

Keepin Trucks on the Road

I have enclosed information that we need completed and returned to us in its entirety in order for us to get your DOT # and other accounts opened and keep your company in DOT compliance. All information must be completed and signed before we can start the process.

There is also a service agreement, sign and return it to us so we can put it on your trucking file. Please keep the Schedule of deadlines and payment policy for your records.

If you are crossing state lines, you will need IRP plates and we must prove NM residency. A list has been provided of what must be sent in to Santa Fe for this purpose. A phone bill, a utility bill, a bank statement, or other documents. These documents cannot be over 60 days old.

Also enclosed is a Tax Information Authorization form that needs to be signed. This form has been provided by the state of NM that authorizes us to access your IRP/WD/IFTA accounts on line in the NM TAP program. This is the website where we file all your WD/IFTA taxes and complete your IRP renewals or supplements.

TCP POA, is only needed if we do title work for you. We keep it on file for that purpose. Please send a copy of the owner's drivers license.

I want to take this time to say THANK YOU for your support and continued business relationship. It is my goal to provide you with the best possible service and if you should ever have any questions or concerns please contact me or Dianna at 575-935-8770 or 575-799-6733.

Sincerely,

Peggy Burns, owner
Peggy Burns, owner

Trucking Compliance & Permitting LLC

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SCHEDULE OF DEADLINES AND PAYMENT POLICY

IRP/FRP Renewal- TCP will notify the company the month prior to IRP/FRP expiration date. All IRP/FRP fees (setup- \$175.00) are paid on line with said company's credit card or by said company's cashier's check. Company will be invoiced upon completion of renewal (yearly- \$130.50-150.00). Supplements- \$92.50-120.00)

WD and/or IFTA Taxes- TCP will file taxes on the quarterly basis as required by the state; we will notify all companies the last month of that quarter by invoice. All taxes are filed on-line and are paid directly out of company's checking account. Company will be invoiced prior to filings and invoice must be paid before taxes will be filed. WD setup- \$75. IFTA setup- \$42.50. Quarterly tax filing for both- \$167.50. WD filing only- \$75.

2290- TCP will file for 2290's in the months of July and August. The company will be notified of such with the 2nd Quarter tax invoice. The 2290 is paid out of company's checking account. Company will be invoiced prior to filings and invoice must be paid before 2290 will be filed (\$75.00 each). (24 trucks or over- \$160.00).

WD Permits/ IFTA Decals/UCR- TCP will notify company's in November, all permits/decals and UCR must be completed by December 31st of every year. All are paid directly out of company's checking account. Company will be invoiced prior to filings and invoice must be paid before service will be provided (\$100 once a year).

DOT Updating- All IRP/FRP accounts will have their DOT updated every year at renewal(\$27.50 yearly). WD accounts will be notified by letter for permission to update their DOT.

PRC Warrant- TCP will file the required application upon receiving all required information and signatures. TCP will request from company's the required information and signatures, after the 2nd request all PRC paperwork will be returned to Company as unable to process. Company will be invoiced prior to filings and invoice must be paid before process will begin. Setup- \$150.00.

PRC Warrant Annual Update- Upon receiving PRC Annual update forms from company, TCP will file required reports (\$25.00 per year).

DQ Files- TCP will set up company's DQ files to DOT regulations. The company is required to provide all requested information in a timely matter. For file set up, company will be invoiced upon notification of new driver and invoiced in December for yearly driving records. Setup- \$100.00. Yearly Driving record- \$59.00 a year

ALL Invoices must be paid in full prior to any services being provided, with the exception of IRP/FRP Renewals.

This is our service fees only. Additional fees may apply. **All prices subject to change without notice.**

INFORMATION FOR NEW ACCOUNTS

Company Name _____

Is this a DBA? If yes specify: _____

Mailing address: _____

Physical address: _____

Office Phone # _____ Fax # _____

Owner Name: _____ Phone: _____

Office Manager: _____ Phone: _____

Primary Contact: _____ Phone: _____

Email address: _____

Insurance Company: _____ Phone: _____

How is your company classified with the IRS? **Individual** **Partnership** **Corporation** **LLC**

Please provide copies of **Corporation**, **Partnership**, or **LLC papers** if applicable.

Fed ID #: _____ CRS #: _____

Owners Social Security #: _____

Please provide the following information. If you do not have the numbers needed, we will get them for you.

DOT #: _____ US or NM: _____

MC #: _____ Pin #: _____

IRP #: _____ NM, TX or other: _____

NM WD #: _____ IFTA #: _____

TX DOT #: _____ Pin #: _____

PRC #: _____

WILL YOU CROSS STATE LINES? Yes No

What do you haul? Please list all items you haul.

FOR HIRE? yes NO
Private property? yes NO

Do you carry Hazmat Materials? Yes No If yes, please request additional information

If yes, what type? _____

How many trucks do you have? _____ Gross weight of trucks? _____

Are your trucks: Owned _____ or Leased _____

Will they go to Mexico or Canada? Yes No

Are you a Towing Company? Yes No

How do you purchase your fuel? Bulk On Site At a Pump

NEED PROOF OF INSURANCE ON EACH AND EVERY TRUCK. PLEASE ENCLOSE WITH REQUIRED DOCUMENTS.

How many drivers do you have?

Drivers who are Non CDL (under 10,000 lbs) _____

Drivers who are CDL drivers _____

Do you have a DOT regulated DQ files set up for these drivers? Yes No

If no, do you want us to set up DQ files for you? Yes No

If yes please provide a copy of driver's license and medical cards on each driver. You will be given an application for each driver to fill out as well. It is DOT(FMCSA) regulations that every drive have a DQ file, separate from the employment file.

ALL PAGES MUST BE COMPLETELY FILLED OUT, ALL QUESTION'S ANSWERED AND SIGNED BEFORE WE WILL COMPLETE THE PROCESS.

The following questions, are asked when we apply for a DOT# and/or TX DOT. Please answer ALL questions!
We will not apply for your authority until all are answered. If you already have DOT authority please disregard.

Is your company a unit of the Government? ☐ Yes ☐ No

Is your company Owned/controlled by a US Citizen? ☐ Yes ☐ No

Canada? ☐ Yes ☐ No Mexico? ☐ Yes ☐ No

Other Foreign Country? ☐ Yes ☐ No If yes, specify _____.

List Names and titles of ALL Owners, officers, partners.

_____.

_____.

Do you currently have, or have had with in the last 3 years relationships involving common stock, ownership, management, control, or familial relationship with any FMCSA(DOT) or TX DOT regulated entities?

☐ Yes

☐ No

If Yes, specify _____

_____ Company Name _____ DOT# or TX DOT #

Have they or you ever been disqualified from operating in the US? _____ Texas _____

Do you certify that you maintain current copies of or have access to all US DOT FMCSA regulations and will comply with all said regulations?

☐ Yes, I certify

Do you certify that you have in place a system/procedure for ensuring qualifications of drivers to operate safely, including a safety record for each driver, procedures for verifying age, and licensing of each driver, and for identifying drivers who do not comply with DOT(FMCSA) regulations and a description of retraining and educational programs for poorly performing drivers?

Do you certify you have procedures in place to review driver's employment and driving histories for at least 3 years?

Do you review driving records every 12 months for all drivers?

Do you certify that all of your drivers are at least 21 years of age and possess the appropriate licensing for the type of vehicle and commodity being transported before hiring?

Do you certify you have in place a record keeping service and procedures to monitor the hours of service performed by drivers, including continuing review of log books, and compliance with all regulations? Ensure drivers knowledge of hours of service, preparing daily log books, and drivers will operate within the hours of service rules and are not fatigued while on duty?

Do you certify you are familiar with the alcohol and controlled substance testing requirements of the DOT(FMCSA) and have in place a program for the testing of drivers (enrolled in a drug consortium)?

☐ Yes, I certify

Do you certify you have a established system/procedures for inspections, repairs and maintenance of your trucks in a safe condition and maintain records of inspection, repair and maintenance in accordance with DOT(FMCSA) regulations?

Do you have proof the vehicles have been inspected by a DOT certified inspector, will be inspected yearly and proof of said inspection is in the vehicle?

Do you certify you will ensure that all vehicles operated in the US were manufactured or retrofitted in compliance with DOT(FMCSA) standards?

Do you certify that you have in place a system/program for monitoring accidents and will maintain accident registers? And will have driver training programs to reduce accidents?

Do you certify that you will produce said records within 48 hours of receipt of a request from the DOT(FMCSA) or state official?

___ Yes, I certify

APPLICANT'S OATH

50. This oath applies to all supplemental filings to this application. The signature must be that of an authorized official of the applicant, not the legal representative.

I, _____, verify under penalty of perjury, under the laws of the United States of America,
(PRINT NAME)

that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862).

Signature _____ Title _____ Date _____



COMPLIANCE CERTIFICATIONS

49. By signing these certifications, the certifying official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for examination of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the authority granted.

1. Does the Applicant certify it is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements?

☐ Yes, I Certify

2. Does the Applicant certify it is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request? Applicant understands that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent?

☐ Yes, I Certify

3. Does the Applicant certify it is not currently disqualified from operating commercial motor vehicles in the United States?

☐ Yes, I Certify

4. Does the Applicant certify it understands that the agent(s) for service of process designation will be deemed the applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U.S.C. § 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations?

☐ Yes, I Certify

5. Does the Applicant certify that the carrier is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing the application?

☐ Yes, I Certify

6. Does the Applicant certify it has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code?

☐ Yes, I Certify

TO BE COMPLETED ONLY BY A MEXICO-DOMICILED MOTOR CARRIER

7. Does the Applicant certify it has paid all taxes owed under section 4481 of the U.S. Internal Revenue Service (26 U.S.C. § 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code?

☐ Yes, I Certify

Signature

NOTE: All motor carriers operating within the United States, including foreign-domiciled motor carriers applying for USDOT registration by this form, must comply with all applicable Federal, State, local, and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U.S. Department of Labor, or by an OSHA State plan agency pursuant to section 18 of the Occupational Safety and Health Act of 1970. Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U.S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations

INFORMATION FOR IRP ACCOUNTS:

You will need the following:

Fed ID

Your insurance and Fed ID #will need to have the exact same name on them: (ABC Company on insurance ABC Company on Fed ID)

Proof of insurance showing vin number

Title only on the truck (you will have to change the title in your name and get a "title only") We must have a copy of the title.

3 proof of residency: has to have the physical address on it, no PO Boxes unless that is the mailing address and it has a service address as your physical address. (see attached list)

One of the proofs of residency MUST be a phone bill with a NM phone number on it.

Other permits that you will/might need:

WD E-permit

IFTA Agreement and decals

PRC (if picking up and unloading in NM)

TXDOT (if running in Texas)

MC/Motor Carrier (if crossing state lines for hire non-exempt)
Insurance (Form E and BMC 91)

2290- Heavy Highway Use Tax, all trucks with a GVW of 55,000 and over.

AGREEMENT FOR SERVICES

This Agreement for Services, (hereinafter "Agreement") is entered into on this date by and between, Trucking Compliance & Permitting LLC, a Limited Liability Company (hereinafter TCP), and the persons and entities as identified below and hereinafter referred to as "Client". _____

WHEREAS: TCP has agreed to provide certain services to Client for a fee, and those services are described specifically as (check all that apply)

____ IRP, Renewal & Supplements ____ WD Taxes ____ UCR ____ 2290
____ IFTA Taxes ____ IFTA Decals ____ WD Permits ____ PRC
____ DQ Files ____ Other, specify _____

1. The services described hereinabove are not to be construed to include duties, obligations, or services not specifically described. The Client and TCP agree that the services as described above are the only services TCP will perform on Client's behalf unless both parties agree in writing to alter, amend, delete or revise the description of services; and, Client acknowledges and agrees to indemnify and hold harmless TCP from any fines, assessments, fees, civil penalties or other costs not associated with or otherwise the responsibility of TCP in relation to the services provided.

2. Client and TCP acknowledge and agree that the Client will, upon timely request from TCP, provide all documentation and information necessary for TCP to properly and timely complete the services for Client that have been agreed upon above. Should Client fail to deliver that documentation or information in a timely manner to TCP, Client agrees to indemnify and hold harmless TCP from any and all fees, fines, levies, assessments, penalties or any other costs associated with or assessed against Client as a result of Client's failure to timely provide documentation or information to TCP. Client agrees to Payment Policy, attached.

3. TCP represents and Client agrees that only those services described above will be charged to the Client and Client will not receive other services not specifically detailed and described herein, nor will Client be charged for services other than those described hereinabove.
4. Client and TCP have agreed that Company will perform the above described services for a fee agreed upon by the parties to be paid by Client within 10 days of receiving invoice for services provided or services needing to be provided.
5. This Agreement is performable in the State of New Mexico and the County of Curry, and shall be construed in accordance with the laws of the State of New Mexico and venue shall lie with the district courts of Curry County, New Mexico.
6. This Agreement shall be binding upon and inure to the benefits of the parties hereto, their heirs, administrators, personal representatives, successors, agents and assigns.
7. This Agreement is the entire understanding between the parties and there are no other agreements, either express or implied. Any change or modification of this Agreement will be enforceable only if made in writing and signed by all parties.
8. No Waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provision hereof (whether or not similar), nor shall such waiver constitute a continuing waiver unless otherwise expressly provided.
9. This Agreement and its attached (if any) may be executed in one or more counterparts, each of which shall be regarded as an original and all of which constitute but one and the same instrument.
10. Nothing in this Agreement shall be construed by the parties hereto or by any third party to create the relationship of principal and agent or of a partnership, joint venture, or any association whatsoever between the parties hereto, it being expressly understood and agreed that

no provisions contained in this Agreement, nor any act or acts of the parties hereto, shall be deemed to create any relationship between these parties.

11. All parties hereto will fully cooperate with the other and their respective counsel, accountants, and agents in connection with any steps required to be taken under this Agreement.

IN WITNESS WHEREOF: this Agreement is executed and effective as of the ____ day of _____, 20____.

COMPANY:

Trucking Compliance & Permitting LLC(TCP)

BY: _____
Peggy Burns

ITS: Managing Member

CLIENT:

BY: _____ Printed Name _____
Title: _____



TAX INFORMATION AUTHORIZATION

Business Name:	New Mexico ID Number:
	Social Security Number:
Name:	Telephone Number:
Address:	Fax Number:
	E-mail Address:

Hereby authorizes Employees of Trucking Compliance - Permitting

Address: <u>4201 N. Prince</u> <u>Clovis, NM 88101</u>	Telephone Number: <u>575-935-8770</u>
	Authorized Fax Number: <u>888-298-4034</u>
	Authorized E-mail Address: <u>DE994@drivehappyclovis.com</u>

to represent me and/or my business pertaining to taxes administered by the New Mexico Taxation and Revenue Department.* I authorize the New Mexico Taxation and Revenue Department Secretary, or Secretary's delegate, to use facsimile or e-mail, or both to provide confidential information on file with the New Mexico Taxation and Revenue Department to the taxpayer or the taxpayer's designated representative.

IF IRS INFORMATION IS INVOLVED, BE SURE TO OBTAIN FORM 2848 OR FORM 8821, AS APPLICABLE

CHECK ALL ITEMS THAT APPLY

<input type="checkbox"/> All state taxes	FOR	<input checked="" type="checkbox"/> Any year
<input type="checkbox"/> CRS taxes		OR
<input type="checkbox"/> Income taxes		<input type="checkbox"/> Specify specific year(s) _____
<input checked="" type="checkbox"/> Specify others <u>wd. IFTA</u>		
<u>IRP</u>		

I certify that I have the authority to execute this tax information authorization.**

Signature _____	Title _____	Date _____
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Signature _____	Title _____	Date _____
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* The taxpayer may limit the scope of this authorization by specifying the particular information or tax types to be handled by the authorized person.
** For joint returns, both taxpayers must sign. If not signed by the taxpayer, signature must be that of a corporate officer, partner, or fiduciary on behalf of the taxpayer

Keepin Trucks on the Road

LIMITED POWER OF ATTORNEY

Instructions: 1) Provide all information 2) Form must be signed by the owner, partner or corporate officer 3) The business address is required.

LET IT BE KNOWN BY ALL PRESENT THAT

(Owner/Partner/Officer Name)

dba or Company Name

AS: ____ Individual ____ Partnership FEIN # _____
____ LLC ____ Corporation CRS# _____

PHYSICAL ADDRESS OF: _____

DOES HEREBY DESIGNATE AND APPOINT:
LOCATED AT:

Trucking Compliance & Permitting LLC and its employees
4201 N. Prince St Clovis, NM 88101

TO ACT AS ATTORNEY-IN-FACT FOR THE FOLLOWING LIMITED AND SPECIAL PURPOSES:

- A) To obtain, complete and submit application and fees for permit authorities/warrants
- B) To obtain, complete and submit applications for highway use tax passes/markers/plates (originals and renewals)
- C) To prepare, sign and submit documents and checks that may be necessary for filing highway use tax reports, to include Federal Form 2290 & attachments. I authorize the IRS to release my STAMPED 2290 receipt to my POA listed above.
- D) Sign highway use tax bonds
- E) Titling and Registration of vehicles listed VIN# _____

This Power of Attorney will be in effect beginning _____ and will continue until cancelled.

(Business Name)

State of: _____ County of _____

(Signature)

Signed before me this _____ day of _____ 201__

(Printed Name)

(seal)

(Title)

(Date)

Notary Public Signature _____

Power of Attorney cancelled on _____ by _____