

GLAuthority.com

Get Your Operating Permits Fast & Easy!

CONTACT INFORMATION:

Your Name:	Phone:	Fax:
Email Address:	Cell: -	Other: - -

COMPANY INFORMATION:

Type of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Corporation
If Incorporated, Which State?	Date:				
Legal Business Name	DBA:				
Business Phone:	Business Fax:		- -		
Physical Address	City	State:	Zip:		
Mailing Address:	City:	State:	Zip:		
FEIN: -	or SSN: -	-	MC Number:		
USDOT #:	USDOT Safety Rating:	Date:			

PLEASE LIST ALL MEMBERS OR OFFICERS (IF INCORPORATED):

Name:	Title:	SSN:	Phone:	-	-
Address:	City:	State:	Zip:		
Name:	Title:	SSN:	-	-	Phone: - -
Address:	City:	State:	Zip:		
Name:	Title:	SSN:	-	-	Phone: - -
Address:	City:	State:	Zip:		

Have you obtained your Insurance Yet? Yes No

IF YOU NEED AN USDOT NUMBER, PLEASE COMPLETE THE FOLLOWING: PLEASE CHECK ALL FREIGHT YOU WILL TRANSPORT

<input type="checkbox"/> GENERAL FREIGHT	<input type="checkbox"/> LIQUIDS/GASES	<input type="checkbox"/> CHEMICALS
<input type="checkbox"/> HOUSEHOLD GOODS	<input type="checkbox"/> INTERMODAL CONTAINERS	<input type="checkbox"/> COMMODITIES DRY BULK
<input type="checkbox"/> METAL; SHEETS; COILS; ROLLS	<input type="checkbox"/> PASSENGERS	<input type="checkbox"/> REFRIGERATED FOOD
<input type="checkbox"/> MOTOR VEHICLES	<input type="checkbox"/> OIL FIELD EQUIPMENT	<input type="checkbox"/> BEVERAGES
<input type="checkbox"/> DRIVE AWAY/TOW AWAY	<input type="checkbox"/> LIVESTOCK	<input type="checkbox"/> PAPER PRODUCTS
<input type="checkbox"/> LOGS. POLES, BEAMS, LUMBER	<input type="checkbox"/> GRAIN, FEED, HAY	<input type="checkbox"/> UTILITY
<input type="checkbox"/> BUILDING MATERIALS	<input type="checkbox"/> COAL/COKE	<input type="checkbox"/> FARM SUPPLIES
<input type="checkbox"/> MOBILE HOMES	<input type="checkbox"/> MEAT	<input type="checkbox"/> CONSTRUCTION
<input type="checkbox"/> MACHINERY, LARGE OBJECTS	<input type="checkbox"/> GARBAGE, REFUSE, TRASH	<input type="checkbox"/> WATER WELL
<input type="checkbox"/> FRESH PRODUCE	<input type="checkbox"/> U.S. MAIL	<input type="checkbox"/> OTHER (LIST)

PLEASE ANSWER THE FOLLOWING QUESTION ABOUT YOUR VEHICLES

HOW MANY TRUCKS DO YOU OWN?	HOW MANY TRUCKS DO YOU LEASE?
HOW MANY TRAILERS DO YOU OWN?	HOW MANY TRAILERS DO YOU LEASE?
HOW MANY STRAIGHT TRUCKS DO YOU OWN?	HOW MANY STRAIGHT TRUCKS DO YOU LEASE?
HOW MANY DRIVERS WILL ONLY STAY IN THE STATE?	HOW MANY OVER THE ROAD DRIVERS ARE THERE?
ARE YOU A HAZMAT CARRIER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO LIST YOUR ENDORSEMENTS.	

THE FOLLOWING MUST BE COMPLETED TO FILE YOUR INFORMATION:

Yes No – I certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or 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.

Printed Name:

Initials:

Date:

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Please answer the following questions. If you cannot answer "Yes" to each of the questions, it is suggested that you order the Safety Compliance Kit.

Yes No 1. I MAINTAIN CURRENT COPIES OF ALL USDOT FMCSA REGULATIONS, FEDERAL MOTOR VEHICLE SAFETY STANDARDS, AND THE HAZARDOUS MATERIALS REGULATIONS (IF CARRIER HAULS HAZMAT), AND UNDERSTAND AND WILL COMPLY WITH SUCH REGULATIONS, AND WILL ENSURE THAT ALL COMPANY PERSONNEL ARE AWARE OF THE CURRENT REQUIREMENTS.

Yes No 2. I WILL BE FAMILIAR WITH THE ALCOHOL AND CONTROLLED SUBSTANCE REQUIREMENT OF 49 CFR PART 382 AND 49 CFR PART 40 AND WILL HAVE IN PLACE A PROGRAM FOR SYSTEMATIC TESTING OF DRIVERS.

Yes No 3. I WILL HAVE IN PLACE A PROGRAM FOR MONITORING VEHICLE ACCIDENTS AND MAINTAIN AN ACCIDENT REGISTER IN ACCORDANCE WITH 49 CFR 390.15.

Yes No 4. I WILL HAVE ESTABLISHED AN ACCIDENT COUNTERMEASURES PROGRAM AND DRIVER-TRAINING PROGRAM TO REDUCE ACCIDENTS.

Yes No 5. I CAN AND WILL PRODUCE RECORDS DEMONSTRATING COMPLIANCE WITH THE SAFETY REQUIREMENTS WITHIN 48 HOURS OF RECEIPT OF A REQUEST FROM A REPRESENTATIVE OF THE USDOT/FMCSA OR OTHER AUTHORIZED FEDERAL OR STATE OFFICIAL.

Yes No 6. I HAVE 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 LICENSING OF EACH DRIVER, AND PROCEDURES FOR IDENTIFYING DRIVERS WHO ARE NOT COMPLYING WITH THE SAFETY REGULATIONS.

Yes No 7. I HAVE PROCEDURES IN PLACE TO REVIEW DRIVERS' EMPLOYMENT AND DRIVING HISTORIES FOR AT LEAST THE LAST 3 YEARS TO DETERMINE WHETHER OR NOT THE INDIVIDUAL IS QUALIFIED AND COMPETENT TO DRIVE SAFELY.

Yes No 8. I HAVE ESTABLISHED A PROGRAM TO REVIEW THE RECORDS OF EACH DRIVER AT LEAST ONCE EVERY 12 MONTHS AND WILL MAINTAIN A RECORD OF THE REVIEW.

Yes No 9. I WILL ENSURE THAT ALL MY DRIVERS ARE AT LEAST 21 YEARS OF AGE, AND, IF APPLICABLE, POSSESS A VALID CDL.

Yes No 10. I HAVE ESTABLISHED A SYSTEM AND PROCEDURES FOR INSPECTION, REPAIR, AND MAINTENANCE OF MY VEHICLES WITH THE FMCSA REGULATIONS AND THE HAZMAT REGULATIONS.

Yes No 11. I WILL ENSURE THAT ALL VIOLATIONS AND DEFECTS NOTED ON INSPECTION REPORTS ARE CORRECTED BEFORE VEHICLES AND DRIVERS ARE PERMITTED TO CONTINUE OPERATION.

IF YOU ARE APPLYING FOR YOUR INTERNATIONAL REGISTRATION PLAN PLEASE CHECK THE STATES BELOW YOU WILL BE OPERATING IN AND THE MILEAGES YOU TRAVELLED IN THE PAST YEAR (IF APPLICABLE).

<input type="checkbox"/> ALABAMA (AL)		<input type="checkbox"/> NEBRASKA (NE)	
<input type="checkbox"/> ARIZONA (AZ)		<input type="checkbox"/> NEVADA (NV)	
<input type="checkbox"/> ARKANSAS (AR)		<input type="checkbox"/> NEW HAMPSHIRE (NH)	
<input type="checkbox"/> CALIFORNIA (CA)		<input type="checkbox"/> NEW JERSEY (NJ)	
<input type="checkbox"/> COLORADO (CO)		<input type="checkbox"/> NEW MEXICO (NM)	
<input type="checkbox"/> CONNECTICUT (CT)		<input type="checkbox"/> NEW YORK (NY)	
<input type="checkbox"/> DELAWARE (DE)		<input type="checkbox"/> NORTH CAROLINA (NC)	
<input type="checkbox"/> FLORIDA (FL)		<input type="checkbox"/> NORTH DAKOTA (ND)	
<input type="checkbox"/> GEORGIA (GA)		<input type="checkbox"/> OHIO (OH)	
<input type="checkbox"/> IDAHO (ID)		<input type="checkbox"/> OKLAHOMA (OK)	
<input type="checkbox"/> ILLINOIS (IL)		<input type="checkbox"/> OREGON (OR)	
<input type="checkbox"/> INDIANA (IN)		<input type="checkbox"/> PENNSYLVANIA (PA)	
<input type="checkbox"/> IOWA (IA)		<input type="checkbox"/> RHODE ISLAND (RI)	
<input type="checkbox"/> KANSAS (KS)		<input type="checkbox"/> SOUTH CAROLINA (SC)	
<input type="checkbox"/> KENTUCKY (KY)		<input type="checkbox"/> SOUTH DAKOTA (SD)	
<input type="checkbox"/> LOUISIANA (LA)		<input type="checkbox"/> TENNESSEE (TN)	
<input type="checkbox"/> MAINE (ME)		<input type="checkbox"/> TEXAS (TX)	
<input type="checkbox"/> MARYLAND (MD)		<input type="checkbox"/> UTAH (UT)	
<input type="checkbox"/> MASSACHUSETTS (MA)		<input type="checkbox"/> VERMONT (VT)	
<input type="checkbox"/> MICHIGAN (MI)		<input type="checkbox"/> VIRGINIA (VA)	
<input type="checkbox"/> MINNESOTA (MN)		<input type="checkbox"/> WASHINGTON (WA)	
<input type="checkbox"/> MISSISSIPPI (MS)		<input type="checkbox"/> WEST VIRGINIA (WV)	
<input type="checkbox"/> MISSOURI (MO)		<input type="checkbox"/> WISCONSIN (WI)	
<input type="checkbox"/> MONTANA (MT)		<input type="checkbox"/> WYOMING (WY)	

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IF YOU ARE APPLYING FOR YOUR INTERNATIONAL REGISTRATION PLAN OR SIMPLE PERMITS (KY, NY, NM)
PLEASE COMPLETE THE FOLLOWING INFORMATION ON YOUR TRUCKS AND DRIVERS.

YEAR	MAKE	MODEL	COLOR	TITLE #	TAG #	FUEL	
UNIT #	TRACTOR WEIGHT	AXLES SEATS	VIN #				GVW
PURCHASE PRICE:		PURCHASE DATE:		NAME OF OWNER:			CDL#:
IF LEASED, NAME OF LESSEE:				NAME OF LESSOR:		STATE OF REG.	

YEAR	MAKE	MODEL	COLOR	TITLE #	TAG #	FUEL	
UNIT #	TRACTOR WEIGHT	AXLES SEATS	VIN #				GVW
PURCHASE PRICE:		PURCHASE DATE:		NAME OF OWNER:			CDL#:
IF LEASED, NAME OF LESSEE:				NAME OF LESSOR:		STATE OF REG.	

WHICH SERVICES WILL YOU BE APPLYING FOR?

PACKAGE SERVICES (FEDERAL FILING FEES INCLUDED; STATE FEES ARE EXTRA)

***INDICATES SERVICE MAY HAVE A STATE FEE**

<input type="checkbox"/> DIAMOND PACKAGE	\$1443.00
CARRIER OPERATING AUTHORITY, BROKER OF PROPERTY AUTHORITY, IRP*, IFTA*, SIMPLE PERMITS (NY, NM, KY, OR)*, SAFETY KIT, 3 MONTHS OF GETLOADED.COM, EXCLUSIVE GETLOADED.COM T-SHIRT & INTRASTATE AUTHORITY	

<input type="checkbox"/> GOLD PACKAGE	\$874.00
CARRIER OPERATING AUTHORITY, IRP*, IFTA*, SIMPLE PERMITS (NY, NM, KY)*, 3 MONTHS GETLOADED.COM & INTRASTATE AUTHORITY	

<input type="checkbox"/> BRONZE PACKAGE	\$300.00
IRP*, IFTA*, SIMPLE PERMITS (NY, NM, KY)*, & 1 MONTH GETLOADED.COM	

<input type="checkbox"/> PLATINUM PACKAGE	\$994.00
CARRIER OPERATING AUTHORITY, IRP*, IFTA*, SIMPLE PERMITS (NY, NM, KY)*, SAFETY KIT, 3 MONTHS GETLOADED.COM, EXCLUSIVE GETLOADED.COM T-SHIRT, & INTRASTATE AUTHORITY	

<input type="checkbox"/> SILVER PACKAGE	\$735.00
CARRIER OPERATING AUTHORITY, IFTA*, & 1 MONTH GETLOADED.COM *** ADD SIMPLE PERMITS FOR \$49.00 ***	

(INDIVIDUAL SERVICES ON NEXT PAGE)

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INDIVIDUAL SERVICES

FEDERAL AUTHORITY SERVICES FEDERAL FILING FEES INCLUDED		STATE PERMITS STATE FEES ARE NOT INCLUDED * INDICATES SERVICE MAY HAVE A STATE FEE	
<input type="checkbox"/> MOTOR CARRIER COMMON AUTHORITY	\$685	<input type="checkbox"/> INTRASTATE AUTHORITY*	\$250
<input type="checkbox"/> MOTOR CARRIER CONTRACT AUTHORITY	\$685	<input type="checkbox"/> IFTA (INTERNATIONAL FUEL TAX DECALS)*	\$135
<input type="checkbox"/> BROKER OF PROPERTY AUTHORITY	\$685	<input type="checkbox"/> IRP (INTERNATIONAL REGISTRATION PLAN)*	\$135
<input type="checkbox"/> FREIGHT FORWARDER CONTRACT AUTHORITY	\$685	<input type="checkbox"/> SIMPLE PERMITS (KY, NY, & NM)*	\$49
<input type="checkbox"/> US DOT NUMBER ONLY	\$35	<input type="checkbox"/> SUPPLEMENTAL TRUCK REGISTRATION*	\$150
<input type="checkbox"/> BOC 3 FILING ONLY	\$50	OTHER SERVICES	
<input type="checkbox"/> AUTHORITY NAME CHANGE	\$85	<input type="checkbox"/> SAFETY COMPLIANCE KIT	\$179
<input type="checkbox"/> AUTHORITY REINSTATEMENT	\$180	<input type="checkbox"/> NEW ENTRANT WORKBOOK	\$79
		<input type="checkbox"/> PARTNERS IN BUSINESS BOOK	\$18.95
		<input type="checkbox"/> STANDARD CARRIER ALPHA CODE (SCAC)	\$70
		<input type="checkbox"/> OVERSIZE/OVERWEIGHT PERMITS	\$135
		<input type="checkbox"/> SINGLE TRIP PERMITS	\$135

PLEASE CALL WITH ANY QUESTIONS. THERE ARE NO REFUNDS FOR SERVICES.

(866) 265-3172

PLEASE PROVIDE YOUR BILLING INFORMATION BELOW.

VISA MASTERCARD AMEX DISCOVER
 CASHIERS CHECK MONEY ORDER

NAME AS IT APPEARS ON CARD:

CARD NUMBER:

EXPIRATION DATE:

BILLING ADDRESS:

CITY STATE: ZIP:

Signature (Required) _____

**PLEASE REVIEW YOUR APPLICATION FOR ACCURACY, AND SUBMIT EITHER BY
EMAIL TO: GLAUTHORITY@GETLOADED.COM
FAX TO: (804) 521-1739
MAIL TO: GLAUTHORITY.COM
ONE PARK WEST CIRCLE,
SUITE 300
MIDLOTHIAN, VA 23114**

If you have questions regarding what you need, please call us for assistance. We are more than happy to walk you through the entire application.

Respectfully,
The GLAuthority Team