



AUTOMOBILE FILING QUESTIONNAIRE

For prompt and reliable service, complete information must be provided, including the **Exact Name, Address and associated Docket Number** for which the authority exists.

Failure to provide full and complete information may result in processing delays and possible suspensions.

Applicant Name:

Policy Effective Date:

FILING INFORMATION

- | | | |
|--|---------------|------|
| 1. Does the Applicant hold an ICC/ FMCSA permit or USDOT registration? | Yes | No |
| a. If yes, provide: | | |
| MC # | USDOT # | |
| PUC # | State (Case)# | |
| 2a. Is an MCS 90 endorsement needed? | Yes | No |
| 2b. Is an MCS90 b endorsement needed? | Yes | No |
| 3. Does the Applicant require state filings? | Yes | No |
| a. If yes, list each state(s) and provide necessary state motor carrier number, if applicable. | | |
| 4. Provide the <u>exact name and address</u> as shown for filings, permits, etc. | | |
| Exact Name on Filing: | | |
| Exact Street Address on Filing: | | |
| City: | State: | Zip: |
| 5. Please provide copies of all required filings (i.e. local, state and/or federal). | | |

SPECIAL INSTRUCTIONS