Application for Motor Carrier Identification Number
Form MCS-150 GA

(Please Note: This application is for operating in Georgia only)

1. Name of Carrier

2. Physical Street Address or Route Number

3. City
   4. State
   5. Zip Code (Zip + 4)

4. County
   12. Phone Number
   ( )
   13. Georgia MCA# (If Known)

5. City
   6. Doing Business As (DBA) Name (If any)

5. State
   7. Mailing Address (Such as P.O. Box)
   10. Zip Code (Zip + 4)

6. Zip Code (Zip + 4)

14. U.S. DOT# (If updating)

15. ICC MC# (If Known)

(Note: N/A if GA only)

16. IRS Tax Number or SSN

17. E-mail Address

18. Carrier Mileage (Total Fleet Mileage Last Calendar Year)

19. Carrier Operation
   A. Georgia Only (Hazardous Materials)
   B. Georgia Only (Non-Hazardous Materials)

20. Operation Classification

A. Authorized For Hire
   B. Exempt For Hire
   C. Private (Property)

D. Private Passengers (Business)
   E. Private Passengers (Non-Business)
   F. Migrant Workers

G. U.S. Mail
   H. Federal Govt.
   I. State Govt.

J. Local Government
   K. Indian Tribe
   L. Other (Specify):___

21. Cargo Classifications (Please Circle All That Apply)

A. General Cargo
   B. Household Goods
   C. Metal Sheet/Coil/Roll
   D. Motor Vehicles
   E. Driveaway/Towaway
   F. Logs, Poles, Beams, Lumber

G. Building Materials
   H. Mobile Homes
   I. Machinery
   J. Fresh Produce
   K. Liquid/Gases
   L. Intermodal Containers

M. Passengers
   N. Oil Field Equipment
   O. Livestock

P. Grain, Feed, Hay
   Q. Coal/Coke
   R. Meat
   S. Garbage/Refuse
   T. U.S. Mail
   U. Chemicals
   V. Dry Bulk Commodities
   W. Refrigerated Food

X. Beverages
   Y. Paper Products
   Z. Utility

DD. Other

22. Hazardous Materials Carrier (Please Circle all that Apply)

A. Div. 1.1 B NB
   B. Div. 1.2 B NB
   C. Div. 1.3 B NB
   D. Div. 1.4 B NB
   E. Div. 1.5 B NB

F. Div. 1.6 B NB
   G. Div. 2.1 B NB
   H. Div. 2.1 LPG B NB

I. Div. 2.2 B NB
   J. Div. 2.2 B NB
   K. Div. 2.2 B NB
   L. Div. 2.3A B NB

M. Div. 2.3C B NB
   N. Div. 2.3C B NB
   O. Div. 2.3D B NB

P. Div. 3 B NB
   Q. Div. 3 B NB

R. Div. 4.1 B NB
   S. Div. 4.2 B NB

T. Div. 4.2 B NB
   U. Div. 4.3 B NB

V. Div. 4.3 B NB
   W. Div. 4.5 B NB

X. Div. 4.5 B NB
   Y. Div. 4.6 B NB

Z. Div. 4.6 B NB
   AA. Div. 6.1A B NB

BB. Div. 6.1B B NB
   CC. Div. 6.1C B NB

DD. Class 7 B NB


Corrosives B NB

FF. Class 8 B NB


HH. Class 8B B NB

Other B NB

II. Class 9 B NB

JJ. Elevated Temp. Materials B NB

KK. Infectious Waste B NB

LL. Marine Pollutants B NB

MM. Haz. Substances (RQ) B NB

OO. ORM-D B NB

NN. Hazardous Waste B NB

23. Equipment

<table>
<thead>
<tr>
<th>Total Straight Trucks</th>
<th>Total Truck Tractors</th>
<th>Total Trailers</th>
<th>Total HazMat Cargo</th>
<th>Total HazMat Cargo</th>
<th>Motor Coach</th>
<th>School Bus</th>
<th>Van/Mini-bus</th>
<th>Limousine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned</td>
<td>Term Leased</td>
<td>Trip Leased</td>
<td></td>
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<td></td>
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</tbody>
</table>

24. Number of Drivers Subject to the Motor Carrier Safety and/or HazMat Regulations

100 Mile Radius

Beyond 100 Mile Radius

Total Drivers

Total CDL Drivers

25. Certification Statement (to be completed by an authorized official)

I, _____________________________, certify that I am familiar with the Motor Carrier Safety Regulations and/or the Hazardous that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature: _____________________________ Date: ____________ Title: _____________________________

(Please Print Name)