



BLUE RIDGE TM LLC

PO BOX 68
BOGART, GA 30622

Owner Information

Owner Name		Title		SSN	
Address		City	State	Zip	
Phone ()		Fax ()		Cell ()	

Business Information

If filing as a sole proprietor then list owners name as Legal Business Name and business name under DBA -If you are filing as a partnership then list each owners name in the legal business name IE: John Doe and Mike Adams DBA J M Trucking. If you are a corporation then list your company name in the legal business name

Legal Business Name				EIN	
DBA			Email		
Business Address					
City		State	Zip	County	
Mailing Address					
City		State	Zip	County	
Phone	Fax		Email		

Business Formation

What type of business entity are you IE: Corporation, LLC, Sole Proprietorship, Partnership					
State of corporation:		Email Address			
Partner Name				SSN	
Partner Name				SSN	
Partner Name				SSN	

Authority Information

Type of Authority:	Common	Contract	Broker	Freight Forwarder
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If you have or ever had a US DOT number the please provide the number and PIN number here.

	PIN	
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If you answered yes and there are information errors on the DOT filing then BRTM is required to correct any changes to the information before filing for an authority. Additional charges may apply and possible delays in filing may occur.

Have you ever had an authority	Y	N	If yes what was the MC Number	
Will you cross state lines	Y	N	Will you be For-Hire	Y N

Have you ever been convicted after Sept 1, 1989 of any Federal or State offenses involving the distribution of a controlled substance

Yes	No
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Ph 678.425.9571 Fax 770.868.1066

www.BlueRidgeTMLLC.com



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Fleet Information

of Straight Trucks # of Trucks/Tractors # of Trailers # of CDL drivers

of drivers that operate within state lines # of drivers that operate beyond state lines

Vehicle # 1

Year Make Axels Fuel Type Empty Loaded
Unit # License Plate VIN

Vehicle # 2

Year Make Axels Fuel Type Empty Loaded
Unit # License Plate VIN

Vehicle # 3

Year Make Axels Fuel Type Empty Loaded
Unit # License Plate VIN

Type of freight hauled

<input type="checkbox"/> General Freight	<input type="checkbox"/> Logs, Poles,	<input type="checkbox"/> Liquids/Gases	<input type="checkbox"/> Meat	<input type="checkbox"/> Paper products
<input type="checkbox"/> Household Goods	<input type="checkbox"/> beams, lumber	<input type="checkbox"/> Intermodal Cont.	<input type="checkbox"/> Garbage, Refuse, Trash	<input type="checkbox"/> Utility
<input type="checkbox"/> Metal, Sheets,	<input type="checkbox"/> Building Materials	<input type="checkbox"/> Passengers	<input type="checkbox"/> US Mail	<input type="checkbox"/> Farm Supplies
<input type="checkbox"/> Coils, Rolls	<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Oil field equip	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Construction
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Machinery,	<input type="checkbox"/> Livestock	<input type="checkbox"/> Commodities Dry Bulk	<input type="checkbox"/> Water well
<input type="checkbox"/> Drive away/	<input type="checkbox"/> large objects	<input type="checkbox"/> Grain. Feed, Hay	<input type="checkbox"/> Refrigerated Food	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Tow away	<input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Coal/Coke	<input type="checkbox"/> Beverages	

Please check mark the following states that you will run through.

☐ Kentucky ☐ New York ☐ New Mexico ☐

Filings being ordered

<input type="checkbox"/> Trucking Authority	<input type="checkbox"/> BOC-3	<input type="checkbox"/> NM WDT Permit	<input type="checkbox"/> LLC formation	<input type="checkbox"/> SCAC Code
<input type="checkbox"/> Broker Authority	<input type="checkbox"/> UCR	<input type="checkbox"/> NY HUT Permit	<input type="checkbox"/> TX DOT	<input type="checkbox"/> Candian Authority
<input type="checkbox"/> U.S. Dot	<input type="checkbox"/> KYU	<input type="checkbox"/> IFTA Tax Reporting	<input type="checkbox"/> Haz Mat License	<input type="checkbox"/> ACE/ACI Manifest

Additional Services Interested In

☐ Broker Bond ☐ Insurance Quote ☐ Factoring ☐ Load Board (Trans core)

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LIMITED POWER OF ATTORNEY

I, _____, individually and on behalf of _____
(Your Name) (Your Business Name)

As grantor, do hereby make, constitute and appoint **Blue Ridge TM, LLC**, with offices at:
_____ Winder, GA _____ as my true and lawful Attorney-in-fact, to act in my name, place and stead,
on my behalf, and for my use and benefit, the following specific acts:

To obtain, complete and submit applications and fees for the following matters:

- Fuel Licensing and reporting.
- Registration and reporting of vehicles.
- Filing of US DOT applications, applying for Authorities, to file applications to secure permits and pay fees to various state agencies.
- Filing 2290 forms, Tax identification number, Company formation forms (LLC, INC, CORP).
- All other activities attendant to the registered agent relationship in any state.
- Other Acts: (Specify)

Grantor indemnifies and holds Attorney-in-Fact harmless from any liability or obligation related to the grantor's conduct of its business. The only responsibility of Attorney-in-Fact relates to the specific limited powers specified above.

My Attorney-in-Fact shall be compensated based upon a fee schedule provided to Grantor by Attorney-in-Fact, and all payments shall be made in advance.

This Limited Power of Attorney is restricted and limited to the matters specifically set forth herein and for the term beginning this day _____ of _____, 20____ and continuing until canceled.

Grantor _____ Date _____
(Signature)

Blue Ridge TM LLC.

(Attorney in Fact)

Authorized representative of Blue Ridge TM, LLC

- Brad Rodemoyer

- Dena Rodemoyer

Attorney in Fact Brad Rodemoyer
(Signature)

In Witness whereof _____ has caused these presents to be executed by a duly
authorized officer or owner this _____ day of _____, 20____.

Signature _____ Title _____

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public: _____ M.C.E. _____

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