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The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399.

Public reporting for this collection of information is estimated to be 20 minutes (and 7.5 minutes for the biennial updates) per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-0013. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MBI, U.S. Department of Transportation, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

Motor Carrier Identification Report  
(Application for USDOT Number)

# FORM MCS-150



**REASON FOR FILING** (select only one):

☐ New Application ☒ Biennial Update or Changes ☐ Out of Business Notification ☐ Reapplication (after revocation of new entrant)

**1. LEGAL BUSINESS NAME:** SPORTSMAN'S MARKET INC

**2. DOING BUSINESS AS NAME** (if different from Legal Business Name): SPORTY'S

**3-7. PRINCIPAL PLACE OF BUSINESS:**

2001 SPORTYS DR BATAVIA Ohio 45103-9747  
1. STREET ADDRESS/ROUTE NUMBER 4. CITY 5. STATE/PROVINCE 6. ZIP CODE 7. COLONIA (Mexico only)

**8-12. MAILING ADDRESS:** ☒ Same as Principal Address ☐ Mailing address below:

8. STREET ADDRESS/ROUTE NUMBER 9. CITY 10. STATE/PROVINCE 11. ZIP CODE 12. COLONIA (Mexico only)

**13-15. CONTACT NUMBERS:**

(513) 735-9100 5137359200  
13. PRINCIPAL BUSINESS PHONE NUMBER 14. PRINCIPAL CONTACT CELL PHONE NUMBER 15. PRINCIPAL BUSINESS FAX NUMBER

**16-19. IDENTIFICATION NUMBERS:**

16. USDOT NUMBER 17. MC or MX NUMBER 17684739 18. DUN & BRADSTREET NUMBER 19. IRS/TAX ID NUMBER  
(see instructions before completing this section)

**20. E-MAIL ADDRESS:** Billa@sportys.com

**21. CARRIER MILEAGE** (to nearest 10,000 miles for the previous 12 months): 5100

**22. COMPANY OPERATIONS** (check all that apply):

☒ A. Interstate Carrier ☐ B. Intrastate Hazmat Carrier ☐ C. Intrastate Non-Hazmat Carrier ☐ D. Interstate Hazmat Shipper ☐ E. Intrastate Hazmat Shipper

Company #3

**23. OPERATION CLASSIFICATIONS** (check all that apply):

- ☐ A. Authorized For-Hire    ☐ D. Private Motor Carrier of Passengers (Business)    ☐ G. U.S. Mail    ☐ L. Other:   
☐ B. Exempt For-Hire    ☐ E. Private Motor Carrier of Passengers (Non-Business)    ☐ H. Federal Government      
☐ C. Private Property    ☐ F. Migrant    ☐ I. State Government      
☐ K. Indian Tribe

**24. CARGO CLASSIFICATIONS** (check all that apply):

- ☐ A. General Freight    ☐ I. Machinery, Large Objects    ☐ Q. Coal/Coke    ☐ Y. Paper Product  
☐ B. Household Goods    ☐ J. Fresh Produce    ☐ R. Meat    ☐ Z. Utility  
☐ C. Metal: Sheets, Coils, Rolls    ☐ K. Liquids/Gases    ☐ S. Garbage, Refuse, Trash    ☐ AA. Farm Supplies  
☐ D. Motor Vehicles    ☐ L. Intermodal Container    ☐ T. U.S. Mail    ☐ BB. Construction  
☐ E. Drive Away/Towaway    ☒ M. Passengers    ☐ U. Chemicals    ☐ CC. Water Well  
☐ F. Logs, Poles, Beams, Lumber    ☐ N. Oil Field Equipment    ☐ V. Commodities Dry Bulk    ☐ DD. Other:   
☐ G. Building Materials    ☐ O. Livestock    ☐ W. Refrigerated Food      
☐ H. Mobile Homes    ☐ P. Grain, Feed, Hay    ☐ X. Beverages

**25. HAZARDOUS MATERIALS (Carrier or Shipper)** (check all that apply):

(C=Carrier; S=Shipper; B=Bulk, in cargo tanks; NB=Non-Bulk, in packages)

	C	S	B	NB		C	S	B	NB		C	S	B	NB
A. DIV 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. DIV 2.3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. CLASS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. HRCQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. COMB LIQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. CLASS 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. DIV 4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. DIV 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. CLASS 8B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. DIV 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. ELEVATED TEMP. MAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. INFECTIOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. MARINE POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. HAZARDOUS SUB (RQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. DIV 2.3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 6.1 POISON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. HAZARDOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. DIV 2.3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. ORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. DIV 2.3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**26. NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.:**

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor-coach	Number of vehicles carrying number of passengers (including the driver)								
							School Bus			Bus	Passenger Van		Limousine		
							1-8	9-15	16+		1-8	9-15	1-8	9-15	16+
Owned	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Term Leased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trip Leased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**27. DRIVER INFORMATION:**

DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius	0	0	1	0
Beyond 100-Mile Radius	1	0		

**28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FMCSA?**

☐ Yes ☒ No If yes, enter your USDOT Number: \_\_\_\_\_

**29. COMPLIANCE CERTIFICATION:**

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

*Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.*

☐ YES

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's Web site at [www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm](http://www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm).

**30. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS AND TITLES**


*(e.g., president, treasurer, general partner, limited partner)*

1. WILLIAM HAGLER ANDERSON - Vice-President

2. \_\_\_\_\_  
*(please type or print names)*

**31. CERTIFICATION STATEMENT** *(to be completed by authorized official):*

I, WILLIAM HAGLER ANDERSON, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature:  Title: Vice-President Date: 29 Nov 2022  
*(please type or print)*

**This foregoing document was electronically filed with the Public Utilities  
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**in**

**Case No(s). 22-0014-TR-CVF**

Summary: Exhibit Company Exhibit 3 from hearing held Tuesday, September 26, 2023 electronically filed by Debbie S. Ryan on behalf of Lisa K. Keller, Court Reporter.