Authority Express LLC PO Box 22 Grand View, ID 83624

PO Box 22 Grand View, ID 83624

Phone (855) 932-4382 Fax (855) 978-5412

<u>applications@authorityexpressllc.com</u>

Please fill out then fax, email or mail back to us

Company Information

| Name of Business | | D | DBA (if different) | | | | | | |
|----------------------|--|------------------------|---|--|--|--|--|--|--|
| Physical Address | | <u>N</u> | Mailing Address (if different) | | | | | | |
| Phone Number | | Er | Email Address (if you have one) EIN or Social Security number (will not be shared) | | | | | | |
| Do you have a DOT n | number? If Yes, please enter the numb | per El | | | | | | | |
| Form of Business (p | lease select one and fill out the blank | to the righ | nt) | | | | | | |
| Sole Proprietor | Owner Name | | | | | | | | |
| Corporation _ | Incorporation | Titles | d | | | | | | |
| Partnership _ | Dartners | | | | | | | | |
| LLC _ | State of Commonwealth | Officers and Titles | d | | | | | | |
| Company Operation | | | | | | | | | |
| | Interstate (multiple states) Intrastate (home state only) | | Hazardous Materials? Division or Class (for number visit FAQ page) | | | | | | |
| Autho Exemp | | | Federal Government State Government Local Government Private Passengers (business) Private Passengers (non- business) Other | | | | | | |
| Cargo Classification | (check all that apply) | | | | | | | | |
| | General Freight | | Grain, Hay, Feed Cole, Coke | | | | | | |
| | Household Goods (moving compan Metals, Sheets, Coils, Rolls | y) | Garbage, Trash, Refuse | | | | | | |
| | Motor Vehicles | | US Mail | | | | | | |
| | Drive Away / Tow Away | | Chemicals | | | | | | |
| | Logs, Poles, Beams, Lumber | - | Critimeals Dry Bulk | | | | | | |
| | Building Materials | - | Refrigerated Food | | | | | | |
| | Mobile Homes | | Beverages | | | | | | |
| | Fresh Produce | | Paper Products | | | | | | |
| | Machinery, Large Objects | | Utility | | | | | | |
| | Liquids / Gases | | Farm Supplies | | | | | | |
| | Intermodal Containers | | Construction | | | | | | |
| | Passengers | _ | Water Well | | | | | | |
| | Oil Field Equipment | _ | Livestock | | | | | | |
| | Other | | LIVESTOCK | | | | | | |
| | | | | | | | | | |

| number of ven | • | 1 | | i trucks for eac | | | | 1 | ı | | | i | |
|------------------------------|-----------------------|-----------------|------------------------|--------------------------|---------------------------|---------------|---------|--|--------------------|-------------------|---------------------|-----------------|--|
| Straight | | t | Truck Trail | | lers Hazmat C | | | Hazmat C | azmat Cargo Tank | | Motor co | ach | |
| | Trucks | | Tractors | | Tank Tru | | cks | Trailers | | Motor coach | | | |
| Owned | | | | | | | | | | | | | |
| Leased | | | | | | | | | | | | | |
| Trip Leased | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Passenger Oper | ations (Nu | mber of v | ehicles carry | ing number of i | nassen | gers. in | cludi | ing driver) | | | | | |
| i doseilgei Opei | School Bu | | remeies carry | Mini- Bus | | assenge | | _ | Limousine | | | | |
| | 1-8 | 9-15 | 16 + | 16 + | 1- | _ | | -15 | 1-8 | | 9-15 | 16 + | |
| Owned | 1-0 | 9-13 | 10+ | 10 + | | -0 | 9. | -13 | 1-0 | | 3-13 | 10+ | |
| Leased | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| Trip Leased | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| Driver Informat | | ι | | L | | ĺ | L | | ı | | | Í | |
| Driver Informati | | Inte | rstate | Intrastat | rastate Total | | | l Drivers | | Total CDL Drivers | | | |
| Within 100-mile | | | | | | | | | | | | | |
| Beyond 100 mile | e radius | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| GVWR Weight | (maximum | total wei | ght of the tru | ck or truck and | trailer | combin | atior | n, fully load | ed) | | | | |
| | | | | | | | | | | | | | |
| Total miles las | t year to the | nearest | 10,000 miles | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Place Your Orde | er | | | | | | | | | | | | |
| Complete Pack | age (1-2 tru | ıcks) | | | | \$ | | 790 | | | | | |
| • | | - | | | | \$ | | 950 | | - | | | |
| Complete Pack | | | | | | | | | | | | | |
| *Heavy Highwa | ay Use Tax (| Form 229 | 00) required if | over 55,000 lbs | 5. | \$ | ; | 50 | | _ | | | |
| EIN Number (F | ederal Tax I | D Numbe | er) required fo | or Form 2290 ar | nd IFTA | , \$ | • | 50 | | | | | |
| | | | | | | | | | | _ | | | |
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| | | | | | To | otal | | | | _ | | | |
| *We will prepare the form | s for you. You will l | be required to | submit them with the o | alculated fees. | | | | | | | | | |
| Your credit card will be cha | arged 2 weeks befo | re each form is | due. For example, the | Form 2290 is due each Ju | une 31 st . vo | our card will | be char | ged each June 15 th | . We will always e | mail/ma | nil vou vour comple | ted forms and a | |
| credit card receipt. You m | | | | | | | | 0 · · · · · · · · · · · · · · · · · · · | | | ,, | | |
| | | | | | | | | | | | | | |
| Payment Inform | nation (Deb | it or Crec | lit Card) | | | | | | | | | | |
| | | | | | Visa | | _Mas | sterCard _ | Discove | <u>-</u> ۲ | America | an Express | |
| Name of card he | older | | | Type | of Care | d | | | | | | | |
| | | | | | | | | | | | | | |
| Billing Address | | | | Credi | it Card | Numbe | er | | | | | | |
| | | | | | | | | | | | | | |
| CVC Code | | | | Expir | ation D | ate | | | | | | | |
| Fax to (855) 978 | 3-5412 or Er | nail to ar | plications@a | • | | | ne (8! | 55) 932-438 | 32 | | | | |
| | | | , | 7 | | | | , | | | | | |
| By signing you certif | fy that Authori | ty Express L | LC has been emp | loyed to serve as y | our cons | ultant an | d auth | norized to repi | esent your co | mpan | y in matters be | efore the | |
| FMCSA pertaining to | • | | • | • | | | | | - | - | • | | |
| Carrier Safety Admi | nistration (FM0 | CSA). You | also authorize Au | thority Express LLC | to proce | ess your p | ayme | nt. | | | | | |
| | | | | | | | | | | | | | |
| Signature: | | | | | Ti | tle: | | | | | | | |