



STANDARD CARRIER ALPHA CODE (SCAC) APPLICATION

The Standard Carrier Alpha Code (SCAC) is a unique two-to four-letter code assigned to transportation companies for identification purposes. The SCAC is required for U.S. Customs entry, Electronic Data Interchange (EDI), intermodal interchange agreements, when doing business with many shippers, on rate tariffs filed with regulatory agencies, and doing business with the U.S. Government. The SCAC application fee is **\$70.00** (\$78.00 if payment is made by check in U.S. dollars payable through a Canadian bank). Make checks and money orders payable to **NMFTA**. Mail completed application and payment to:

National Motor Freight Traffic Association, Inc., 1001 North Fairfax Street, Suite 600, Alexandria, VA 22314.

Applications paid by credit card may be **faxed to (703) 683-6296 or 6046**. See the reverse side of this application for instructions and further information. Call **(703) 838-1831** if you have questions.

NMFTA assigns SCACs to all companies except railroads. Railroads should contact Railinc Services, 7001 Weston Parkway, Suite 200, Cary, NC 27513, (919) 651-5077. Companies seeking identification marks for trailers, containers or chassis equipment operating in intermodal service should call NMFTA at (703) 838-1822 for further instructions.

Please Type or Print in Black Ink

1) Applicant/Company Information:

Legal Name _____

Trade Name _____

Mailing Address _____

City _____ State _____ ZIP/Postal Code _____ Country _____

Contact Person _____ Email _____

Phone _____ Fax _____

2) Name Change: (Please list previous SCAC, Company Name and Address—leave blank if not applicable)

SCAC _____ Company Name _____

City _____ State _____ ZIP/Postal Code _____ Country _____

3) Type of Company/Operation: (check the descriptions that best describe the applicant)

- | | |
|---|---|
| <input type="checkbox"/> Motor Carrier by highway (trucks, busses, etc.)—select one below | <input type="checkbox"/> Air Carrier—airline, air taxi, helicopter service |
| <input type="checkbox"/> Interstate | <input type="checkbox"/> Broker—transportation broker MC# _____ |
| MC # _____ MX # _____ U.S. DOT # _____ | <input type="checkbox"/> Freight Forwarder— <input type="checkbox"/> air <input type="checkbox"/> surface FF# _____ |
| <input type="checkbox"/> Intrastate or Local Cartage | <input type="checkbox"/> Leasing Company—equipment leasing or renting |
| <input type="checkbox"/> Canada only | <input type="checkbox"/> NVOCC—non-vessel operating common carrier |
| <input type="checkbox"/> Mexico only | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Private Carrier—not for hire | <input type="checkbox"/> Tariff Publisher |
| <input type="checkbox"/> Transporter of exempt commodities | <input type="checkbox"/> Travel Agent |
| <input type="checkbox"/> U.S. Government owned | <input type="checkbox"/> Steamship Agent |
| <input type="checkbox"/> Exempt <input type="checkbox"/> Other _____ | <input type="checkbox"/> Water Carrier—VOCC, steamship, barge, car ferry |

4) U.S. Border Crossing Requirements: ACE eManifest required by CBP.

5) Applicant's Representative (person completing this application): (leave blank if applicant)

Do you want the annual renewal notice sent to the Applicant's Representative? Yes / No (please circle)

Company _____

Mailing Address _____

City _____ State _____ ZIP/Postal Code _____ Country _____

Contact Person _____ Email _____

Phone _____ Fax _____

6) Credit Card Payment Information: VISA MasterCard American Express Discover **\$70.00 U.S. Funds**

Card Number _____ Expiration Date (Month/Year) _____ / _____

Address where you receive your statement _____

City _____ State _____ Zip/Postal Code _____ Country _____

Person's name on card _____ Signature _____