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United States Department of Transportation
Federal Motor Carrier Safety Administration

FMCSA — Office of Registration & Safety Information
6th Floor, 1200 New Jersey Ave. SE, Washington, DC
Fax: (202) 366-3477 (Licensing)
(202) 385-2422 (Insurance)
Customer Service: (800) 832-5660

FMCSA Office of Registration and Safety Information
Motor Carrier Records Change Form

FORM MCSA-5889

Name and address changes and reinstatements of operating authority can be requested on our web site at https://li-public.fmcsa.dot.gov/LIVEWZ_PKG_REGISTRATION.pic.html (supporting documents must be submitted separately). If you do not have access to the Internet you may submit this form to the above address or fax to 202-366-3477. There is no fee for an address change, but name changes cost \$14 and reinstatements \$80. For more assistance with these transactions and other Registration, Licensing and Insurance functions (including transfers of operating authority), see the FAQs at <http://www.fmcsa.dot.gov/faqs>.

Please submit all the requested data in Section A as represented in your current DOT records. Changes can be indicated in Section B for address changes, Section C for name changes, and Section D for Reinstatements. Credit card information can be submitted in Section E. Any partially-submitted data will be kept for 30 days. If the rest of the information is not submitted within that time, the submitted data will be discarded. **FMCSA cannot make any changes until all required data is supplied.**

**Section
A**

ALL MUST COMPLETE

01/31/17

TODAY'S DATE

REQUESTOR'S FAX NUMBER (include area code)

ingafirstcallintermodal.co
REQUESTOR'S E-MAIL ADDRESS (if any)

MOTOR CARRIER IDENTIFICATION INFORMATION:

ACA Trucking

CURRENT LEGAL NAME (personal, partnership, or corporation)

846396

2451752

DOCKET/MC NUMBER

DOT NUMBER

MX NUMBER: (MX only)

CURRENT "DOING BUSINESS AS NAME" (if different from legal name)

ACA Trucking

RFC NUMBER: (MX only)

FF NUMBER: (freight forwarders only)

ADDRESSES (as currently listed in FMCSA systems):

19327 Cypress Peak Ln

STREET ADDRESS

Katy

CITY

TX

77449

(346)313-3277

TELEPHONE NUMBER
(include area code)

PHONE NUMBERS:

(346)313-3277

CURRENT BUSINESS NUMBER
(include area code)

CURRENT CELL PHONE
NUMBER (include area code)

APPLICANT/REPRESENTATIVE SIGNATURE:

Form was completed by:

Applicant

Representative

Armando Cabrera

NAME (print or type)

Owner

TITLE

SIGNATURE

**Section
B**

ADDRESS CHANGES ONLY

Submit Address Change Requests to FMCSALicensing@dot.gov or fax to (202) 366-3477.

MX Carriers only:

I am enclosing a copy of my
Tarjeta de Circulacion (required).

NEW STREET ADDRESS

NEW CITY

NEW STATE/COUNTRY

TELEPHONE NUMBER
(include area code)

ZIP CODE

Section**C****NAME CHANGES ONLY**

*Is there any change in ownership, management, or control of the company? Are you a Mexican carrier?
Submit Name Change Requests to FMCSALicensing@dot.gov or fax to (202) 366-3477.*

Yes — if you answer yes to one of the questions, you must report a transfer of authority or select one of the options in the next box:

No — there is no change in ownership; skip the next box and enter new name below it:

I am making one of the following changes which does not require a transfer (select one) but does require documentation (include with form submission):

Addition or deletion of close blood relatives, i.e., child, spouse, or sibling (*notarized letter enclosed*)

Addition of partner through marriage (*marriage license enclosed*)

Changes to existing corporation (*copy of articles of incorporation from the state government enclosed*)

Deletion of partner through death (*copy of death certificate enclosed*)

Deletion of spouse due to divorce (*copy of divorce agreement enclosed*)

Incorporating (*copy of articles of incorporation from the state government enclosed*)

I am an MX carrier and am also enclosing a copy of my *Tarjeta de Circulacion*

Armando Cabrera ACA TRUCKING

NEW LEGAL NAME
(personal, partnership, or corporation)

NEW "DOING BUSINESS AS NAME"
(if different from legal name)

I authorize the Federal Motor Carrier Safety Administration to charge \$14 to the credit card below for this name change.

I have attached payment in the amount of \$14 in the form of a check or money order, payable to FMCSA, to the address in Section E.

Section**D****REINSTATEMENT OF OPERATING AUTHORITY ONLY**

Submit Reinstatements to FMCSAREinstatements@dot.gov or fax (202) to 385-2422.

I would like to reinstate the following authority(s):

Motor carrier operating authority

Broker authority

Freight Forwarder authority

Please check the box to indicate your assent to this statement:

I understand that reinstatements may not be processed immediately. It is the responsibility of the motor carrier to ensure that they are in full compliance with all FMCSA regulations prior to beginning interstate operations. More instructions can be found at www.fmcsa.dot.gov/FAQ.

AND check one of the following options:

I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I understand that the credit card below will be charged \$80, and that this Authorization will be stored electronically with the credit card number obscured, except for the last four numbers.

I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I have attached payment of \$80 in the form of a check or money order, payable to FMCSA, to the address in section E.

Section**E****PAYMENT: NAME CHANGES
AND REINSTATEMENTS ONLY**

Pursuant to 49 CFR 360.3(c), fees are not refundable. After the application or document has been accepted for filing by the FMCSA, the filing fee will not be refunded, regardless of whether the document is granted or approved, denied, rejected, dismissed or withdrawn.

372742023677559

CREDIT CARD NUMBER

VISA

American Express

MasterCard

Discover

11/21

EXPIRATION DATE

PAYMENT:

\$14 (Name Change)
\$80 (Reinstatement)

Armando Cabrera

NAME ON CARD

TX

STATE/PROVINCE

19327 Cypress Peak Ln

Katy

BILLING ADDRESS

77449

ZIP CODE

SIGNATURE

Armando

DATE

03/17

I am paying with a check or money order, which I will send with this form to:

Regular mail:
Federal Motor Carrier Safety Administration
P.O. Box 530226
Atlanta, GA 30353-0226

Overnight express mail:
Bank of America
Lockbox Number 530226
1075 Loop Road
Atlanta, GA 30337