



West Consult

Your trusted partner for ticket resolution and business setup—simplifying challenges, maximizing opportunities

Motor Carrier Identification Report (MCS-150)

Company Information:

PRESIDENT'S FIRST AND LAST NAME:

COMPANY NAME: -----

EMAIL ADDRESS: -----

PHONE NUMBER: -----

PIN FOR DOT: -----

MC DOT NUMBER: ----- FEDERAL ID: -----

NUMBER OF DRIVERS WITH A CDL: ___ NUMBER OF DRIVERS WITHOUT A CDL: ___

NUMBER OF TRUCKS OWNED: ___ NUMBER OF TRUCKS LEASED: ___

CARRIER MILEAGE FOR LAST 12 MONTHS: ----- NUMBER OF TRAILERS: ___

Payment Information:

CREDIT CARD NUMBER: -----

NAME ON CARD: -----

EXPIRATION DATE: -----

CVC CODE: -----

BILLING ZIP CODE: -----