

**Texas Department of Public Safety
Carrier History Questionnaire**

Basic Carrier Information

Legal Name of Your Business			
Doing Business As (dba) name			
When did the company start doing business?			
Business Organization: <input type="checkbox"/> Incorporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partner <input type="checkbox"/> Sole Proprietor			
Where and when incorporated (if applicable) - State:		Date of Incorporation:	
First date of: intrastate operations (If applicable)		interstate operations (If applicable)	
Carrier Classification (Check all that apply)		<input type="checkbox"/> Exempt for Hire <input type="checkbox"/> Business Private Passenger <input type="checkbox"/> Other (Specify All)	
<input type="checkbox"/> Private Property <input type="checkbox"/> Authorized for Hire <input type="checkbox"/> Private Passenger		<input type="checkbox"/> Non-business Migrant <input type="checkbox"/> U.S. Mail	
Gross Revenue: \$		For fiscal Year Ending (month) (day) (year)	
Annual Fleet Mileage: miles		If you have been operating less than 12 months, how many months does this mileage figure represent?	
USDOT Number		Effective Date	
MC/MX Number		Effective Date	
TXDMV Number		Effective Date	
Federal Tax ID Number (SSN or EIN)		State Tax ID Number	

Carrier Contact Information

Physical Address	
Mailing Address (if different)	
Phone Number(s)	
FAX Number(s)	
E-mail Address(es)	

Insurance

Name of Insurance Company	
Policy Number	
Amount of Coverage (in dollars)	
Agent Name/Phone Number	

Commercial Motor Vehicle(s)

Enter the number of vehicles your fleet has for each category below.							
	Straight Trucks	Truck Tractors	Trailers	HM Cargo Tank Trucks	HM Cargo Tank Trailers	Motor Coaches	School Bus 1-8 Passenger
Owned							
Leased							
Trip Leased							
	School Bus 9-15	School Bus 16+	Mini-bus 16+	Van 1-8	Limousine 1-8	Limousine 9-15	Limousine 16+s
Owned							
Leased							
Trip Leased							

Commercial Motor Vehicle Driver(s)

Current Driver Information			Average # of CDL Drivers for Previous Calendar Year	
	Interstate	Intrastate	Jan - Mar	
Less than 100 air-mile radius			April - June	
Greater than 100 air-mile radius			July - Sept	
Number of CDL Drivers			Oct - Dec	
Avg. # trip lease driver per month			Annual Average	

Cargo - List general categories of items transported

We/I carry Passengers (circle:) Yes / No	We/I carry Hazardous Materials (HM) (circle:) Yes / No	

Alcohol and Drug Testing Program

Drug Testing Consortium (if any)	
Address	
Telephone Number	
If you are not using a Consortium / Third Party Administrator (C/TPA) for random testing	
How are CDL drivers randomly selected in a scientifically valid method?	
Drug Testing Laboratory	
Lab Phone Number	
Medical Review Officer (MRO)	
MRO Phone Number	

Carrier Personnel

Carrier Official(s)	Title(s)

Management Procedures in place for ensuring Safe Operations (continued)

Does your company have a copy of the Federal Motor Carrier Safety Regulations (circle one:)? Yes / No	
If Yes, where is it kept?	
Who is responsible for monitoring Driver Qualification (DQ) Files?	
Where are these records kept?	
Who is responsible for monitoring Drivers' Hours of Service Records?	
Where are these records kept?	
Who is responsible for monitoring Vehicle Maintenance Records?	
Where are these records kept?	
Who is responsible for monitoring the Accident Log & Accident Records?	
Where are these records kept?	
Who is responsible for monitoring Hazardous Materials (HM) compliance?	
Where are these records kept?	
Mark all that apply: We use - <input type="checkbox"/> Records of Duty Status (Logs) <input type="checkbox"/> Time Cards - to record hours of service.	

Who provided this information?

Printed Name	Signature
Title	Date

(Carrier's Name)

DRIVERS LIST (Page ____ of ____)

[illegible]

Company Official Signature	Title	Date
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(Carrier's Name) USDOT #

<u>Unit #</u>	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>LP#</u>	<u>VIN</u>	<u>Weight in Pounds</u>	<u>GVWR</u>	<u>Registered</u>	<u>Date</u>	<u>Date</u>	<u>State</u>	<u>Registration</u>
									<u>Acquired</u>	<u>Disposed</u>		<u>Effective</u>
										<u>of</u>		<u>Expire</u>

[illegible]

Company Official Signature

Date