

Mailing Address:
801 Magnolia St
Kermit, TX 79745



Phone: 432-853-5493
Fax: 432-878-4208
Email: support@efservices.biz
Web: www.efservices.biz

Authority for \$860 in as little as 3 weeks

This includes MC, DOT, BOC-3

Any permits you may need can be applied for after you become active.

Five Steps to obtaining your FMCSA Authority

1. EF Services applies for your MC & DOT numbers (If you have a DOT #, then EF Services **MUST** have the PIN number you were issued to complete your application electronically). Not supplying the PIN number can take an additional 1-2 weeks to be processed by the FMCSA. Your application sits on a docket during a protest period of 2 weeks. Now would be the perfect time to sign up with EF Services and apply for your IRP tags & permits.
2. EF Services completes your BOC-3 (Process agent) This is a representative that court papers may be served in any court proceeding brought against a Motor Carrier & is required by the FMCSA.
3. Before the 2 weeks protest period is completed, have your insurance file your Liability & Cargo Insurance. *Call our Trucking Insurance friends! Hignojos Insurance for a quote 432-333-6962. They specialize in trucking insurance.*
4. If everything is done as required, you can have authority at the end of 3 weeks. EF Services would receive your authority certificate the day you BECOME active if you purchased this service. Buses & household goods carriers are taking 4-6 months for their authority to be granted. Background checks are being done.
5. Once you receive your Certificate from the FMCSA and you have your IRP, IFTA & Permits, then you are ready to start hauling your own loads.

Thank you,
EF Services LLC

You can email the application to: support@efservices.biz

Other services we offer are Notary Public, Bookkeeping, Invoicing & Billing, Payroll, Business Start-Up, Tax Preparation, ISNetwork Compliance, Small Website Design, UCR, 2290's, IRP, IFTA.

ALL MAJOR CREDIT CARDS ACCEPTED

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[Household Goods & Buses call for a separate application]

APPLICATION

Legal Name _____

*Sole Proprietors, list your name above & DBA name on the line below.
LLC or INC list your name on top line & **send a copy of your LLC or INC certificate***

dba Name _____

Circle Type of Carrier: Sole Proprietor Corporation Partnership LLC

Social Security _____ **Federal ID #** _____

Federal ID is required for authority. If you have a FEIN already, it must match your company name. If it does not match, call 800-829-4933. You can call the same number to apply for a new Federal ID number over the phone.

Do you have a DOT #? _____ **PIN #** _____

*If you have a DOT then you must provide the PIN # for electronic filing.
Without the PIN #, we have to order the PIN meaning it will take 1-2wks longer than the 3 weeks.*

Contact Phone# _____ **Name:** _____

Email: _____

*Note: Only the Contact phone number will be publicly listed thusly making you vulnerable to solicitations.
The phone calls will start once we receive your numbers from other agents wanting your business.
DO NOT PAY ANYBODY ELSE TO DO YOUR BOC-3. THIS IS INCLUDED IN OUR FEE.*

Cell Phone # _____ **Fax #** _____

Alternate # _____

Physical address

Mailing Address

Please list the Members of the Inc or LLC with full addresses, Social Security numbers & titles

1. _____
2. _____

Please send a copy of your Incorporation or LLC "Certificate" to eliminate a delay in your filing

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Circle type of Authority wanted? Common Contract Both Broker

Circling BOTH will get you Common & Contract Authority. The price is the same for one or both.

Common Carrier provides For-Hire transportation to the General Public

Contract Carrier provides For-Hire transportation to specific shippers or brokers based on contracts with just them.

Broker Authority provides services for brokering load to Motor Carriers. Brokers will not get a DOT number.

Circle type of Carrier: For-Hire or Private (Private carriers haul their own merchandise)

Circle each type of Commodities Hauling

Agricultural/Farm Supplies	Household Goods-Requires own MC #(Moving families from state to state)	
Beverages	Passengers-Requires own MC #	Paper Products
Intermodal Containers	Building Materials	Livestock
Refrigerated Foods	Coal/Coke	Logs, Poles, Beams, Lumbers
US Mail	Commodities Dry Bulk	Machinery/Large Objects
Utilities	Construction	Meat
Water Well	Drive away/Tow away	Metal: Sheets, Coils, Rolls
Chemicals	Liquids/Gases	Fresh Produce
Mobile Homes	Garbage/Refuse	Motor Vehicles
Grain/Feed/Hay	Oilfield Equipment	General Freight

OTHER: _____

Motor Vehicles, Drive away/Tow away or Machinery requires \$1,000,000 liability insurance and is listed as Class 9 Hazmat Carrier. You do not have to placard your loads or have it on your license for Class 9 Hazmat.

How many units do you own? _____ Trucks _____ Trailers

What kind of trucks do you own? _____

How many units are leased ON TO YOU? _____ Trucks _____ Trailers

What kind of trucks are leased On To You? _____

What is the gross vehicle weight of your trucks? _____

How many miles did you travel last year? _____

Will you be hauling HAZMAT? _____

If yes, provide the Class &/or Division below:

Hazmat class: _____ **Hazmat Division** _____

How did you hear about EF Services? _____

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LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that I, _____, (personal name)

individually and on behalf of _____ (“COMPANY”) as Grantor, do hereby make and grant a limited power of attorney to EF Services, LLC, Kermit, Texas (“EF Services”) and EF Services employees, which include Efren Flores, Mayra I Valenciana Rangel (“EF SERVICES EMPLOYEES”), and appoint and constitute said entity, EF SERVICES, and individual persons, EFSERVICESEMPLOYEES, as my Attorney-In-Fact, with full power and authority to sign reports and applications, to receive correspondence, to appear on behalf of and represent COMPANY in any administrative hearing or audit of the Texas Tax Commission or any other governmental entity, to pay taxes and fees on behalf of COMPANY, pertaining to fuel taxes, vehicle registrations and titles, motor carrier authorities, motor vehicle permits, road use taxes, state business registrations, state payroll withholdings, state unemployment insurance, state workers compensation insurance, Texas Secretary of State filings, any other state applications, or any other documents which pertain to the above noted matters. In the event any of the above listed EFSERVICEMPLOYEES terminate employment with EF Services LLC, that individual person shall no longer be authorized to transact business for COMPANY under this limited power of attorney. The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

COMPANY and INDIVIDUAL acknowledge this power attorney does not, in any way, relieve or absolve COMPANY or INDIVIDUAL of its duties and responsibilities under applicable law. In consideration for the duties to be performed by EF Services LLC and EF SERVICES EMPLOYEES under the terms of this limited power of attorney, COMPANY and INDIVIDUAL, its successors and assigns, hereby release EF Services LLC and EF SERVICES EMPLOYEES from all claims, disputes, causes of action and assessments that may arise as a result of an audit, investigation, proceeding, or other action taken against the COMPANY by the Texas Tax Commission, other governmental agency, quasi-governmental entity, person, or entity. Furthermore, if services are rendered under this power of attorney, COMPANY and INDIVIDUAL promise to pay for such services no later than 30 days of the invoice date. If fees for services rendered are not paid within 30 days, COMPANY and INDIVIDUAL may be assessed additional fees for interest, collection costs, attorney fees, and court costs, and COMPANY and INDIVIDUAL agree to pay such additional charges. This power of attorney and agreement shall continue in full force and effect until revoked by subsequent writing.

Signature _____

Print your name. _____

Company (please print) _____

Date _____

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Safety Certification

Applicants subject to Federal Motor Carrier Safety Regulation – If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT’s Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the Federal Motor Carrier Safety Regulations.
2. Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations.
3. Has in place a driver safety training/orientation program.
4. Has prepared and maintains an accident register (49 CFR 390.15)
5. Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391).
6. Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including driver’s hours of service and vehicle inspection, repair, and maintenance (49CFR Parts 392, 395, and 396);
7. Is familiar with and will have in place on the appropriate effective date, a system for complying with DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

Signature _____ Date _____

DOT website for Safety requirements <http://www.fmcsa.dot.gov/safety-security/eta/index.htm>

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APPLICANT'S OATH

This oath applies to all supplemental filing to this application. The signature must be that of applicant, not their legal representatives.

I, _____ (Name and title) , verify under penalty of perjury, under the laws of the United States of America, 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 constitutes Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$250,000 for each offense. Additionally, these misstatements are punishable as perjury under the 18 U.S.C. 1621, which provides for fines up to \$250,000 or imprisonment up to 5 years for each offense.

I further certify that 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 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).

Finally, I certify that applicant is NOT domiciled in Mexico or controlled by persons of that country.

Signature: _____ Date _____