

# FMCSA Motor Carrier

USDOT Number: **3031385**  
Docket Number: **MC039578**  
Legal Name: **KAYCEE SKYEAGLE**  
DBA (Doing-Business-As) Name **SKYBOYS TRUCKING**



## Addresses

Business Address: **16100 CAIRNWAY DR SUITE 335  
HOUSTON, TX 77084**  
Business Phone: **8323354098** Business Fax:  
Mail Address: **16100 CAIRNWAY DR SUITE 335  
HOUSTON, TX 77084**

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>YES</b>	
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>YES</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$750,000</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>NO</b>	Bond on File:	<b>NO</b>
Blanket Company:	<b>TRUCKERS NATIONWIDE INC</b>						

## Comments:

## Active/Pending Insurance:

Form:	Type:	Posted Date:	
Policy/Surety Number:	Coverage From:	<b>\$0</b>	To: <b>\$0</b>
Effective Date:	Cancellation Date:		

## Rejected Insurances:

Form:	Type:		
Policy/Surety Number:	Coverage From:	<b>\$0</b>	To: <b>\$0</b>
Received:	Rejected:		
Rejected Reason:			

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## Insurance History:

Form:	Type:	Coverage From	\$0	To:	\$0
Policy/Surety Number:		To:	Disposition:		

Insurance Carrier:

Attn:

Address:

Telephone:

Fax:

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
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## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3
MOTOR PROPERTY COMMON CARRIER	07/25/2017	Accepted	Not OK	OK

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
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