



**SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY  
STATE TRANSPORT POLICE  
MOTOR CARRIER IDENTIFICATION REPORT**



\*\*\*\* **CARRIERS OPERATING ONLY IN SOUTH CAROLINA** \*\*\*\*

**Reason for application:**     New applicant     Update / Info change    **DOT#** \_\_\_\_\_  
 (If previously assigned)

**Please check one:**     Individual     Partnership     Corporation

**(YOUR DOT INFORMATION AND FUEL DECAL ACCOUNT SHOULD BE CONSISTANT)**

1. <b>LEGAL NAME</b> of motor carrier: (If not incorporated - your name)	
2. <b>TRADE NAME</b> or DBA: (Doing Business As name)	
3. <b>PHYSICAL ADDRESS:</b> Street or Road name: City: _____ State: _____ Zip: _____	5. <b>TEL #</b> _____
4. <b>MAILING ADDRESS:</b> RR, RFD or PO Box #: City: _____ State: _____ Zip: _____	<b>FAX #</b> _____
6. <b>OPERATION CLASSIFICATION</b> (circle <u>all</u> that apply)	
a. Exempt for-hire (You do <u>not</u> own the load)	e. Federal Government Agency
b. Private property (You own the load)	f. State Government Agency
c. Private passengers (business)	g. Local Government Municipality
d. Private passengers (non-business)	h. Indian Tribe
i. <b>Other/write-in</b> _____	

7. <b>TYPE OF CARRIER</b> <input type="checkbox"/> South Carolina Only <input type="checkbox"/> Haz- Mat South Carolina Only	8. <b>SHIPPER</b> of Hazardous Materials (HM) – see directions for definition <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please note that if you travel *outside* the State of South Carolina you will need to complete MCS150 & 150A Federal Forms

9. **CARRIER MILEAGE** \_\_\_\_\_ (last calendar year)    **MILEAGE YEAR GIVEN** \_\_\_\_\_

10. **EIN #** \_\_\_\_\_ (for Corporation)    **SOCIAL SECURITY #** \_\_\_\_\_ (for Individuals)

11. **CARGO CLASSIFICATIONS** (circle all that apply)

a. general freight	g. mobile homes	m. oil field equipment	s. US mail	y. utility
b. household goods	h. machinery	n. livestock	t. chemicals	z. farm supplies
c. metal-sheets, coil, roll	i. fresh produce	o. grain/feed/hay	u. commodities dry bulk	aa. construction
d. motor vehicles	j. liquids/gasses	p. coal/coke	v. refrigerated food	bb. water/well
e. drive-away/tow-away	k. intermodal containers	q. meat	w. beverages	cc. <u>other-please list below</u>
f. logs, poles, beams, lumber	l. passengers	r. garbage/refuse/trash	x. paper products	
g. building materials				

12. **Hazardous materials carried or shipped** (Circle all that apply) C-carried S-Shipped B-Bulk – in cargo tanks NB-Non-bulk – in packages

C S	A.	DIV 1.1	B NB	C S	K.	DIV 2.2A	B NB	C S	V.	DIV 4.3	B NB	C S	FF.	CLASS 8	B NB
C S	B.	DIV 1.2	B NB	C S	L.	ammonia	B NB	C S	W.	DIV 5.1	B NB	C S	GG.	CLASS 8-A	B NB
C S	C.	DIV 1.3	B NB	C S	M.	DIV 2.3A	B NB	C S	X.	DIV 5.2	B NB	C S	HH.	CLASS 8-B	B NB
C S	D.	DIV 1.4	B NB	C S	N.	DIV 2.3B	B NB	C S	Y.	DIV 6.2	B NB	C S	II.	CLASS 9	B NB
C S	E.	DIV 1.5	B NB	C S	O.	DIV 2.3C	B NB	C S	Z.	DIV 6.1A	B NB	C S	JJ.	Elevated Temp mat	B NB
C S	F.	DIV 1.6	B NB	C S	P.	DIV 2.3D	B NB	C S	AA.	DIV 6.1B	B NB	C S	KK.	Infectious Waste	B NB
C S	G.	DIV 2.1	B NB	C S	Q.	Class 3	B NB	C S	BB.	DIV 6.1	B NB	C S	LL.	Marine Pollutant	B NB
C S	H.	DIV 2.1LPG	B NB	C S	R.	Class 3-A	B NB	C S	CC.	DIV 6.1	B NB	C S	MM.	Haz Sub(RQ)	B NB
C S	I.	DIV 2.1 methane	B NB	C S	S.	Class 3-B	B NB	C S	DD.	DIV 6.1 solid	B NB	C S	NN.	Haz Waste	B NB
C S	J.	DIV 2.2	B NB	C S	T.	Comb Liq.	B NB	C S	EE.	CLASS 7	B NB	C S	OO.	ORM	B NB
C S				C S	U.	DIV 4.1	B NB	C S							
C S				C S		DIV 4.2	B NB	C S							

13. <b>List how many vehicles you have in each category</b>								14. <b>Drivers: List how many in each category</b>			
<b>Equipment</b>	Straight Trucks	Truck Tractors	Trailers	Hazmat Tank Trailers	Hazmat Tank Trucks	Motor Coach	School Bus	Within 100 Mile Radius: _____			
Owned								Beyond 100 Mile Radius: _____ = _____ Total drivers			
Term Leased (30 days - more)								Total <b>CDL</b> Drivers: _____			
Trip Leased (29 days - less)								(Must <u>not</u> exceed total drivers listed above)			

15. Is your U.S. DOT number registration currently revoked by the Federal Motor Carrier Safety Administration? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Please enter name (s) of sole proprietor (s), officers or partners and titles (e.g. President, Treasurer, General Partner, Limited Partner)

1. \_\_\_\_\_ (Please print name & title)    2. \_\_\_\_\_ (Please print name & title)

17. **Certification Statement** (to be completed by you or your authorized official)

I, \_\_\_\_\_ (Please print name), certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_