

## AUTHORITY QUESTIONNAIRE

<p><b>How did you find out about us?</b> Please be specific:</p>	<p><b>Insurance Information:</b></p> <p>Provide company name, agent name, address &amp; phone</p>
<p><b>Legal Business Name:</b></p>	<p><b>Doing Business As Name:</b></p>
<p><b>Business Address:</b></p>	<p><b>Business Telephone:</b></p>
	<p><b>Business Fax:</b></p>
<p><b>Mailing Address</b> if different than above:</p>	<p><b>County of residence:</b></p>
	<p><i>If insurance is other than Brands attach a certificate of insurance.</i></p>
<p><b>US DOT #:</b> <b>MC#:</b></p>	<p><b>PUCO:</b> <b>KYU:</b></p>
<p><b>SSN:</b> <b>FEIN:</b></p>	
<p><b>FORM OF BUSINESS:</b> Sole Proprietorship    <input type="checkbox"/> _____ → Partnership:            <input type="checkbox"/> _____ →  Corporation:            <input type="checkbox"/> What is the state you became incorporated in? _____</p>	<p>Name of Individual: Identify Partners and social security numbers:</p>
<p><b>Type of Authority you are applying for:</b></p> <p><input type="checkbox"/> Motor Contract Carrier of Property     Except Household Goods</p> <p><input type="checkbox"/> Motor Contract Carrier of Household Goods</p>	<p><input type="checkbox"/> Broker of Property     Except Household Goods</p> <p><input type="checkbox"/> Broker of Household Goods</p>
<p>Will you be hauling Hazardous Materials? Will you be hauling Household Goods?</p>	
<p><b>Would you like WCP to set up SSRS/ UCRA &amp; IFTA on your behalf?</b></p>	<p>If you already have an IFTA account provide acct #:  <b>Base Plate State:</b> _____</p>
<p><b>How many trucks do you haul with?</b> <b>Commodities hauled?</b></p>	<p><b>What states will you travel through?</b></p>
<p><b>Empty weight of each tractor:</b></p> <p><b>Gross vehicle weight of each tractor:</b></p>	<p><b>Is tractor owned or leased?</b> If leased provide name and address of owner:</p>

\*\*\*In order to process your paperwork we must have a copy of IRP registration/cab card for each tractor