

# R&R EXPRESS

FAMILY OF COMPANIES

Thank you for your interest in the **R&R Express** and the R&R Express Family of Companies. We are proud to provide all the modes, solutions and global reach our customers need. From less than truckload to truckload, flatbed to heavy haul, refrigerated to final mile, ocean to air, we have you covered with over 10 shipping modes.



**Included in this packet of information is the following:**

- 1. Operating Authority
- 2. W9 Tax Form
- 3. Certificate of Insurance
- 4. Current Bond
- 5. Other related documentation

**Corporate Office Information:**

Name R&R Express Logistics  
Address 100 Commerce Dr., Pittsburgh, PA 15275  
Phone # 800-223-8973  
Fax # 412-920-1899  
MC # 297351  
DOT # 920564  
SCAC RRXN  
FEIN 25-1771123

**Corporate Contact Information:**

Billing/Invoicing [billing@shiprrex.com](mailto:billing@shiprrex.com)  
Credit [creditrequests@shiprrex.com](mailto:creditrequests@shiprrex.com)  
Collections [collections@shiprrex.com](mailto:collections@shiprrex.com)  
Claims [claims@shiprrex.com](mailto:claims@shiprrex.com)  
Website [shiprrex.com](http://shiprrex.com)



PM-26  
(Rev. 1/95)

**SERVICE DATE**  
**February 13, 2001**

DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

CERTIFICATE

MC 297351 C

R & R EXPRESS, INC.

PITTSBURGH, PA, US

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to 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 carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton, Director  
Office Data Analysis & Information Systems

**NOTE:** Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

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LORETTA PAYONK  
R & R EXPRESS INC  
100 COMMERCE DR  
PITTSBURGH, PA 15275

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC)

The Standard Carrier Alpha Code of **RRXN** has been assigned to:

R & R EXPRESS INC  
100 COMMERCE DR  
PITTSBURGH, PA 15275  
MC - 0297351  
US DOT - 920564



This Alpha Code will apply only to the company name shown above through Sunday, 30 June 2024. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal 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: 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 in connection with freight rates. For participation and membership information, please call (703) 838-1810.

LORETTA PAYONK  
R & R EXPRESS INC  
100 COMMERCE DR  
PITTSBURGH, PA 15275

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC)

The Standard Carrier Alpha Code of **RRES** has been assigned to:

R & R EXPRESS INC  
100 COMMERCE DR  
PITTSBURGH, PA 15275  
MC - 297351  
US DOT - 920564



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LORETTA PAYONK  
R & R EXPRESS INC (BROKER DIVISION)  
100 COMMERCE DR  
PITTSBURGH, PA 15275

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC)

The Standard Carrier Alpha Code of **RRBD** has been assigned to:

R & R EXPRESS INC (BROKER DIVISION)  
100 COMMERCE DR  
PITTSBURGH, PA 15275  
MC - 0297351  
US DOT - 920564



This Alpha Code will apply only to the company name shown above through Sunday, 30 June 2024. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal 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).

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McGriff Insurance Services 5211 S. Fletcher Ave, Suite 100 Amelia Island FL 32034	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 904-261-9828		<b>FAX (A/C. No.):</b>
	<b>E-MAIL ADDRESS:</b> Cynthia.Turner@McGriff.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> CHAUCER INS CO			1780116
<b>INSURED</b> R&R Express, Inc. 100 Commerce Dr Pittsburgh, PA 15275	<b>INSURER B :</b> OBI National Insurance Company		14190
	<b>INSURER C :</b> Travelers Property Casualty Co of Amer		25674
	<b>INSURER D :</b> Obsidian Insurance Company		35602
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 217905486

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			38622223AA	3/23/2023	3/23/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> PA PIP \$5K			LDTAL000001003-00	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4060365280013	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	MTC: REEFER BRKDWN; N/O TR PD LMT \$65K W/ \$2,500 DED.			QT6605T434511TIL23	7/1/2023	7/1/2024	CARGO LMT ANY 1 VEH 250,000 CARGO DED/OCC 10,000 TR I/C LMT \$65K TR I/C DED \$2,500.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

R&R Express Inc  
 100 Commerce Dr  
 Pittsburgh PA 15275-0000

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2023

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<b>PRODUCER</b> McGriff Insurance Services 5211 S. Fletcher Ave, Suite 100 Amelia Island FL 32034	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 904-261-9828		<b>FAX (A/C. No.):</b>	
	<b>E-MAIL ADDRESS:</b> Cynthia.Turner@McGriff.com			
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>	
<b>INSURER A:</b> OBI National Insurance Company			14190	
<b>INSURED</b> 14RREXP R&R Express, Inc. 100 Commerce Dr Pittsburgh, PA 15275	<b>INSURER B:</b> CHAUCER INS CO			1780116
	<b>INSURER C:</b> Travelers Property Casualty Co of Amer			25674
	<b>INSURER D:</b>			
	<b>INSURER E:</b>			
<b>INSURER F:</b>				

**COVERAGES**

CERTIFICATE NUMBER: 1094391204

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Ded. \$10,000. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			38622223AA	3/23/2023	3/23/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Ded \$25,000 <input checked="" type="checkbox"/> Cont. Auto			38622223AA	3/23/2023	3/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Contingent Auto Liab. \$ 1,000,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4060365280013	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Contingent Cargo - Includes MTC Reefer Breakdown			QT6605T434511TIL23	7/1/2023	7/1/2024	Max Lmt Per Occ 250,000 Ded / OCC 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

R&R Express Inc  
 100 Commerce Dr  
 Pittsburgh PA 15275-0000

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AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



# 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.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>R&amp;R Express inc</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> 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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input checked="" type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <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.  <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>100 Commerce DR</b></p> <p><b>6</b> City, state, and ZIP code <b>Pittsburgh, PA 15275</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

## 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>									
<b>or</b>									
<b>Employer identification number</b>									
2	5	-	1	7	7	1	1	2	3

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Victoria Finn</i>	Date ▶ <b>6/30/2023</b>
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## 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.*

**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2023-2024**

**Registrant:** R AND R EXPRESS INC  
ATTN: JON STACHON  
18342 WEST CREEK DRIVE  
TINLEY PARK, IL 60477

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 060223600008F    Effective: July 1, 2023    Expires: June 30, 2024**

**HM Company ID: 89267**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

# Registration Document



The U.S. Environmental Protection Agency recognizes

**R & R Express Inc**

*As a Registered*

**SmartWay® Transport Partner**

**Partnership Date: 05/21/2015**

**SmartWay ID: 01021414**

**Expires: 03/01/2023**

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum  
Center Director, SmartWay Transport Partnership

**PAYMENT REMITTANCE INFORMATION**

Please ensure that your payment along with the remittance advice are sent to one of the options listed below.



**US Postal Service:**

Name R&R Express Inc  
Address PO Box 72124, Cleveland, OH 44192  
Account Name R&R Express  
Account Number 01662724516  
Routing Number 041000153



**ACH/EFT (Automated Clearing House/EFT & Wire Transfer):**

Name The Huntington National Bank  
Address Cleveland, OH  
ABA/Routing Number 041000153  
ABA Wire Number 044000024  
Swift Code HUNTUS33



**Overnight Address:**

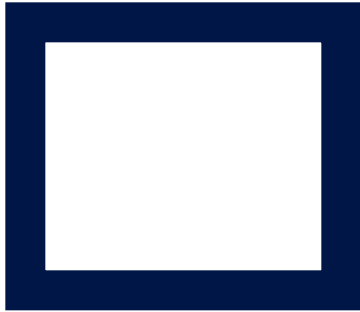
Name The Huntington National Bank  
Address #295 First Merit Circle, Akron, OH 44307  
ATTN Lockbox Dept. OPC833



**Email Address for remittance documents:**

remit@shiprrex.com





### Visit the CSA Prioritization Preview

FMCSA is proposing a new prioritization methodology to keep enforcement efforts focused on the carriers in most need of intervention. See what your prioritization results would be under the proposed new methodology.

[View your results in the CSA Prioritization Preview](#)

#### R & R EXPRESS INC

U.S. DOT#: 920564  
 Address: 100 COMMERCE DR  
 PITTSBURGH, PA 15275  
 Number of Vehicles: 161  
 Number of Drivers: 167  
 Number of Inspections: 290

#### Safety Rating & OOS Rates

(As of 03/05/2023 updated daily from [SAFER](#))

Not Rated

#### Out of Service Rates

Type	OOS %	National Avg %
Vehicle	15.9	21.4
Driver	1.4	6.0
Hazmat	0.0	4.5

#### Licensing and Insurance

(As of 03/05/2023 updated hourly from [L&I](#))

Active For-Hire Authority		
Type	Yes/No	MC#/MX#
Property	Yes	MC-297351
Passenger	No	
Household Goods	No	
Broker	Yes	MC-297351

### BASIC Status (Motor Carrier View) ?

Behavior Analysis & Safety Improvement Categories (BASICS)

[View CSA Prioritization Preview](#) →  
 Based on a 24-month record ending February 24, 2023

Unsafe Driving	Crash Indicator	Hours-of-Service Compliance	Vehicle Maintenance	Controlled Substances and Alcohol	Hazardous Materials Compliance	Driver Fitness	Insurance and Other

### On-Road Performance

1.85 Measure	0.15 Measure	0.37 Measure	4.04 Measure	0 Measure	0 Measure	0.03 Measure	
31% Percentile	28% Percentile	61% Percentile	72% Percentile	0% Percentile	Less than 5 HM placardable vehicle inspections	Less than 5 driver inspections with violations	N/A

### On-Road Performance Detail