

# DD FREIGHT SERVICES LLC

Tel: (973) 629-2900

Fax: (973) 695-2022



**MC # 1120808-B**

**DOT # 3446532**

**SCAC - DDFC**

**EMAIL: [DISPATCH@DDFREIGHTSERVICESLLC.COM](mailto:DISPATCH@DDFREIGHTSERVICESLLC.COM)**

**AFTER HOURS TEL: (973) 725-0882 OR (973) 596-5551**

**P.O. BOX 104  
LIVINGSTON, NJ 07039**



May 24, 2021

GARRY KANE  
DD FREIGHT SERVICES LLC  
PO BOX 104  
LIVINGSTON, NJ 07039

#### CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **DDFC** has been renewed for:

DD FREIGHT SERVICES LLC  
PO BOX 104  
LIVINGSTON, NJ 07039  
MC-1120808  
US DOT-3446532

This Alpha Code will apply only to the company name shown above through June 30, 2022. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at [customerservice@nmfta.org](mailto:customerservice@nmfta.org).

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov). All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto:askaes@census.gov) a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC inconnection with freight rates. For participation and membership information, please call (703) 838-1810.



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

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

**SERVICE DATE**

July 17, 2020

**LICENSE**

**MC-1120808-B**

U.S. DOT No. 3446532

DD FREIGHT SERVICES LLC

LIVINGSTON, NJ

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

### CONTINUATION CERTIFICATE

Wednesday, April 14, 2021

| BOND NUMBER | BOND DESCRIPTION                             | BOND AMOUNT | EFFECTIVE DATE | EXPIRATION DATE |
|-------------|--|-------------|----------------|-----------------|
| 10109013    | NJ / Freight Broker or Forwarder BMC-84 Bond | \$75,000.00 | 6/30/2021      | 6/29/2022       |

**Principal:**

DD FREIGHT SERVICES LLC

**Obligee:**

U.S. Department of Transportation Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE  
Washington, DC, DC 20590

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES IN IT AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Signed and dated this 14th day of April, 2021.



Hudson Insurance Company

A handwritten signature in black ink, appearing to read "Joshua Kayser".

Joshua Kayser, Attorney in Fact

**Agent:**

BROOKLYN VENTURES, LLC  
3514 INTERSTATE 70 DRIVE SE, STE 102  
COLUMBIA, MO 65201

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
ACCEPTANCE REPORT**

USER ID: **ET**  
TRANSMISSION NUMBER: **WEB47444**  
TRANSMITTED ON: **06/29/2020 18:01:30**  
  
COMPANY NAME: **HUDSON INSURANCE COMPANY**  
SUBMITTED BY: **HUDSON INSURANCE COMPANY (28552-00)**

| Docket            | Form/Type            | Policy Number   | Effective Date    | Action          |
|-------------------|----------------------|-----------------|-------------------|-----------------|
| <b>MC-1120808</b> | <b>BMC-84/SURETY</b> | <b>10109013</b> | <b>06/30/2020</b> | <b>ACCEPTED</b> |

Values in FMCSA Licensing & Insurance Database:

Legal Name: DD FREIGHT SERVICES LLC  
Address: 328 HILLSIDE AVE  
LIVINGSTON NJ US 07039  
328 HILLSIDE AVE  
LIVINGSTON NJ US 07039-3521

91X Coverage(Type/Max/Underlying):

Total: 1

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
ACCEPTANCE REPORT**

**Total: 1**

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific instructions on page 3.

|   |   |
|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>DD FREIGHT SERVICES LLC</b>   |   |
| 2 Business name/disregarded entity name, if different from above  |   |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><br><input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>P.O. BOX 104</b>  | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>LIVINGSTON, NJ 07039</b>  |   |
| 7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|   |   |   |   |   |   |   |   |   |   |   |  |  |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|
| <b>Social security number</b>   |   |   |   |   |   |   |   |   |   |   |  |  |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>   |   |   |   |   |   |   |   |   |   |   |  |  | - | - | - |
|   |   |   |   |   |   |   |   |   |   |   |  |  |   |   |   |
| <b>or</b>   |   |   |   |   |   |   |   |   |   |   |  |  |   |   |   |
| <b>Employer identification number</b>   |   |   |   |   |   |   |   |   |   |   |  |  |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> </tr> </table> | 8 | 5 | - | 1 | 5 | 7 | 6 | 3 | 1 | 2 |  |  |   |   |   |
| 8   | 5 | - | 1 | 5 | 7 | 6 | 3 | 1 | 2 |   |  |  |   |   |   |

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

|                  |                            |        |                   |
|------------------|----------------------------|--------|-------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ | <b>07-17-2020</b> |
|------------------|----------------------------|--------|-------------------|

### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*