

## Welcome to KelTrans Freight Solutions!

Please review and complete the attached forms and our carrier agreement. Below is a list of the information and materials that must be submitted by all motor carriers before doing business with KelTrans LLC.

1. CERTIFICATE(S) OF INSURANCE evidencing coverage as a contract carrier as follows:
  - a) **CARGO INSURANCE** (minimum of \$100,000 coverage) - The Cargo deductible amount must also be listed on policy.
  - b) **AUTO LIABILITY INSURANCE** (including hired and non-owned auto liability uninsured/underinsured insurance) with a minimum of \$1,000,000 of coverage.
2. CARRIER PROFILE
3. MOTOR CARRIER AGREEMENT
4. Completed and signed W-9 FORM. Include the exact name, doing business as name, if any, and Federal ID number **or** SSN that will appear on your tax return. If there are any changes regarding this form, please notify KelTrans LLC immediately.

Other information required may include Hazardous Materials Registration and Canadian or Intrastate authorities (if applicable).

Please email these documents to [dispatch@keltrans.net](mailto:dispatch@keltrans.net) or fax to 702-991-4204.

**Please note that it company policy that all drivers names and direct cell phone numbers be provided to our dispatch team prior to the dispatch of the truck. No exceptions. Carrier confirmation will be void if cell phone is not provided.**



**keltrans**  
FREIGHT SOLUTIONS

## KelTrans, LLC

8022 S. Rainbow Blvd, Suite 242, Las Vegas, NV 89139  
Phone Number: 702.799.9799 Dispatch Fax: 702.991.4204  
[www.innovateyoursupplychain.com](http://www.innovateyoursupplychain.com)

**Federal ID:** 27-1178569      **MC Authority #:** 701467      **DUNS#:** 962323734

### Dispatch Contact:

Jen Benning – [Jen@keltrans.net](mailto:Jen@keltrans.net) Afterhours cell: 702-292-5326  
DeAnn Paddy – [DeAnn@keltrans.net](mailto:DeAnn@keltrans.net) Afterhours cell: 702-815-4632  
Kelly Northington – [knorthington@keltrans.net](mailto:knorthington@keltrans.net) Afterhours cell: 702-513-2793

### AP Contact:

DeAnn Paddy – [AP@keltrans.net](mailto:AP@keltrans.net)

## Business References

### APEX Capital

6000 Western Place, Suite 1000  
Fort Worth, TX 76107  
Phone: 224-265-4107  
Fax: 847-628-9201

### IDS EXPRESS

101 Susquehanna Ave  
Lincoln Park, NJ 07035  
Contact: Igor  
Phone: 973-580-5250  
Email: IDSEXRESS@aol.com

### RTS FINANCIAL SERVICE

P.O. BOX 840267  
DALLAS, TX 75284-0267  
Phone: 630-496-9490  
Fax: 630-496-9496

### VERSUS TRANSPORTATION

9348 E. Avenue T4  
Littlerock, CA 93543  
Contact: Steve  
Phone: 661-206-3029  
Email: [steve@versustrans.com](mailto:steve@versustrans.com)

## Bank Reference

Chase Bank  
6920 Arroyo Crossing Parkway, Las Vegas, NV 89113  
Account# 162862680  
Contact: Nikki Dadlani  
Phone: 702-914-9284

### General Information

Legal Name: \_\_\_\_\_  
 dba Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

MC#: \_\_\_\_\_  
 USDOT#: \_\_\_\_\_  
 Safety Rating: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 After Hours Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### Billing Information

Payee: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Factoring Company Info

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Equipment

<b>Vans:</b> <input type="checkbox"/> Dry <input type="checkbox"/> Refrigerated # of Dry: _____ # of Reefers: _____ <b>Types:</b> <b>Size:</b> <input type="checkbox"/> Logistics <input type="checkbox"/> 28' <input type="checkbox"/> Curtain Side <input type="checkbox"/> 48' <input type="checkbox"/> Straight Trucks <input type="checkbox"/> 53' <input type="checkbox"/> Blankets <input type="checkbox"/> _____	<b>Flatbeds:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Double Drop <input type="checkbox"/> Step Deck <input type="checkbox"/> RGN <b>Types:</b> <b>Size:</b> <input type="checkbox"/> Conestoga <input type="checkbox"/> Low Boy <input type="checkbox"/> Tarp	<b>Other:</b> <input type="checkbox"/> Warehousing <input type="checkbox"/> Local P & D <input type="checkbox"/> _____	<b>Driver Information:</b> # of total Trucks: _____ # of Teams: _____ Satellite: _____
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### Operation

<input type="checkbox"/> Full Truckload <input type="checkbox"/> Partial Truckload <input type="checkbox"/> Operate in All 48 States <input type="checkbox"/> Mexico <input type="checkbox"/> Canada							
<input type="checkbox"/> AL	<input type="checkbox"/> ID	<input type="checkbox"/> MA	<input type="checkbox"/> NJ	<input type="checkbox"/> RI	<input type="checkbox"/> WV	<input type="checkbox"/> AB	<input type="checkbox"/> NT
<input type="checkbox"/> AZ	<input type="checkbox"/> IL	<input type="checkbox"/> MI	<input type="checkbox"/> NM	<input type="checkbox"/> SC	<input type="checkbox"/> WI	<input type="checkbox"/> BC	<input type="checkbox"/> NS
<input type="checkbox"/> AR	<input type="checkbox"/> IN	<input type="checkbox"/> MN	<input type="checkbox"/> NY	<input type="checkbox"/> SD	<input type="checkbox"/> WY	<input type="checkbox"/> MB	<input type="checkbox"/> NU
<input type="checkbox"/> CA	<input type="checkbox"/> IA	<input type="checkbox"/> MS	<input type="checkbox"/> NC	<input type="checkbox"/> TN		<input type="checkbox"/> NB	<input type="checkbox"/> ON
<input type="checkbox"/> CO	<input type="checkbox"/> KS	<input type="checkbox"/> MO	<input type="checkbox"/> ND	<input type="checkbox"/> TX		<input type="checkbox"/> NL	<input type="checkbox"/> PE
<input type="checkbox"/> CT	<input type="checkbox"/> KY	<input type="checkbox"/> MT	<input type="checkbox"/> OH	<input type="checkbox"/> UT			<input type="checkbox"/> QC
<input type="checkbox"/> DE	<input type="checkbox"/> LA	<input type="checkbox"/> NE	<input type="checkbox"/> OK	<input type="checkbox"/> VT			<input type="checkbox"/> SK
<input type="checkbox"/> FL	<input type="checkbox"/> ME	<input type="checkbox"/> NV	<input type="checkbox"/> OR	<input type="checkbox"/> VA			<input type="checkbox"/> YT
<input type="checkbox"/> GA	<input type="checkbox"/> MD	<input type="checkbox"/> NH	<input type="checkbox"/> PA	<input type="checkbox"/> WA			

**Contract for Transportation of Property  
Between KelTrans, LLC, A Motor Carrier Broker and A Motor Contract Carrier**

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ by and between \_\_\_\_\_, MC# \_\_\_\_\_ herein referred to as "Carrier" and KelTrans, LLC, a Registered Property Broker, Lic No. MC# 701467, herein referred to as "Broker". ("Registered" means operated under authority issued by the Federal Motor Carrier Safety Administration (or its predecessors) within the U.S. Department of Transportation.). Carrier and Broker agree and contrast as follows:

1. Broker agrees to offer for shipment and Carrier agrees to transport in its own equipment as least (1) shipment, subjects to the availability of suitable equipment.
2. Each shipment tendered to Carrier pursuant to this agreement shall be to Carrier as a motor contract carrier.
3. Broker agrees to pay Carrier for the transportation of freight moved under this agreement according to rates mutually agreed to at the time of booking. In addition, confirmation of verbally agreed rates shall be made by the Carrier's billing and Broker's payment thereof. If Broker pays the freight invoice in a reduced amount, such amount shall constitute the agreed rate, unless Carrier indicates to the contrary to the Broker within sixty (60) days of its receipt of payment. All modifications and additions to the rates made either in writing, or verbally and confirmed in writing or as established by the billing and payment by the parties together with the underlying freight bills shall be deemed appendices to the and considered a part of the rate agreement.
4. Carrier's line haul rate shall be all inclusive of total charges on a specific transaction. All requests by the Carrier for any additional payment will be allowed only if the Carrier receives written confirmation from the broker for said charges.
5. Carrier, at its sole expense, shall furnish all equipment required for its services hereunder and shall maintain all equipment in good repair and condition. Carrier acknowledges and agrees that it will meet the specific needs of the Broker and Broker's customers by providing the right sized trailers, at the right time, to the right pick up location and transported to the right destination at the right time. Carrier agrees to comply with a specific instructions from the Shipper and/or Consignee by way of Broker and shall provide, when requested, protective services, multiple stops, direct dispatch, drop shipments, inside deliveries, spotting trailers, and expedited shipments. Carrier, at its sole cost and expense, shall employ for its services hereunder only competent and legally licensed personnel. Carrier shall not cause or permit any shipment tendered there under to be transported by any other motor carrier or in substituted services by railroad or other modes of transportation with the prior written consent of Broker.

6. Carrier will be responsible to comply with all applicable D.O.T. regulations as well as all other federal and state regulations pertaining to the operations of a motor carrier.
7. Carrier shall be solely responsible for the cargo shipped from the time Shipper releases it to the Carrier until it is delivered and received by the Consignee. Carrier shall be liable for any loss, damage, delay, claim or theft of the cargo. Carrier also assumes the liability of a motor carrier provided in Title 49 of the United States Code and the US Code of Federal Regulations.
8. Carrier shall be responsible for and agrees to hold Broker harmless from and indemnify Broker for any and all personal injury, property damage, loss, claim obligation or liability arising from Carrier's actions, behavior or transportation pursuant to this agreement.
9. Carrier Status, Rights and Responsibility. Carrier will perform its Transportation Services for Broker and its Customers as an independent contractor and will not for any purpose be the agent of Broker or Broker's Customers. Carrier has exclusive control and direction of the work Carrier performs pursuant to this Agreement. Carrier will not contract or take other action in Broker's name without Broker's prior written consent. Carrier agrees to assume full responsibility for the payment of all local, state, federal and intra-provincial payroll taxes, and contributions or taxes for unemployment insurance, worker's compensation insurance, pensions, and other social security or related protection with respect to the persons engaged by Carrier for Carrier's performance of the transportation and related services, and Carrier shall indemnify, defend and hold Broker, and its Customer harmless there from. Carrier shall provide Broker, with Carrier's Federal Tax ID number and a copy of Carrier's IRS Form W-9 prior to commencing any transportation or related services for Broker, under this Agreement.
10. No Right to Lien or Delay Release of Cargo or Equipment. Carrier will not assert any lien or make any claim on any cargo or equipment, and no lien will attach against Broker, its Customers or any cargo or equipment, for failure of Broker, the Customer or any other third party to pay Carrier for charges due to Carrier.
11. Insurance Evidence. Carrier agrees to provide any insurance coverage's required by any government body for the types of transportation and related services specified in load confirmation communications received from Broker. All insurance required by this Agreement must be written by an insurance company having a Best's rating of "B+" VII or better and must be authorized to do business under the laws of the state(s) or province(s) in which Carrier provides the transportation and related services as specified in load confirmation communications received from Broker. Carrier's insurance shall be primary and required to respond and pay prior to any

other available coverage. Carrier agrees that Carrier, Carrier's insurer(s), and anyone claiming by, through or under Carrier shall have no claim, right of action, or right of subrogation against Broker, its affiliates, or its Customer based on any loss or liability insured under the insurance stipulated herein. Carrier represents and warrants that it will continuously fulfill the requirements of this Section throughout the duration of this Agreement. Broker shall be notified in writing by Carrier's insurance company at least thirty (30) days prior to the cancellation, change or non-renewal of the submitted insurance policies. Carrier shall at all times during the term of this agreement have and maintain in full force and effect, at its expense, (i) Motor Truck Cargo insurance or a superior equivalent, with limits of not less than US\$100,000 per shipment, a deductible no greater than US\$10,000 per shipment and at least the same coverage limit and deductible per shipment while in storage or at a storage facility enroute to the consignee, (ii) Commercial Automobile Liability insurance with a combined single limit of not less than US\$1,000,000 per occurrence and without aggregate limits, (iii) Commercial General Liability insurance, in a limit of not less than US\$1,000,000 per occurrence, (iv) Worker's Compensation insurance in the amounts required by statute, and Employer's Liability insurance with limits not less than US\$500,000 per occurrence, and (v) if Carrier provides Transportation Services for hazardous materials under DOT regulations, public insurance required for the commodity transported under 49 C.F.R § 387.7 and 387.9 (or successor regulations thereto). Carrier shall, prior to providing transportation and related services pursuant to this Agreement, name Broker, as a certificate holder and shall cause its insurance company to issue a certificate to Broker, evidencing the foregoing. When Carrier provides Transportation Services that involve origins and destinations solely within Canada, Carrier shall be current in its remittances to the appropriate Worker's Compensation Board of the Carrier's province, shall provide a certificate issued by the appropriate Worker's Compensation Board of the Carrier's province certifying that the Carrier is not delinquent and is current in its remittances to that authority, and shall have such other insurance or higher coverage limits required by applicable Canadian national or provincial law or regulation. If Carrier is self-insured, a certificate of the state in which the transportation services are to be performed must be furnished by such state agencies directly to Broker. Insurance will meet or exceed the requirements of federal, state and/or Provincial regulatory bodies having jurisdiction over Carrier's performances pursuant to this agreement. During this Contract's term, the insurance policies required hereunder and any replacement policies will (i) insure the interests of Broker and, (ii) cover all drivers, equipment and cargo used in providing Transportation Services and (iii) not contain any exclusions or restrictions as to

designated premises or project, pertaining to unattended equipment or cargo, for unscheduled equipment, drivers or cargo, for fraud or infidelity, geographical location in the United States, or for a particular radius of operation.

12. Carrier Moving Perishables. Carrier warrants that the carrier will inspect or hire a service representative to inspect a vehicle's refrigeration or heating unit at least once each month. Carrier warrants that they shall maintain a record of each inspection of refrigeration or heating unit and retain the records of the inspection for a least one year. Copies of these records must be provided upon request to the carrier's insurance company and Broker.
13. Carrier warrants that they will maintain adequate fuel levels for the refrigeration or heating unit and assume full liability for claims and expenses incurred by the Broker or the shipper for failure to do so.
14. The carrier must provide their cargo insurance carrier with all records that relate to a loss and permit copies and abstracts to be made from them upon request.
15. The following rules shall apply: (a) Destination market value for lost or damaged cargo, no special or consequential damages unless by special agreement; (b) Claims will be filed with Carrier by Shipper; (c) claims notification procedures will be followed in accordance with procedure described in 49 C.F.R. 370.1-11.
16. Re-Broker. Carrier will not re-broker, assign or interline the shipments hereunder without prior written consent of the Broker. If Carrier breaches this provision, Broker shall have the right of paying the monies it owes Carrier directly to the delivering Carrier, in lieu of payment to Carrier. Upon Broker's payment to delivering Carrier, Carrier shall not be released from any liability to Broker under this agreement. In addition to the indemnity obligation reflected in this agreement the Carrier will be liable for consequential damages for violation of this clause of the agreement.
17. Carrier shall issue a Bill of Lading in its own name and will bill all charges for transportation services directly to Broker and together with the bill, shall provide Broker with a copy of the signed Bill of Lading and Delivery Receipt Broker agrees that it will endeavor to pay all such freight bills within thirty (30) days of receipt, provided there was good and timely delivery of the cargo and neither Shipper nor Consignee has notified Broker of any claim arising from the haul.
18. Carrier agrees to support and protect Broker's efforts in performance of this agreement by refraining from any direct contact or solicitation of Broker's customers. During the term of this agreement and for a period of two (2) years after termination of this agreement. Carrier, his officers and directors, shall not, directly or indirectly, solicit or do business of a transportation nature with any of Broker's

customers who are serviced by the carrier. If Carrier breaches this provision, Carrier shall be liable to Broker for all of Broker's loss of income, past, present and future.

19. Carrier agrees that it will look only to the Broker for the payment if the billed party has paid Broker.
20. All provisions in this agreement are separated and divisible and in the event that any provision or clause is deemed unenforceable, the remainder of the agreement shall remain in full force and effect.
21. Carrier agrees that Broker's compensation hereunder for its services are confidential and need not to be disclosed to Carrier. Carrier further agrees that it will not reveal to anyone the terms of this agreement, the pricing of transportation services, or any other details of the business conducted between Carrier and Broker.
22. This agreement represents the entire agreement between the parties and shall only be amended in writing, signed by both parties. This contract shall supersede all prior agreements, written and oral, including the Bill of Lading. The parties agree that this agreement was entered in the City of North Las Vegas, County of Clark, State of Nevada, which shall have jurisdiction and venue of any litigation arising from this agreement. Carrier agrees to pay all Broker's costs of enforcing this agreement including its attorney's fees.
23. This agreement shall be effective continuously and remain in effect until either party terminates it with no less than thirty (30) days written notice to the other party. Carrier may not assign the agreement to another party without the express written consent of Broker.

**BROKER**

**CARRIER**

Company Name		Company Name	
Address of Principal Office		Address of Principal Office	
City, State, Zip Code		City, State, Zip Code	
Signature	Date	Signature	Date
Title		Title	



## **Carrier Accessorial Approval Process**

### **Carrier Detention Process**

1. Carrier must notify the KelTrans, of driver delay at the time of occurrence (preferably 30-60 minutes before detention begins). If the carrier cannot directly speak to the KelTrans dispatcher, the Carrier must leave a message with the in-time, out-time and current time.
2. If Carrier misses the scheduled appointment time then any detention charges will be denied.
3. Any detention reported after departing the facility will be denied.
4. The KelTrans dispatcher will work with the customer/shipper/consignee to verify the delay is occurring and will try to minimize any detention time.
5. The Carrier must document their Time IN and Time OUT on the BOL.
  - a. If Carrier does not have the IN and OUT times on the BOL then they will not get paid.
  - b. Please note that Qualcomm times are not acceptable. Carrier must have stamped in and out times, or hand written in and out times on the BOL with an authorized signature.
  - c. If driver has difficulty getting a signature then they must write on the BOL, "REFUSED TO SIGN" but they must still include the IN & OUT times.
6. Once Carrier completes loading/unloading, the carrier must fax KelTrans a copy of the BOL/POD with the IN & OUT Times and authorized signature.
7. Standard detention charges will be paid at \$35/hr up to a maximum of \$200/day unless otherwise agreed in the Load Confirmation Contract. Overnight/layovers are paid at \$150/layover.
8. Truck ordered not used charges will be granted on a case by case basis only if the truck has arrived on-time to pick up and then the order is canceled. The maximum payment amount is \$150.

### **LUMPER SPECIFIC ACCESSORIAL:**

1. Carrier must notify KelTrans for approval for any Lumper Charge. The carrier will need to provide the load number as well as the dollar amount for the service.
2. Following the approval of the Carrier's request and the completion of the Lumper service, the Carrier must fax KelTrans a copy of the Proof of Service for the Lumper Charge.
3. If the Carrier fails to receive prior approval, all lumper reimbursement requests will be denied.

**REQUEST FOR PROOF OF INSURANCE**

*Carriers: Please complete this form and **fax it to your insurance agent** for timely processing of your Carrier Application.*

To: <i>(Insurance Agent)</i>	Agents Fax #:
From: <i>(Insured/Carrier)</i>	Date:
Re:	<b>REQUEST FOR PROOF OF INSURANCE</b>
Carrier's MC#:	Requestor: <i>(Name)</i>
<input checked="" type="checkbox"/> Urgent <input checked="" type="checkbox"/> Please Respond ASAP <input checked="" type="checkbox"/> Please Recycle	

Dear Insurance Agent,

Thank you for your prompt handling of this request. This fax is requesting a signed Certificate of Insurance for the above named insured. This certificate should list the insured's coverage for the following:

- a) Workers' Compensation
- b) Auto Liability
- c) Cargo **(with cargo deductibles noted)**

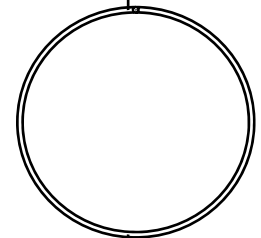
Please note the Certificate of Insurance should indicate whether the coverage is All Risk or Broad Form and **whether the Cargo policy contains exclusions for electronics, hazardous materials, and any other commodity or freight types.**

Please list the following as a certificate holder:

**KelTrans LLC  
8022 S. Rainbow Blvd, Suite 242  
Las Vegas, NV 89139**

KelTrans LLC must be listed as a certificate holder and/or additional insured, with a 10-day notice of cancellation.

Please email certificate to [dispatch@KelTrans.net](mailto:dispatch@KelTrans.net) or fax to 702-991-4204.



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>KelTrans LLC</b>	
Business name/disregarded entity name, if different from above <b>The Freight Dude</b>	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.) <b>8022 S Rainbow Blvd, Suite 242</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Las Vegas, NV 89139</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
<b>Employer identification number</b>	
2 7 - 1 1 7 8 5 6 9	

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

Signature of U.S. person ▶

Date ▶ 10/17/2013

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

# FMCSA Motor Carrier

USDOT Number: **2245876**  
Docket Number: **MC701467**  
Legal Name: **KELTRANS LLC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **8022 S RAINBOW BLVD SUITE 242  
LAS VEGAS , NV 89139**

Business Phone: **(702) 489-9936** Business Fax:

Mail Address:

Mail Phone:

Mail Fax:

Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>		
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods:	<b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>		

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$0</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>

Blanket Company: **OKLAHOMA TRUCK PLATES & PROCESS AGENTS LLC**

Comments:

## Active/Pending Insurance:

Form: <b>85</b>	Type: <b>TRUST FUND</b>	Posted Date: <b>10/02/2013</b>	
Policy/Surety Number: <b>NONE</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000 *</b>	
Effective Date: <b>10/01/2013</b>	Cancellation Date:		

Insurance Carrier: **PACIFIC FINANCIAL ASSOCIATION, INC.**  
Attn: **CLAIMS DEPARTMENT**  
Address: **12707 HIGH BLUFF DR. ST. 220  
SAN DIEGO, CA 92130 US**  
Telephone: **(800) 595 - 2615** Fax: **(623) 209 - 2610**

Form: <b>85</b>	Type: <b>TRUST FUND</b>	Posted Date: <b>02/08/2010</b>	
Policy/Surety Number: <b>NONE</b>	Coverage From: <b>\$0</b>	To: <b>\$10,000 *</b>	
Effective Date: <b>02/08/2010</b>	Cancellation Date:		

Insurance Carrier: **PACIFIC FINANCIAL ASSOCIATION, INC.**  
Attn: **CLAIMS DEPARTMENT**  
Address: **12707 HIGH BLUFF DR. ST. 220  
SAN DIEGO, CA 92130 US**  
Telephone: **(800) 595 - 2615** Fax: **(623) 209 - 2610**

# FMCSA Motor Carrier

USDOT Number: **2245876**  
 Docket Number: **MC701467**  
 Legal Name: **KELTRANS LLC**  
 DBA (Doing-Business-As) Name



\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

## Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

## Insurance History:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Effective Date From:	To:	Disposition:	

Insurance Carrier  
 Attn:  
 Address:

Telephone:                      Fax:

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	02/12/2010

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.  
Washington, DC 20590

**SERVICE DATE**  
February 12, 2010

**LICENSE**  
**MC-701467-B**  
KELTRANS LLC  
NORTH LAS VEGAS, NV

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

BPO