



MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

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 TIMS TRUCKING LLC				2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME			
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER 3703 S MERRITT RD		4. CITY ELK CITY		5. MAILING ADDRESS (P O BOX) BOX 340		6. MAILING CITY ELK CITY	
7. STATE/PROVINCE OKLAHOMA	8. ZIP CODE + 4 73644	9. COLONIA (MEXICO ONLY)		10. STATE/PROVINCE OKLAHOMA		11. ZIP CODE+4 73648	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER (580) 243-8766			14. PRINCIPAL CONTACT CELLULAR PHONE NUMBER (580) 243-8766			15. PRINCIPAL BUSINESS FAX NUMBER (580) 225-7555	
16. USDOT NO. 1396675	17. MC OR MX NO. MC532988	18. DUN & BRADSTREET NO.		19. IRS/TAX ID NO. EIN# 201889195 SSN#		20. INTERNET E-MAIL ADDRESS	

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

10000 **2004**

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)

A. GENERAL FREIGHT	F. LOGS, POLES, BEAMS, LUMBER	J. FRESH PRODUCE	P. GRAIN, FEED, HAY	V. COMMODITIES DRY BULK	BB. CONSTRUCTION
B. HOUSEHOLD GOODS	G. BUILDING MATERIALS	K. LIQUIDS/GASES	Q. COAL/COKE	W. REFRIGERATED FOOD	CC. WATER WELL
C. METAL; SHEETS; COILS; ROLLS	H. MOBILE HOMES	L. INTERMODAL CONT.	R. MEAT	X. BEVERAGES	DD. OTHER
D. MOTOR VEHICLES	I. MACHINERY, LARGE OBJECTS	M. PASSENGERS	S. GARBAGE, REFUSE, TRASH	Y. PAPER PRODUCTS	
E. DRIVE AWAY/TOWAWAY		<input checked="" type="radio"/> N. OIL FIELD EQUIPMENT	T. U.S. MAIL	Z. UTILITY	
		O. LIVESTOCK	U. CHEMICALS	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	C	S	U. DIV 4.2	B 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	C	S	FF. CLASS 8	B NB
C	S	C. DIV 1.3	B NB	C	S	M. DIV 2.3B	B NB	C	S	W. DIV 5.1	B NB	C	S	GG. CLASS 8A	B NB
C	S	D. DIV 1.4	B NB	C	S	N. DIV 2.3C	B NB	C	S	X. DIV 5.2	B 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	C	S	II. CLASS 9	B NB
C	S	F. DIV 1.6	B NB	C	S	P. Class 3	B NB	C	S	Z. DIV 6.1A	B NB	C	S	JJ. ELEVATED TEMP MAT.	B NB
C	S	G. DIV 2.1	B 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	C	S	BB. DIV 6.1 Poison	B NB	C	S	LL. MARINE POLLUTANTS	B NB
C	S	I. DIV 2.1 (Methane)	B NB	C	S	S. COM LIQ	B NB	C	S	CC. DIV 6.1 SOLID	B NB	C	S	MM. HAZARDOUS SUB(RQ)	B NB
C	S	J. DIV 2.2	B NB	C	S	T. DIV 4.1	B NB	C	S	DD. CLASS 7	B NB	C	S	NN. HAZARDOUS WASTE	B NB
												C	S	OO. ORM	B 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			2	2												
TERM LEASED			5	5												
TRIP LEASED																

27. DRIVER INFORMATION

Within 100-Mile Radius	6	0	6
Beyond 100-Mile Radius		0	

TOTAL DRIVERS TOTAL CDL DRIVERS

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. MARCIE SIMS, OFFICE MANAGER 2. _____

(Please print Name) (Please print Name)

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

I, MARCIE SIMS (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 MARCIE SIMS Date 04/24/2007 Title SECRETARY (Please print)