

LIMITED POWER OF ATTORNEY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS, that _____ (Legal Company Name), a motor carrier applicant intending to operate under the auspice of the Federal Motor Carrier Safety Administration (FMCSA), does hereby lawfully appoint Foley Carrier Services, LLC, a Delaware limited liability corporation with an office and place of business at 140 Huyshope Avenue, Hartford, CT, 06106, its true and lawful Limited Attorney-In-Fact(Agent), to prepare applications, convey information and or execute any other administrative function required by the FMCSA.

Applicant Contact Name (PRINT):

E-mail: _____ Phone: _____

To legally apply for a U.S. Department of Transportation (DOT) number, Applicant must certify the following statements as correct. Please initial where indicated to certify. If you are unable to certify, please contact Foley immediately.

Applicant certifies:

Applicant permits Foley Carrier Services, LLC to create a login.gov account on behalf of Applicant for the sole purpose of obtaining a DOT number. _____ (initial to certify)

Applicant is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by DOT, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility/designation of process agent requirements? _____ (initial to certify)

Applicant is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the DOT, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans with Disabilities Act regulations within 48 hours of any written request? _____ (initial to certify).

Applicant understands that the written request for documents may be served on the contact person. _____ (initial to certify)

Applicant is not currently disqualified from operating commercial motor vehicles in the U.S. _____ (initial to certify)

Applicant understands that the agent(s) for service of process designation will be deemed the applicant's official representative(s) in the United States for receipt of filings and notices? _____ (initial to certify)

Applicant is not prohibited from filing this application because its FMCSA registration is currently under suspension or was revoked less than 30 days before filing the application. _____ (initial to certify)

If the Applicant's registration is currently revoked, Applicant certifies the deficiencies cited in the revocation proceeding have been corrected. _____ (initial to certify)

_____ (Legal Company Name), a motor carrier applicant, hereby sets its hand and seal to this Limited Power of Attorney on the _____, _____ (Date).

_____ (Company Owner/Authorized Representative Signature)

Title: _____

Printed Name: _____

WITNESS AND NOTORIZATION

State/Commonwealth of _____ }
County of _____ } SS

On the _____ day of _____, _____ (Date), before me _____ (Name of Notary Public) the undersigned Notary Public in and for said County and State, personally appeared _____ (Company Owner/Authorized Representative), known to satisfactory evidence, to be the person(s) who is/are subscribed to the within instrument and acknowledges that _____ (Company Owner/Authorized Representative) executed the same.

WITNESS my hand and official seal.

_____ (Notary Signature)

My Commission Expires: _____