



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

***Fax form to (202) 385-2422 or email to FMCSAReinstatements@dot.gov

PLEASE PRINT CLEARLY and FILL FORM OUT COMPLETELY OR YOUR REINSTATEMENT WILL NOT BE PROCESSED.

DO NOT FAX MORE THAN ONCE AS IT MAY GET CHARGED MORE THAN ONCE

Authorization to Charge Reinstatement Fee to Credit Card		
Motor Carrier Company Name		
USDOT#	MC/FF#	
Authority (indicate below)		
Common	Contract	Broker
Type of Authority (indicate below)		
Property	Passenger	Household Goods
Contact Person Name & Title	Contact Phone and Fax #	Email Address
	() - () -	
Name of Credit Card Holder		
Credit Card Number		Expiration Date
Card Type		CCID #
<i>Visa MasterCard Discover American Express</i>		
Credit Card Billing Address		
<i>Street/PO Box</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone number</i>		

By providing this information and signing this document I authorize the Federal Motor Carrier Safety Administration to charge \$80 (eighty dollars) to the credit card shown in order to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I understand that this Authorization will be stored electronically with the credit card number obscured, except for the last four numbers.

Signature of Authorized Cardholder

Date

Note: Reinstatements may not be processed immediately. It is the responsibility of the motor carrier to ensure that they are in full compliance with all FMCSA regulations prior to beginning interstate operations.