

## Motor Carrier Application for UFSTP Participation

Participation in the UFSTP is open to motor carriers that are authorized, licensed and insured and that comply with certain requirements and warranties. This application must be submitted to UFSTP along with payment for the first year's UFSTP participation fee of \$100. Applications paid for by check must be made out to **UFSTP** and mailed to **UFSTP 40 Burton Hills Blvd., Suite 200, Nashville, TN 37215**. Applications paid for by credit or debit card may be mailed or submitted by email to [info@ufstp.com](mailto:info@ufstp.com) or by fax to 205-449-2993. If you would prefer, you can apply and pay online at [www.ufstp.com/application](http://www.ufstp.com/application).

A link to the UFSTP text is available at [www.ufstp.com/join](http://www.ufstp.com/join). **Please read the UFSTP document carefully before applying.** A formal copy for signing will be provided after you apply.

### Requirements

Following acceptance of an application, participation in the Uniform Food Safety Transportation Protocol ("UFSTP" or "Protocol") will not be activated, confirmed, and published until the prospective participating carrier:

1. Arranges for provision to UFSTP Certificates of Insurance showing, among other things:
  - (a) Bodily injury/property damage insurance in the amount of not less than \$750,000, subject to verification through the BMC-91 on file with the Federal Motor Carrier Safety Administration (FMCSA); and;
  - (b) Cargo insurance in amount of not less than \$100,000;
2. Arranges for "**UFSTP**" to be named as a certificate holder or additional insured, if so requested;
3. Executes the UFSTP by the notarized signature of an owner, officer, director, or partner; and
4. Certifies that before using the Protocol all personnel involved in meeting the requirements of the UFSTP and the Food Safety Modernization Act (FSMA) will have undergone appropriate training to complete the tasks required.

### Warranties

Applicant warrants that:

1. All the information provided is true and accurate;
2. The motor carrier is licensed, authorized and insured to transport commodities subject to the rules and regulations of FMCSA;
3. The undersigned individual is authorized to execute this application on behalf of the company;
4. It will immediately notify UFSTP of any change in the carrier's contact information, insurance, or safety rating;
5. It will ensure that all personnel used in the transportation of loads governed by FSMA are trained in accordance with the Protocol and FSMA;
6. It will comply with all the minimum standards set forth in the Protocol in transporting all loads that are subject to FSMA as well as any additional contract obligations otherwise agreed to;
7. It understands and accepts that participation in the Protocol is contingent upon maintenance of operating authority and evidence of insurance as well as payment of an annual fee in the amount of \$100.
8. It agrees to indemnify and hold harmless UFSTP from any liability arising out of publication of data provided by the applicant and further agrees that in the absence of gross negligence UFSTP shall not be liable for any act or omission in processing or publishing or in suspending the applicant's participation.

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All fields must be completed, if applicable. Please pay by check as indicated on Page 1 or by credit card below or online at [www.ufstp.com/application](http://www.ufstp.com/application).

\*Legal business name: \_\_\_\_\_

d/b/a (doing business as): \_\_\_\_\_

\*Must match legal name on latest MCS-150

MC #: \_\_\_\_\_ USDOT #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone (for public display): (\_\_\_\_) \_\_\_\_\_

E-mail (for public display): \_\_\_\_\_

Website: \_\_\_\_\_ # of power units operated: \_\_\_\_\_

Must match number of power units on latest MCS-150

By signing this application, I certify that (1) I am authorized to commit our company to the terms of the UFSTP; (2) our company agrees to the warranties outlined in this application; and (3) our company will complete all the requirements outlined in this application within 30 days of being notified that this application has been accepted.

Name of authorized individual: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

### Credit/Debit Card Authorization

Card: \_\_\_\_\_ Number: \_\_\_\_\_

(i.e., Visa, MC, Amex, Discover)

Expiration (mm/yy): \_\_\_\_ / \_\_\_\_ CSC: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone # associated with acct: (\_\_\_\_) \_\_\_\_\_ Type (circle): Work Home Mobile

I hereby authorize UFSTP to process a payment of \$100 (U.S.) for 1 year's participation in the Uniform Food Safety Transportation Protocol.

Receipt to Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_