



# Combined Motor Carrier Identification Report and HM Permit Application

**REASON FOR FILING** (Check Only One)

- NEW APPLICATION    
  BIENNIAL UPDATE OR CHANGES    
  OUT OF BUSINESS NOTIFICATION    
  REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER <b>TRIPLE CROWN SERVICES COMPANY</b>			2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME		
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER <b>2720 DUPONT COMMERCE COURT</b>		4. CITY <b>FORT WAYNE</b>	5. MAILING ADDRESS (P O BOX) <b>2720 DUPONT COMMERCE COURT</b>		6. MAILING CITY <b>FORT WAYNE</b>
7. STATE/PROVINCE <b>INDIANA</b>	8. ZIP CODE + 4 <b>46825</b>	9. COLONIA (MEXICO ONLY)	10. STATE/PROVINCE <b>INDIANA</b>	11. ZIP CODE+4 <b>46825</b>	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER <b>(800) 325-6510</b>		14. PRINCIPAL CONTACT CELLULAR PHONE NUMBER <b>(260) 437-1350</b>		15. PRINCIPAL BUSINESS FAX NUMBER <b>(260) 416-3981</b>	
16. USDOT NO. <b>545167</b>	17. MC OR MX NO. <b>MC263591</b>	18. DUN & BRADSTREET NO. <b>89047383</b>	19. IRS/TAX ID NO. EIN# <b>351883525</b> SSN#		20. INTERNET E-MAIL ADDRESS <b>JDEAL@triplecrownsvc.com</b>

21. COMPANY OPERATION (Circle all that apply)

A. Interstate Carrier    
  B. Intrastate Hazmat Carrier    
  C. Intrastate Non-Hazmat Carrier    
  D. Interstate Shipper    
  E. Intrastate Shipper    
  F. Vehicle Registrant Only

22. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year)     YEAR

**51230090**     **2011**

23. OPERATION CLASSIFICATION (Circle All that Apply)

A. Authorized For-Hire    
  D. Private Passengers (Business)    
  G. U. S. Mail    
  J. Local Government  
 B. Exempt For-Hire    
  E. Private Passengers (Non-Business)    
  H. Federal Government    
  K. Indian Tribe  
 C. Private Property    
  F. Migrant    
  I. State Government    
  L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

<input checked="" type="radio"/> A. GENERAL FREIGHT	<input type="radio"/> F. LOGS, POLES, BEAMS, LUMBER	<input type="radio"/> J. FRESH PRODUCE	<input type="radio"/> P. GRAIN, FEED, HAY	<input type="radio"/> V. COMMODITIES DRY BULK	<input type="radio"/> BB. CONSTRUCTION
<input type="radio"/> B. HOUSEHOLD GOODS	<input type="radio"/> G. BUILDING MATERIALS	<input checked="" type="radio"/> K. LIQUIDS/GASES	<input type="radio"/> Q. COAL/COKE	<input checked="" type="radio"/> W. REFRIGERATED FOOD	<input type="radio"/> CC. WATER WELL
<input type="radio"/> C. METAL; SHEETS; COILS; ROLLS	<input type="radio"/> H. MOBILE HOMES	<input type="radio"/> L. INTERMODAL CONT.	<input type="radio"/> R. MEAT	<input checked="" type="radio"/> X. BEVERAGES	<input type="radio"/> DD. OTHER
<input type="radio"/> D. MOTOR VEHICLES	<input type="radio"/> I. MACHINERY, LARGE OBJECTS	<input type="radio"/> M. PASSENGERS	<input type="radio"/> S. GARBAGE, REFUSE, TRASH	<input checked="" type="radio"/> Y. PAPER PRODUCTS	
<input type="radio"/> E. DRIVE AWAY/TOWAWAY		<input type="radio"/> N. OIL FIELD EQUIPMENT	<input checked="" type="radio"/> T. U.S. MAIL	<input type="radio"/> Z. UTILITY	
		<input type="radio"/> O. LIVESTOCK	<input checked="" type="radio"/> U. CHEMICALS	<input type="radio"/> AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply)     C-CARRIED     S-SHIPPED     B(BULK) - IN CARGO TANKS     NB(NON-BULK) - IN PACKAGE

C S A. DIV 1.1	B NB	C S K. DIV 2.2A (Ammonia)	B NB	<input checked="" type="radio"/> C S U. DIV 4.2	B <input type="radio"/> NB	C S EE. HRCQ	B NB
C S B. DIV 1.2	B NB	C S L. DIV 2.3A	B NB	C S V. DIV 4.3	B NB	<input checked="" type="radio"/> C S FF. CLASS 8	B <input type="radio"/> NB
C S C. DIV 1.3	B NB	C S M. DIV 2.3B	B NB	<input checked="" type="radio"/> C S W. DIV 5.1	B <input type="radio"/> NB	C S GG. CLASS 8A	B NB
<input checked="" type="radio"/> C S D. DIV 1.4	B <input type="radio"/> NB	C S N. DIV 2.3C	B NB	<input checked="" type="radio"/> C S X. DIV 5.2	B <input type="radio"/> NB	C S HH. CLASS 8B	B NB
C S E. DIV 1.5	B NB	C S O. DIV 2.3D	B NB	C S Y. DIV 6.2	B NB	<input checked="" type="radio"/> C S II. CLASS 9	B <input type="radio"/> NB
<input checked="" type="radio"/> C S F. DIV 1.6	B <input type="radio"/> NB	<input checked="" type="radio"/> C S P. Class 3	B <input type="radio"/> NB	C S Z. DIV 6.1A	B NB	C S JJ. ELEVATED TEMP MAT.	B NB
<input checked="" type="radio"/> C S G. DIV 2.1	B <input type="radio"/> NB	C S Q. Class 3A	B NB	C S AA. DIV 6.1B	B NB	C S KK. INFECTIOUS WASTE	B NB
C S H. DIV 2.1 LPG	B NB	C S R. Class 3B	B NB	<input checked="" type="radio"/> C S BB. DIV 6.1 Poison	B <input type="radio"/> NB	<input checked="" type="radio"/> C S LL. MARINE POLLUTANTS	B <input type="radio"/> NB
C S I. DIV 2.1 (Methane)	B NB	C S S. COM LIQ	B <input type="radio"/> NB	<input checked="" type="radio"/> C S CC. DIV 6.1 SOLID	B <input type="radio"/> NB	<input checked="" type="radio"/> C S MM. HAZARDOUS SUB(RQ)	B <input type="radio"/> NB
<input checked="" type="radio"/> C S J. DIV 2.2	B <input type="radio"/> NB	<input checked="" type="radio"/> C S T. DIV 4.1	B <input type="radio"/> NB	C S DD. CLASS 7	B NB	C S NN. HAZARDOUS WASTE	B NB
				<input checked="" type="radio"/> C S		<input checked="" type="radio"/> C S OO. ORM	B <input type="radio"/> NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus	Van		Limousine				
							Number of vehicles carrying number of passengers (including the driver) below									
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
OWNED			6,800													
TERM LEASED		645														
TRIP LEASED																

27. DRIVER INFORMATION

Within 100-Mile Radius	0	0	697
Beyond 100-Mile Radius	697	0	697

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?     Yes \_\_\_ No  X

If Yes, enter your U.S. DOT Number. \_\_\_\_\_

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. **JIM NEWTON, PRESIDENT**     2. **JERRY BURNS, VP GENERAL COUNSEL**

(Please print Name)     (Please print Name)

30. WHICH OF THE FOLLOWING HAZARDOUS MATERIAL(S) DOES YOUR COMPANY TRANSPORT, CHECK ALL THAT APPLY:

Highway Route Controlled Quantities (HRCQ) of Radioactive materials

More than 25 kg (55 pounds) of a Division 1.1, 1.2, or 1.3, or a quantity of Division 1.5 material that requires placarding

For materials that meet the definition of "material poisonous by inhalation" (TIH) as defined in 49 CFR 171.8; More than 1 liter (1.08 quarts) per package of a material meeting the definition of a Hazard Zone A TIH material, a material meeting the definition of a Hazard Zone B TIH material in a bulk package (capacity greater than 450 liters (119 gallons), or a material meeting the definition of a Hazard Zone C or D TIH material in a bulk packaging that has a capacity greater than 13,248 liters (3,500 gallons).

Shipments of compressed or refrigerated liquid methane or liquefied natural gas with a methane content of at least 85% in a bulk packaging that has a capacity greater than 13,248 liters (3,500 gallons)

31. IF YOU CHECK QUESTION 30, ARE YOU APPLYING FOR OR RENEWING A HM SAFETY PERMIT? PLEASE CHECK ONE:

INITIAL  RENEWAL  UPDATE

32. IF YOUR COMPANY DOES NOT HAVE A U.S. DOT NUMBER, HOW MANY ACCIDENTS AS DEFINED IN 49 CFR 390.5 HAS YOUR COMPANY HAD IN THE PAST 365 DAYS?

\_\_\_\_\_

33. DOES YOUR COMPANY CERTIFY THEY HAVE A SATISFACTORY SECURITY PROGRAM IN PLACE AS REQUIRED IN 49 CFR PART 385 SUBPART E?

Yes  No

34. IS YOUR COMPANY REQUIRED BY ANY STATE(S) TO HAVE A PERMIT FOR ANY OF THE HAZARDOUS MATERIALS LISTED IN QUESTION 30?

Yes  No

35. IF YOUR ANSWER TO QUESTION 34 IS YES, CHECK THE STATE(S) IN WHICH YOU HAVE THE PERMIT.

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input checked="" type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA
<input type="checkbox"/> HI	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME
<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM
<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> PR	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN
<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY			

**NOTE:** All motor carriers must comply with all pertinent 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 a State agency operating a plan pursuant to Section 18 of the Occupational Safety and Health Act of 1970 ("OSHA State plan agency"). 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.

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, JAMES F DEAL (Please print Name), certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature JAMES F DEAL Date 04/03/2012 Title SAFETY COMPLIANCE MANGE (Please print)