

United States Department of Transportation

# FMCSA

Federal Motor Carrier Safety Administration

## Summary Print View

08/15/2025 04:38 PM

Print Page

### URS Welcome Summary

Q: Other Documents Linked to the profile

A: 99|MCSA1\_FINAL\_URSAPP3721531\_20250815.pdf|Other

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### Application Contact Summary

Q: Application Contact Info

Application Contact Type: Applicant Representative

Application Contact First Name: MAITE

A: Application Contact Last Name: LLERENA GUTIERREZ

Application Contact Title: OWNER

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Q: Application Contact Address

Application Contact Street Address Line 1: 3920 S MERIDIAN ST

Application Contact Street Address Line 2: APT 11

Application Contact City: INDIANAPOLIS

Application Contact State/Province: INDIANA

A: Application Contact Postal Code: 46217-3340

Application Contact Country: United States

Application Contact Telephone Number: US ( 765 ) 678-2345 Ext:

Application Contact Email Address: ysaeldiaz8@gmail.com

Confirm Email Address: ysaeldiaz8@gmail.com

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Q: Application Contact Preferred Contact Method

A: Email

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### Business Description Summary

Q: Does the Applicant have a Dun and Bradstreet Number?

A: No

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Q: Legal Business Name

A: Blackbeard Home & Delivery llc

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Q: Is the Applicant's Principal Place of Business Address the same as the Application Contact's Address?

A: Yes

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Q: Principal Place of Business Address

Country: United States  
Street Address/Route Number Line 1: 3920 S MERIDIAN ST  
Street Address/Route Number Line 2: APT 11  
A: City: INDIANAPOLIS  
State/Province: INDIANA  
Postal Code: 46217-3340

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Q: Mailing Address

Country: United States  
Street Address/Route Number Line 1: 3920 S MERIDIAN ST  
Street Address/Route Number Line 2: APT 11  
A: City: INDIANAPOLIS  
State/Province: INDIANA  
Postal Code: 46217-3340

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Q: Principal Place of Business Telephone Number

A: US ( 765 ) 678-2345 Ext:

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Q: Employer Identification Number (EIN) or Social Security Number (SSN)

A: SSN : 851020554

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Q: Form of Business (Select the business form that applies)

A: Limited Liability Company

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Q: Ownership and Control

A: Owned/controlled by citizen of U.S.

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Q: Name and Titles of the Sole Proprietor, Partners, or Others

Company Contact: true  
First Name: MAITE  
Middle Name:  
Last Name: LLERENA GUTIERREZ  
A: Suffix:  
Title: OWNER  
Email: ysaeldiaz8@gmail.com  
Telephone Number: US ( 765 ) 678-2345

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Q: Company Contact Address

Country: United States  
Street Address/Route Number Line 1: 3920 S MERIDIAN ST  
Street Address/Route Number Line 2: APT 11  
A: City: INDIANAPOLIS  
State/Province: INDIANA  
Postal Code: 46217-3340

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Q: Is the Applicant a Unit of Government ?

A: No

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Operation Classification Summary

Q: Will the Applicant operate as an Intermodal Equipment Provider?

A: No

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Q: Will the Applicant transport Property?

A: Yes

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Q: Will the Applicant receive compensation for the business of transporting the property belonging to others?

A: Yes

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Q: What type of Property will the Applicant transport?

A: Other Non-Hazardous Freight

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Q: Will the Applicant transport Non-Hazardous Materials across state lines, otherwise known as Interstate Commerce?

A: Yes

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Q: Will the Applicant transport their own property ?

A: No

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Q: Will the Applicant transport any Passengers ?

A: No

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Q: Will the Applicant provide Property or Household Goods (HHG) Broker services?

A: No

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Q: Operation Classification Type

A:

Q: Operation Type

A:

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Q: Will the Applicant provide Freight Forwarder services?

A: No

Q: Will the Applicant operate a Cargo Tank Facility ?

A: No

Q: Will the Applicant operate as a Driveaway ?

A: No

Q: Will the Applicant operate as a Towaway ?

A: No

Q: Please select all classifications of cargo that the Applicant will transport or handle.

A: General Freight

Q: Operating Authority

A:

### Vehicles Summary

What type of motor vehicle(s) will the Company operate with a Gross Vehicle Weight Rating, Gross Combination Weight Rating, Gross Vehicle Weight or Gross Combination Weight greater than or equal to 10,001 pounds?

	Owned	Term Leased	Trip Leased	Tow / Driveway	Serviced
A:	4	0	0	0	
	0	0	0	0	
	0	0	0	0	
	0	0	0	0	0

Please provide the number of vehicles that the Entity will operate in Canada or Mexico with a Gross Vehicle Weight Rating, Gross Combination Weight Rating, Gross Vehicle Weight or Gross Combination Weight greater than or equal to 10,001 pounds.

A: Canada: 0

A: Mexico: 0

Q: Please provide the number of Commercial Motor Vehicles the Applicant will operate solely in Interstate Commerce.

A: 4

Q: Please provide the number of Commercial Motor Vehicles the Applicant will operate solely in Intrastate Commerce.

A: 0

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Q: Non-CMV Property

A: 0

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#### Drivers Summary

Q: What are the number of drivers who will operate as Interstate?

A: Within a 100 Air-Mile Radius: 0  
Beyond a 100 Air-Mile Radius: 4

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Q: What are the number of drivers who will operate in Canada or Mexico?

A: Canada: 0  
Mexico: 0

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Q: What are the number of drivers who will operate solely as Intrastate?

A: Within a 100 Air-Mile Radius: 0  
Beyond a 100 Air-Mile Radius: 0

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Q: What are the number of drivers with a Commercial Driver's License (CDL), Licencia Federal de Conductor (LFC), or a valid Canadian License Class 1, 2, 3, or 4 (or Class A, B, C, or D if licensed in Ontario)?

A: 0

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#### Financial Responsibility Summary

FMCSA has determined the Applicant will operate For Hire Property Carrier General Freight. The Company's estimated financial responsibility minimum for

Q: Bodily Injury and Property Damage (BI&PD) Liability is \$750,000

Please click [Next](#) to proceed.

A: 1~6

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In the Operation Classification section of this application, you specified the entity will be transporting  
Q: Property Interstate and for Compensation. Will any of this property get transported in vehicles  $\geq 10,001$  pounds?

A: Yes

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#### Affiliation With Others Summary

Does the Applicant currently have, or has had within the last 3 years of the date of filing this application,  
Q: relationships involving common stock, common ownership, common management, common control or familial relationships or any other person or applicant for registration?

A: No

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#### Certification Statement Summary

**Q: Certification Statement Oath**

I, MAITE, LLERENA GUTIERREZ and OWNER, certify that I am familiar with the Federal Motor Carrier Safety Regulations and, if applicable, the Federal Hazardous Materials Regulations, and the Federal Motor Carrier Commercial Regulations. Under penalties of perjury, under the laws of the United States of America, I certify that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. Â§ 1001 by imprisonment up to 5 years and fines up to \$250, 000 for each offense. Additionally, these statements are punishable as perjury under 18 U.S.C. Â§ 1621, which provides for fines up to \$250, 000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat.4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002(d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. Â§ 826).

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**Compliance Certifications Summary**

Does the Applicant certify it is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements?

A: Yes, I Certify

Does the Applicant certify it is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request? Applicant understands that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent?

A: Yes, I Certify

Does the Applicant certify it is not currently disqualified from operating commercial motor vehicles in the United States?

A: Yes, I Certify

Does the Applicant certify it understands that the agent(s) for service of process designation will be deemed the applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. § 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations?

A: Yes, I Certify

Does the Applicant certify that the carrier is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing the application?

A: Yes, I Certify

Q: If the Applicant's registration is currently revoked, does the Applicant certify the deficiencies cited in the revocation proceeding have been corrected?

A: Yes, I Certify

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Q: Electronic Signature (Applicant's First Name and Last Name)

A: MAITE LLERENA GUTIERREZ

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#### Applicants Oath Summary

FMCSA requires the owner, authorized company official, or a duly appointed power of attorney (an individual designated by formal legal document to act as an agent on behalf of an authorized individual) to sign the Applicant's Oath certifying that all information supplied in this application or relating to this application is

Q: true and correct. If completed by a duly appointed power of attorney, the power of attorney designation document must be uploaded before the application may be submitted.

Please click [Next](#) to proceed.

A: 10|SOCIAL LLERENA.pdf|Power of Attorney

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Q: First Name

A: MAITE

Q: Last Name

A: LLERENA GUTIERREZ

Q: Title

A: OWNER

Q: E-Signature (Applicant's First Name and Last Name)

A: MAITE LLERENA GUTIERREZ

Q: Date

A: 08/15/2025

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#### Payment Info Summary

FMCSA has determined the Applicant will operate as \$Operation\_Classification . To proceed with submitting Q: the Applicant's application an application fee of \$Dollar\_Amount is required.

Please click [Next](#) to proceed.

A: 300

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