORWARDER:

Dirección del Transportista, Agente, o el Destinatario del Flete:

9162 BUR OAK CIR	EL PASO	TX	79907		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP CODE + 4	COLONIA (Mexico only)	FOREIGN COUNTRY
Dirección	Ciudad	Estado/Provincia	Código Postal + 4	Colonia (sólo México)	País Extranjero

PERSON AUTHORIZED TO SIGN FORM:

Persona Autorizada Para Firmar el Formulario:

Agent	Sara B.
TITLE OF AUTHORIZED PERSON	NAME OF AUTHORIZED PERSON (please print)
Título de la Persona Autorizada	Nombre de la Persona Autorizada (por favor imprima)
	(855) 438-2623
SIGNATURE OF AUTHORIZED PERSON	TELEPHONE NUMBER
Firma de la Persona Autorizada	Número Telefónico

INSTRUCTIONS: Regulations governing the designation of persons upon whom process may be served are prescribed at [49 CFR 366](#), as amended. An agent must be designated for each state in or through which the carrier, broker, or freight forwarder operates; each person, association or corporation designated must reside in the state for which designated; a carrier, broker or freight forwarder may designate himself/herself for the state in which he/she resides; and state officials may be designated only if such official's agreement to so act is furnished with this designation. Note: a post office box is NOT ACCEPTABLE as an agent's address. FILE THE ORIGINAL signed copy with the FMCSA, 1200 New Jersey Ave., S.E. (W63-105) Washington, DC 20590. One signed copy should be filed with each state in or through which the operation is conducted; and one copy should be retained by the carrier, broker, or freight forwarder. CHANGES in designation may be made only by filing with the FMCSA, a new form BOC-3. Copies of new designations need to be sent only to those states affected by the change or new filing. Either INDIVIDUAL or BLANKET designations may be made.

INSTRUCCIONES: Las regulaciones gobernantes para la designación de personas a quienes el proceso puede ser servido son prescritas en el [49 CFR 366](#), como se a enmendado. Un agente tiene que ser designado a través de cada estado que el autotransportista, agente o el destinatario del flete que opera; cada persona, asociación o corporación designada debe vivir en el estado que se le a designado. Un autotransportista, agente o el destinatario del flete, puede designarse así mismo por el estado en cual vive; y los oficiales del estado pueden ser designados solamente de acuerdo oficial en el que se facilita de acuerdo al acto de esta designación. Nota: un apartado postal NO ES ACEPTABLE como la dirección de un agente. ARCHIVE LA COPIA ORIGINAL firmada con el FMCSA, 1200 New Jersey Ave. (W63-105) Washington, D.C. 20590. Una copia firmada tiene que ser archivada por cada estado a través de cada operación conducida; y una copia tiene que guardarla el auto transportista, agente o el destinatario del flete. LOS CAMBIOS de cada designación pueden hacerse solamente reportándose con el FMCSA, y una nueva forma BOC-3. Las copias de las nuevas designaciones necesitan ser mandadas solamente a los estados afectados o el nuevo reporte que se ha hecho. Cualquiera de las dos designaciones pueden hacerse ya sea INDIVIDUAL O AMPLIADA.

INDIVIDUAL DESIGNATIONS: Pursuant to Sections 13303(a) and 13304(a) of the [ICC Termination Act of 1995](#), the carrier, broker, or freight forwarder named above hereby designates the following named individuals upon whom service of notices by the Secretary or service of process issued by any court in any action against the carrier, broker, or freight forwarder may be served in the state named. Show agent's name, address (P.O. Box NOT acceptable), city, and zip code for each state in which operations can be conducted.

DESIGNACIONES INDIVIDUALES: Propósito de las Secciones 13303(a) y 13304(a) del [Acta de Terminación del ICC del 1995](#), el nombre del auto transportista, agente o el destinatario del flete que arriba fue mencionado asignara a los siguientes nombres de las personas en quien el servicio de avisar por la Secretaria o servicio de proceso emitido por cualquier corte dentro de cualquier acción en contra del auto transportista, agente o el destinatario del flete puede ser servido dentro del nombre del estado. Muestre nombre del agente, dirección (P.O. Box NO ES aceptable), ciudad, y código postal por cada estado en que las operaciones pueden ser conducidas.

<input checked="" type="checkbox"/> ALABAMA	Joshua Brakefield	8711 US Highway 31 N	Kimberly	35091
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ALASKA	Anna Konopka	525 W 3rd Ave, #406	Anchorage	99501
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ARIZONA	Robert Harenberg Jr	4623 W Orchid Ln	Chandler	85226
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ARKANSAS	Arkansas Corporation Services, Inc	12110 Arch St	Little Rock	72206
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> CALIFORNIA	DOT Operating Authority Inc.	2009 W Burbank Blvd	Burbank	91506
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> COLORADO	Charles J Kimball	10628 W 31st Pl	Lakewood	80215
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> CONNECTICUT	Christopher Angle	57 Morse Pl	New Haven	06512
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> DELAWARE	HR Office Solutions Inc, Faith Mejia	49 Representative Ln	Dover	19904
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> DISTRICT OF COLUMBIA	William H. Shawn	1320 19th St, NW, #601	Washington DC	20036
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> FLORIDA	Lorrie Downey	44251 Bellamy Lane	Callahan	32011
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> GEORGIA	Kenneth W. Goggins, Jr.	466 Mellview Ave SW	Atlanta	30310
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> HAWAII	Christopher Curley	74 Wailani St.	Wailuku	96793
	NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>

<input checked="" type="checkbox"/> IDAHO	Levi V. Holloway NAME OF AGENT <i>Nombre del Agente</i>	2329 E Chemise Dr STREET ADDRESS <i>Dirección</i>	Meridian CITY <i>Ciudad</i>	83646 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ILLINOIS	John J. Pennell NAME OF AGENT <i>Nombre del Agente</i>	40 Hickory Point STREET ADDRESS <i>Dirección</i>	Springfield CITY <i>Ciudad</i>	62712 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> INDIANA	Kentucky Process Service Inc NAME OF AGENT <i>Nombre del Agente</i>	11689 East Wilson Ct STREET ADDRESS <i>Dirección</i>	Springfield CITY <i>Ciudad</i>	47462 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> IOWA	Kyle Duffy NAME OF AGENT <i>Nombre del Agente</i>	2884 Devils Glen rd #131 STREET ADDRESS <i>Dirección</i>	Bettendorf CITY <i>Ciudad</i>	52722 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> KANSAS	Michael Conklin NAME OF AGENT <i>Nombre del Agente</i>	7333 E 22nd St N, #9 STREET ADDRESS <i>Dirección</i>	Wichita CITY <i>Ciudad</i>	67226 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> KENTUCKY	Rob Schryver NAME OF AGENT <i>Nombre del Agente</i>	9152 Taylorsville Rd, #103 STREET ADDRESS <i>Dirección</i>	Louisville CITY <i>Ciudad</i>	40299 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> LOUISIANA	Tom Cassisa NAME OF AGENT <i>Nombre del Agente</i>	5916 S Shore Dr STREET ADDRESS <i>Dirección</i>	Baton Rouge CITY <i>Ciudad</i>	70817 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MAINE	Mark V. Franco, Esq. NAME OF AGENT <i>Nombre del Agente</i>	84 Marginal Way, #600 STREET ADDRESS <i>Dirección</i>	Portland CITY <i>Ciudad</i>	04101 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MARYLAND	Brandy Sine NAME OF AGENT <i>Nombre del Agente</i>	7620 Chesterfield Way STREET ADDRESS <i>Dirección</i>	Rosedale CITY <i>Ciudad</i>	21237 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MASSACHUSETTS	Paul Nardizzi NAME OF AGENT <i>Nombre del Agente</i>	17 Clovelly Ln STREET ADDRESS <i>Dirección</i>	Framingham CITY <i>Ciudad</i>	01702 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MICHIGAN	Dirk H. Beckwith NAME OF AGENT <i>Nombre del Agente</i>	28411 Northwestern, #500 STREET ADDRESS <i>Dirección</i>	Southfield CITY <i>Ciudad</i>	48034 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MINNESOTA	Michael C. Glover NAME OF AGENT <i>Nombre del Agente</i>	901 Marquette Ave, #2100 STREET ADDRESS <i>Dirección</i>	Minneapolis CITY <i>Ciudad</i>	55402 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MISSISSIPPI	Karen Edge NAME OF AGENT <i>Nombre del Agente</i>	405 W College St STREET ADDRESS <i>Dirección</i>	Booneville CITY <i>Ciudad</i>	38829 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MISSOURI	Joseph E. Rebman NAME OF AGENT <i>Nombre del Agente</i>	165 N Meramec Ave, #310 STREET ADDRESS <i>Dirección</i>	St Louis CITY <i>Ciudad</i>	63105 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> MONTANA	Donald M. Branda NAME OF AGENT <i>Nombre del Agente</i>	1090 Vito Ln STREET ADDRESS <i>Dirección</i>	Missoula CITY <i>Ciudad</i>	59804 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> NEBRASKA	Alan Dean Gustafson NAME OF AGENT <i>Nombre del Agente</i>	170217 County Rd T STREET ADDRESS <i>Dirección</i>	Gering CITY <i>Ciudad</i>	69341 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> NEVADA	Reno / Carson Messenger Service NAME OF AGENT <i>Nombre del Agente</i>	185 Martin Street STREET ADDRESS <i>Dirección</i>	Reno CITY <i>Ciudad</i>	89509 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> NEW HAMPSHIRE	David E. McGrath NAME OF AGENT <i>Nombre del Agente</i>	48 Border Winds Ave STREET ADDRESS <i>Dirección</i>	Seabrook CITY <i>Ciudad</i>	03874 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> NEW JERSEY	Kenneth A. Olsen NAME OF AGENT <i>Nombre del Agente</i>	33 Phillhower Rd STREET ADDRESS <i>Dirección</i>	Lebanon CITY <i>Ciudad</i>	08833 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> NEW MEXICO	Peggy Burns NAME OF AGENT <i>Nombre del Agente</i>	4201 N Prince St STREET ADDRESS <i>Dirección</i>	Clovis CITY <i>Ciudad</i>	88101 ZIP CODE + 4 <i>Código Postal + 4</i>

<input checked="" type="checkbox"/> NEW YORK	George Carl Pezold NAME OF AGENT <i>Nombre del Agente</i>	120 Main St STREET ADDRESS <i>Dirección</i>	Huntington CITY <i>Ciudad</i>	11743 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> NORTH CAROLINA	Ann Lane NAME OF AGENT <i>Nombre del Agente</i>	875 Walnut St, #275-17 STREET ADDRESS <i>Dirección</i>	Cary CITY <i>Ciudad</i>	27511 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> NORTH DAKOTA	Jon Hennings NAME OF AGENT <i>Nombre del Agente</i>	407 35th Ave W STREET ADDRESS <i>Dirección</i>	West Fargo CITY <i>Ciudad</i>	58078 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> OHIO	Kirk McCracken NAME OF AGENT <i>Nombre del Agente</i>	11811 Mason Montgomery R STREET ADDRESS <i>Dirección</i>	Cincinnati CITY <i>Ciudad</i>	45249 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> OKLAHOMA	Vivien Keefe NAME OF AGENT <i>Nombre del Agente</i>	3111 W Wilshire Blvd STREET ADDRESS <i>Dirección</i>	Oklahoma City CITY <i>Ciudad</i>	73116 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> OREGON	PI Services, LLC NAME OF AGENT <i>Nombre del Agente</i>	13175 SW Forest Glenn Ct STREET ADDRESS <i>Dirección</i>	Beaverton CITY <i>Ciudad</i>	97008 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> PENNSYLVANIA	Ron Benzenhafer NAME OF AGENT <i>Nombre del Agente</i>	2424 E York St, #321 STREET ADDRESS <i>Dirección</i>	Philadelphia CITY <i>Ciudad</i>	19125 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> RHODE ISLAND	Michael Caires NAME OF AGENT <i>Nombre del Agente</i>	118 Abbotts Crossing Rd STREET ADDRESS <i>Dirección</i>	Coventry CITY <i>Ciudad</i>	02816 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> SOUTH CAROLINA	Robert D. Moseley Jr. NAME OF AGENT <i>Nombre del Agente</i>	4324 Wade Hampton Bl., #B STREET ADDRESS <i>Dirección</i>	Taylors CITY <i>Ciudad</i>	29687 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> SOUTH DAKOTA	Teresa Bailly NAME OF AGENT <i>Nombre del Agente</i>	44511 188th St STREET ADDRESS <i>Dirección</i>	Hayti CITY <i>Ciudad</i>	57241 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> TENNESSEE	Kentucky Process Service INC NAME OF AGENT <i>Nombre del Agente</i>	9435 Norwood Dr. STREET ADDRESS <i>Dirección</i>	Brentwood CITY <i>Ciudad</i>	37027 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> TEXAS	Law Office of John Sims NAME OF AGENT <i>Nombre del Agente</i>	1205 Broadway St STREET ADDRESS <i>Dirección</i>	Lubbock CITY <i>Ciudad</i>	79401 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> UTAH	Edward O Miles NAME OF AGENT <i>Nombre del Agente</i>	1480 S Pioneer Rd STREET ADDRESS <i>Dirección</i>	Salt Lake City CITY <i>Ciudad</i>	84104 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> VERMONT	William J. Goggins NAME OF AGENT <i>Nombre del Agente</i>	35 Clay Point Rd STREET ADDRESS <i>Dirección</i>	Colchester CITY <i>Ciudad</i>	05446 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> VIRGINIA	Global Defense Investigation, LLC NAME OF AGENT <i>Nombre del Agente</i>	10304 Eaton Place, Suite 100 STREET ADDRESS <i>Dirección</i>	Fairfax CITY <i>Ciudad</i>	22030 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WASHINGTON	Paul G Turpen NAME OF AGENT <i>Nombre del Agente</i>	108 Wells Ave S STREET ADDRESS <i>Dirección</i>	Renton CITY <i>Ciudad</i>	98057 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WEST VIRGINIA	Darren Brown NAME OF AGENT <i>Nombre del Agente</i>	5098 Washington St W, #407 STREET ADDRESS <i>Dirección</i>	Charleston CITY <i>Ciudad</i>	25313 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WISCONSIN	Timothy M. Stein NAME OF AGENT <i>Nombre del Agente</i>	3612 River Valley Rd STREET ADDRESS <i>Dirección</i>	Waukesha CITY <i>Ciudad</i>	53189 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WYOMING	Sally Adams-Reinhart NAME OF AGENT <i>Nombre del Agente</i>	770 E Collins Dr STREET ADDRESS <i>Dirección</i>	Casper CITY <i>Ciudad</i>	82601 ZIP CODE + 4 <i>Código Postal + 4</i>

BLANKET DESIGNATION: If you have made arrangements with an association or corporation to use the blanket designations on file with the FMCSA, insert the association or corporation name here:

DESIGNACIONES AMPLIAS: Si usted ha hecho arreglos con una asociación o corporación para usar las designaciones ampliadas en el archivo con el FMCSA, incluya el nombre de la asociación o corporación aquí:

#1 A BOC-3 FILING INC - Address: 1906 W Burbank Blvd, Burbank, CA 91506 - Phone Number: (855) 438-2623

Pursuant to Sections [13303\(a\)](#) and [13304\(a\)](#) of 49 U.S.C., the carrier, broker or freight forwarder named on the reverse hereby designates those persons named in the list of process agents on file with the FMCSA by and any subsequently filed revisions thereof, for the states in which the carrier, broker, or freight forwarder is or may be authorized to operate, including states traversed in the course of such operations, except those states for which individual designations are made.

Propósito de las secciones [13303\(a\)](#) y [13304\(a\)](#) de 49 U.S.C., el auto transportista, agente o el nombre del destinatario del flete en el reverso por este medio designa los nombres de personas en la lista de proceso de agentes en archivo posteriormente lo mismo por el estado en el cual el auto transportista, agente, o destinatario del flete es o puede ser autorizado para operar, incluyendo estados atravesados en el curso de tal operación, excepto esos estados por los cuales las designaciones del individuo son hechas.

Filings must be transmitted online via FMCSA's Ask webform at <https://www.ask.fmcsa.dot.gov>.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Luis Ramos		
	2 Business name/disregarded entity name, if different from above. Humming Transport LLC		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>		
	5 Address (number, street, and apt. or suite no.). See instructions. 9162 Bur Oak Cir	Requester's name and address (optional)	
	6 City, state, and ZIP code El Paso TX 79907		
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
8	7	-	2	4	8	5	5	0	8

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



2026 UCR Registration is VALID!



Receipt # 000-0559-1327

Registered on: 10/03/2025 11:43 EST

Generated: 12/19/2025 14:41 EST

Year:	2026				
Paid:	Date	Bracket	UCR Fee	Conv. Fee	Total
	10/03/2025	Bracket 1 [0 veh.]	\$46.00	\$1.37	\$47.37 Auto-renew
Bracket:	0 to 2 vehicles [0 vehicle(s)]				
USDOT #:	4401657				
Classifications:	Broker				
Legal Name:	HUMMING TRANSPORT LLC				
Base State:	Texas				
Principal:	9162 BUR OAK CIR EL PASO, TX 79907 US				
Payor:	HUMMING TRANSPORT LLC				

*** Expires: 12/31/2026 ***

USDOT Number: _____ Date Received: _____

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 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, 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.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

KNOW ALL MEN BY THESE PRESENTS, that we, **HUMMING TRANSPORT LLC**
(Name of Broker or Freight Forwarder)
 of **9162 Bur Oak Circle** **El Paso** **TX** **79907**
(Street) (City) (State) (Zip)
 as PRINCIPAL (hereinafter called Principal), and **Jet Insurance Company**
(Name of Surety)

a corporation, or a Risk Retention Group established under the [Liability Risk Retention Act of 1986, Pub. L. 99-563](#), created and existing under the laws of the State of **North Carolina** (hereinafter called Surety), are held and firmly bound unto the United States of

America in the sum of \$75,000 for a broker or freight forwarder for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of [Title 49 U.S.C. 13904](#), and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the [ICC Termination Act of 1995](#) in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with [49 U.S.C. 13906\(b\)](#), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the [ICC Termination Act of 1995](#) under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgments rendered, and payments made by said Surety under this bond.

This bond is effective the **12th** day of **May**, **2025**, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under [Section 387.315 of Title 49](#) of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under [18 U.S.C. 1001](#).

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 12th day of May, 2025.

PRINCIPAL

HUMMING TRANSPORT LLC

COMPANY NAME

9162 Bur Oak Circle

El Paso

STREET ADDRESS

CITY

TX

79907

(915) 472-1494

STATE

ZIP CODE

TELEPHONE NUMBER

(type or print Principal officer's name and title)

(Principal officer's signature)

(type or print witness's name)

(witness's signature)

SURETY

Jet Insurance Company

COMPANY NAME

6701 Carmel Rd Ste 250

Charlotte

STREET ADDRESS

CITY

NC

28226

8004381162

STATE

ZIP CODE

TELEPHONE NUMBER

(type or print Principal officer's name and title)

David Gonsalves

(Principal officer's signature)

Nick Brady

(type or print witness's name)

(witness's signature)



Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

Bond Filed Electronically

J ET INSURANCE COMPANY

POWER OF ATTORNEY

NOW ALL BY THESE PRESENTS: That **J ET INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of North Carolina, having its principal office in Charlotte, North Carolina does hereby constitute and appoint

Name	Limit of Liability per Bond
David Gonsalves	\$75,000.00

its true and lawful Attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, provided that the liability of such shall not exceed the limit stated above.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon **J ET INSURANCE COMPANY** as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of the following resolutions adopted by the Board of Directors of **J ET INSURANCE COMPANY** by unanimous written consent dated August 03, 2018, of which the following is a true excerpt:

RESOLVED that the President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, attach the Seal of the Company thereto and deliver, bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke, at any time, any such Attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution on behalf of the Company and delivery of any bond, undertaking, contract of indemnity, recognizance and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, **J ET INSURANCE COMPANY** has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 17th day of May, 2023.



J ET INSURANCE COMPANY

Spencer Siino, President

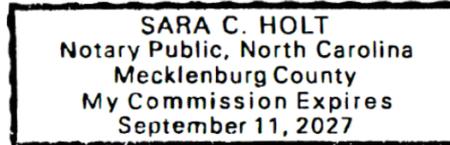
Richard Popp, Secretary

STATE OF NORTH CAROLINA
County of Mecklenburg

On this 17th day of May, 2023 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of J et Insurance Company; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said Company.

Sara C. Holt
Notary Public, State of North Carolina
County of Mecklenburg
My Commission Expires 09/11/2027

IN WITNESS WHEREOF, I have hereunto set my hand at J et Insurance Company offices the day and year above written.



I, Richard Popp, Secretary of **J ET INSURANCE COMPANY**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by **J ET INSURANCE COMPANY**, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 12th day of May, 2025.



Richard Popp, Secretary



Details

US DOT:	4401657	Docket Number:	MC01727912	
Legal Name:	HUMMING TRANSPORT LLC			
Doing-Business-As Name:				
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
9162 BUR OAK CIR EL PASO TX 79907	9152478565	9162 BUR OAK CIR EL PASO TX 79907-2006		NO
Authority Type	Authority Status		Application Pending	
Common	NONE		NO	
Contract	NONE		NO	
Broker	ACTIVE		NO	
Property	Passenger	Household Goods	Private	Enterprise
YES	NO	NO	NO	NO
Insurance Type	Insurance Required		Insurance on File	
BIPD	\$0		\$0	
Cargo	NO		NO	
Bond	YES		YES	

BOC-3: YES
Blanket Company: #1 A BOC-3 FILING INC
 To view Blanket Company and Process Agent listings, [Click Here](#)

[Web Site Content and BOC-3 Information Clarification](#)

[Active/Pending Insurance](#) [Rejected Insurance](#) [Insurance History](#) [Authority History](#) [Pending Application](#) [Revocation](#)

May 27, 2025

