The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399.

Public reporting for this collection of information is estimated to be 20 minutes (and 7.5 minutes for the biennial updates) per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-0013. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MBI, U.S. Department of Transportation, Washington, D.C. 20590.

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United States Department of Transportation Federal Motor Carrier Safety Administration

Motor Carrier Identification Report (Application for USDOT Number)

FORM MCS-150

REASON FOR FILING (sele	ect only one): Biennial Update or Changes (Out of Business Notification	Reapplication (after r	revocation of new entrant)
1. LEGAL BUSINESS NAMI	E: DUP HOPE AME (if different from Legal Busines)	C Transportat	ion Ll	<u> </u>
3-7. PRINCIPAL PLACE OF 4242 KATY 3. STREET ADDRESS/ROUT	HOCKICY CUT OF TENUMBER JA. CITY		77493 6. ZIP CODE 7.	COLONIA (Mexico only)
8-12. MAILING ADDRESS: 3534 OAKV 8. STREET ADDRESS/ROUT	<u> 200 a Canyon</u>	Mailing address below: ON CYPTESS TX 10, STATE/PROVINCE	77433 11. ZIP CODE 12	c. COLONIA (Mexico only)
13-15. CONTACT NUMBER 32. 270. 13. PRINCIPAL BUSINESS P	3241	CONTACT CELL PHONE NUMBER	15. PRINCIPAL BU	SINESS FAX NUMBER
16-19. IDENTIFICATION NO. 2891653 16. USDOT NUMBER 20. E-MAIL ADDRESS: 10	974594	DUN & BRADSTREET NUMBER	19. IRS/TAX ID NU. (see instructions befor	MBER re completing this section)
	arest 10,000 miles for the previous	12 months):50,00	0	
22. COMPANY OPERATIONS	(check all that apply):			
A. Interstate Carrier	D. Intrastate Hazinat		erstate Hazmat ipper	E. Intrastate Hazmat Shipper
23. OPERATION CLASSIFICAT	TIONS (check all that apply):			
A. Authorized For-Hire	D. Private Motor Carrier of Passengers (Business)	G. U.S. Mail	L. Other:	
B. Exempt For-Hire C. Private Property	E. Private Motor Carrier of Passengers (Non-Busines F. Migrant	H. Federal Government I. State Government J. Local Government		
	gruin	K. Indian Tribe		

24. CARGO	CLASSIFICATIONS	(check all that apply):
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A. General Freight	I. Machinery, Large Objects	Q. Coal/Coke	Y. Paper Product
B. Household Goods	J. Fresh Produce	R. Meat	Z. Utility
C. Metal: Sheets, Coils, Rolls	K. Liquids/Gases	S. Garbage, Refuse, Trash	AA. Farm Supplies
D. Motor Vehicles	L. Intermodal Container	T. U.S. Mail	BB. Construction
E. Drive Away/Towaway	M. Passengers	U. Chemicals	CC. Water Well
F. Logs, Poles, Beams, Lumber	N. Oil Field Equipment	V. Commodities Dry Bulk	OD. Other
G. Building Materials	O. Livestock	W. Refrigerated Food	Steel pipes
H. Mobile Homes	P. Grain, Feed, Hay	X. Beverages	Shorpipes

25. HAZARDOUS MATERIALS (Carrier or Shipper) (check all that apply):

(C=Carrier; S=Shipper; B=Bulk, in cargo tanks; NB=Non-Bulk, in packages)

C S	B NB C S	B NB C S B NB
A. DIV 1.1	O. DIV 2.3D	CC. DIV 6.2
B. DIV 1.2	P. CLASS 3	DD. CLASS 7
C. DIV 1.3	Q. CLASS 3A	EE. HRCQ
D. DIV 1.4	R. CLASS 3B	FF. CLASS 8
E. DIV 1.5	S. COMB LIQ	GG. CLASS 8A
F. DIV 1.6	T. DIV 4.1	HH. CLASS 8B
G. DIV 2.1 (Flam. Gas)	U. DIV 4.2	II. CLASS 9
H. DIV 2.1 LPG	V. DIV 4.3	JJ. ELEVATED TEMP. MAT.
I. DIV 2.1 (Methane)	W. DIV 5.1	KK. INFECTIOUS WASTE
J. DIV 2.2	X. DIV 5.2	LL. MARINE POLLUTANTS
K. DIV 2.2D (Ammonia)	Y. DIV 6.1A	MM. HAZARDOUS SUB (RQ)
L. DIV 2.3A	Z. DIV 6.1B	NN. HAZARDOUS WASTE
M. DIV 2.3B	AA. DIV 6.1 POISON	OO. ORM
N. DIV 2.3C	BB. DIV 6.1 SOLID	

26. NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.:

	Straight			Hazmat	Hazmat		Num	ber of vel	hicles car	rrying n	umber of	passenge	rs (inclu	ding the d	river)
		Truck		Cargo Tank	Cargo Tank	Motor-		School Bu	18	Bus	Passen	ger Van]	Limousin	e
	Trucks	Tractors	Trailers	Trucks		coach	1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+
Owned		1	1												
Term Leased		•													
Trip Leased															

27. DRIVER INFORMATION:

DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius	0	0	1	1
Beyond 100-Mile Radius	1	0	7	1

20	S YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE EMCSA:	•

		- · · · · · · · · · · · · · · · · · · ·
Yes	No	If yes, enter your USDOT Number:

29. COMPLIANCE CERTIFICATION:

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

YES

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's Web site at www.fmcsa.dot.gov/rules.regulations/bus/company/ada-guidelines.htm.

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31. CERTIFICA	ATION STATEME	NT (to be complete	ed by authorized of	ficial):			
1, Jose (please type or)	Gonzal	lZ, certify	y that I am familia	ar with the Federal M	otor Carrier Safety	Regulations and/or	Federal
Hazardous Ma	terials Regulatio	ns. Under penaltie	es of perjury, I de	clare that the inform	ation entered on t	his report is, to the b	est of m
knowledge an	d belief, true co	rrect, and complet	te.	2000		inlay li	7
Signature: _)	Title:	ONTHI (please type or print)	Date:	12/26/1	<i>T</i>
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