

Passenger Motor Carrier Application



Legally Registered Name _____

U. S. DOT Number _____

Doing Business As Name _____

Principal Place of Business

Street Address _____

City _____ State _____ Zip code _____

P. O. Box _____

City _____ State _____ Zip code _____

Telephone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

E-Mail Address _____

Web Site (if applicable) _____

List the Principals of the Company

1. Name _____ Title _____

Phone _____ Email _____

2. Name _____ Title _____

Phone _____ Email _____

3. Name _____ Title _____

Phone _____ Email _____

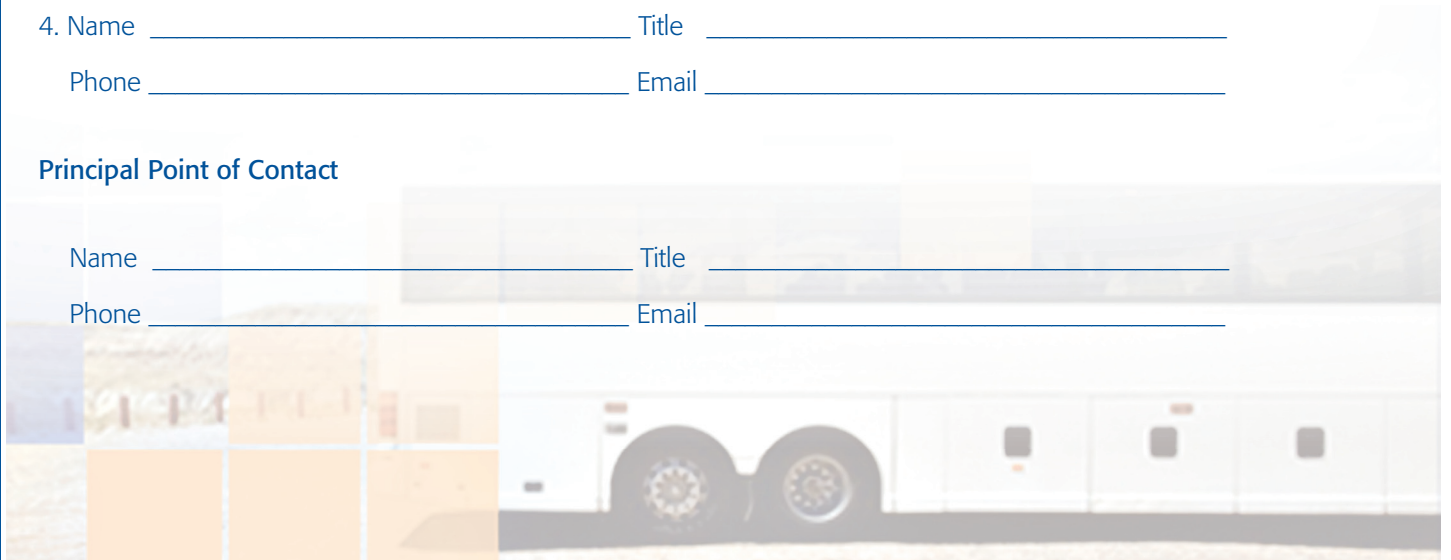
4. Name _____ Title _____

Phone _____ Email _____

Principal Point of Contact

Name _____ Title _____

Phone _____ Email _____



See file in folder but add the following:

PLEASE RETURN YOUR APPLICATION PACKAGE TO CONSOLIDATED SAFETY SERVICES.

ATTENTION: PTSP Administrator
CONSOLIDATED SAFETY SERVICES, INC.
10301 Democracy Lane, Suite 300
Fairfax, Virginia 22030-2545

