TRANSFER OF OPERATING AUTHORITY

Federal Motor Carrier Safety Administration – Licensing Team
6th Floor, 1200 New Jersey Ave. SE, Washington, DC

PLEASE FILL OUT ALL RELEVANT FIELDS!

Today's Date	Date of Transfer:	Requestor's fax number:
Authorized Representative name (if any):		Authorized Representative no. (if any):
Authorized Representative address (if any):		Authorized Representative e-mail address (if any):

OPERATING AUTHORITY IDENTIFICATION INFORMATION

MC number (Docket number):	MX number: (MX carriers only)	FF number: (Freight Forwarders only)

TRANSFEREE/TRANSFEROR INFORMATION

Seller	Buyer
Transferor name:	Transferee name:
Transferor company name:	Transferee company name:
Transferor street address:	Transferee street address:
Transferor business no.: ( )	Transferee business no.: ( )
Transferor cell no.: ( )	Transferee cell no.: ( )
Transferor fax no.: ( )	Transferee fax no.: ( )
Transferor e-mail:	Transferee e-mail:

MCS-150 INFORMATION

Transferor: ❑ I have enclosed an MCS-150 Form deactivating my current USDOT number (see below for link to form)	Current USDOT number:
Transferee: ❑ I already have a USDOT number which I wish to associate with the new MC number Or: ❑ I do not have a USDOT number and have enclosed an MCS-150 Form requesting one (see below for link to form)	Current USDOT number (if any):

AUTHORIZED BY

Authorized Representative signature (if any):	Date:
Transferor signature:	Date:
Transferee signature:	Date:

MCS-150 Form: http://www.fmcsa.dot.gov/documents/forms/r-l/MCS-150-Instructions-and-Form.pdf

More information in the Transfer FAQs: http://www.fmcsa.dot.gov/registration-licensing/transfer-oa-Faqs.aspx