

# Southern Intermodal Xpress, LLC



**To:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**From:** Southern Intermodal Xpress, LLC

**Re:** Carrier Package **Pages:** \_\_\_\_\_

**CC:** \_\_\_\_\_

Urgent     For Review     Please Comment     Please Reply     Please Recycle

Please find attached the paperwork required to set up Southern Intermodal Xpress, LLC.

Thank You.

Phone: 251 438-2749  
Fax: 251-438-4749

MC# 593622

USDOT# 1605061

FEDERAL ID# 47-2491803

# Southern Intermodal Xpress, LLC

Southern Intermodal Xpress offers a full range of container drayage services. We serve the Gulf Coast terminals in Mobile, AL and New Orleans, LA. We haul heavy and legal weight containers. Along with container drayage services, the company also offers flatbeds, vans, dump trailers (including tipper chassis), as well as, warehouse and rail services.

We maintain interchange agreements with all major steamship lines and railroads serving these points. We serve as CY/Depot for eight major steamship lines in Mobile and New Orleans with direct equipment update via a web based equipment control system. We can serve all of your intermodal needs including specialized equipment and some oversize and overweight movements. Our knowledge of the ports, along with our commitment to efficiency, eases the transportation process, allowing products to arrive in a safe and timely fashion.

## Operations

Our normal office and container yard hours are 8:00 A.M. to 5:00 P.M. Monday through Friday, but expanded times can be arranged. Deliveries may be scheduled 24 hours, 7 days a week.

SCAC Codes: SIXP

DOT# 1605061

MC# 593622

## Booking and Scheduling

Scheduling should be arranged through the appropriate port terminal:

### Mobile, Alabama Location – Group Dispatch Email – [mobiledispatch@sixllc.net](mailto:mobiledispatch@sixllc.net)

P.O. Box 929 Mobile, AL 36601

Contact:

Michael Mills

[mmills@sixllc.net](mailto:mmills@sixllc.net)

620 Bay Bridge Rd. Mobile, AL 36610

Joe Horn

[jhorn@sixllc.net](mailto:jhorn@sixllc.net)

Phone: (251) 438-2749

Monica Poppell

[mpoppell@sixllc.net](mailto:mpoppell@sixllc.net)

Fax: (251) 438-4749

Charles Drake

[cdrake@sixllc.net](mailto:cdrake@sixllc.net)

T.C. Morris

[tmorris@sixllc.net](mailto:tmorris@sixllc.net)

Andrés Avilés

[aaviles@sixllc.net](mailto:aaviles@sixllc.net)

In Mobile we operate an eighteen-acre container yard facility fully fenced, with proper lighting and approved by the U.S. Customs for storage and clearance of in bond merchandise (U.S. Customs Bond # 17C001LQG). Three separate facilities in Mobile County allow easy access to I-65, I-10, I-165 and Highway 43. The warehousing facilities are also easily accessible from the Alabama State Docks, and rail.

### New Orleans, Louisiana Location – Group Dispatch Email – [noladispatch@sixllc.net](mailto:noladispatch@sixllc.net)

9575 Old Gentilly Rd New Orleans, LA 70127

Contact: Kevin Palazzo

[kpalazzo@sixllc.net](mailto:kpalazzo@sixllc.net)

Phone: (504) 241-0749

Scott Shires

[sshires@sixllc.net](mailto:sshires@sixllc.net)

Fax: (504) 241-2272

Shassy Tassin

[stassin@sixllc.net](mailto:stassin@sixllc.net)

Grace Mills

[gmills@sixllc.net](mailto:gmills@sixllc.net)

John Zepeda

[izepeda@sixllc.net](mailto:izepeda@sixllc.net)

In New Orleans, we operate an eighteen-acre container yard facility that is conveniently located to both the CERES and the Port of Americas.

Managers:

Operations

Melissa Campbell

[mcampbell@sixllc.net](mailto:mcampbell@sixllc.net)

Sales

Ralph Amos

[ramos@sixllc.net](mailto:ramos@sixllc.net)

Accounting

Rhoda Collings

[rcollings@sixllc.net](mailto:rcollings@sixllc.net)

# Southern Intermodal Xpress, LLC

## Credit Application

Firm or Business Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Street Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Please list all offices, Partners and/or affiliate name and addresses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Accounts Payable Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Year Business Established \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC

CREDIT REFERENCES: (Please provide three)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature

Title

Date



SOUTINT-01

SETHLINGRAM

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2023

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).

PRODUCER AssuredPartners of Alabama, LLC - TRH 440 U.S. Hwy 231 North Troy, AL 36081	CONTACT NAME: <b>Lacey Ingram</b>		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: <b>Lacey.Ingram@assuredpartners.com</b>		
INSURED  <b>Southern Intermodal Xpress LLC</b> PO Box 929 Mobile, AL 36601	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>Sentry Select Insurance Company</b>		<b>21180</b>
	INSURER B : <b>Upland Specialty Insurance Company</b>		<b>16988</b>
	INSURER C : <b>Safety National Casualty Corporation</b>		<b>15105</b>
	INSURER D :		
	INSURER E :		
INSURER F :			

### COVERAGES CERTIFICATE NUMBER: 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			A0177982001	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A0177982001	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			TBD	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ATA100-0000259-2023A	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
A	<b>Motor Truck Cargo</b>			A0177982001	9/1/2023	9/1/2024	Deductible \$2,500 250,000
A	<b>Physical Damage</b>			A0177982001	9/1/2023	9/1/2024	Comp/Coll Deductible 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
WC Reinsurance #PRE4061656 1/1/23 - 1/1/24  
Trailer Interchange Limit \$65,000 Deductible \$2,500  
Reefer Breakdown Included in Cargo Coverage

### CERTIFICATE HOLDER

### CANCELLATION

Sample Certificate -  
To add a certificate holder -  
email [certificaterequest@assuredpartners.com](mailto:certificaterequest@assuredpartners.com)

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



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

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

**SERVICE DATE**  
February 18, 2015

**DECISION**  
MC-593622  
POINT LOGISTICS TRANSPORTATION LLC  
D/B/A POINT LOGISTICS EXPRESS  
MOBILE, AL  
**REENTITLED**  
SOUTHERN INTERMODAL XPRESS, LLC  
D/B/A SOUTHERN INTERMODAL XPRESS

On February 11, 2015, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

**It is ordered:**

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as SOUTHERN INTERMODAL XPRESS, LLC, D/B/A SOUTHERN INTERMODAL XPRESS.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

**Decided:** February 12, 2015

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief  
Information Technology Operations Division  
NCA

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB No. 1651-0050 Exp. 05/31/2017

**CUSTOMS BOND**  
19 CFR Part 113

<b>CBP USE ONLY</b>	BOND NUMBER (Assigned by CBP)
	<b>17C001LQG</b>

Broker Filer Code: DIR Surety Reference Number: 30463400

In order to secure payment of any duty, tax or charge and compliance with law or regulation as a result of activity covered by any condition referenced below, we, the below name principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below.

Execution Date  
**12/28/2016**

**SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces.**

<input type="checkbox"/> <b>SINGLE BOND</b>	Identification of transaction secured by this bond (e.g., entry number, Transaction Date, Port Code)
<input checked="" type="checkbox"/> <b>CONTINUOUS BOND</b>	Effective Date: <b>01/13/2017</b> This bond remains in force for one year beginning with the effective date and for each succeeding annual period, or until terminated. This bond constitutes a separate bond for each period in the amounts listed below for liabilities that accrue in each period. The intention to terminate this bond must be conveyed within the period and manner prescribed in the CBP Regulations.


**SECTION II - This bond includes the following agreements. Check one box only. (Except 3a may be checked independently or with 3.)**

Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability	Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability
<input type="checkbox"/> 1	Importer or broker .....\$113.62		<input type="checkbox"/> 8	Detention of Copyrighted Material .....\$113.70 -Single Transaction Only-	
<input type="checkbox"/> 1a	Drawback Payments Refunds .....\$113.65		<input type="checkbox"/> 9	Neutrality .....\$113.71 -Single Transaction Only-	
<input checked="" type="checkbox"/> 2	Custodian of Bonded Merchandise \$113.63 (Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouse, container station operators) -Continuous Bond Only-	<b>\$50,000.00</b>	<input type="checkbox"/> 10	Court Costs for Condemned Goods .....\$113.72 -Single Transaction Only-	
<input type="checkbox"/> 3	International Carrier.....\$113.64		<input type="checkbox"/> 11	Airport Security Bond.....Part 113 App A	
<input type="checkbox"/> 3a	Instruments of International Traffic...\$113.66 -Continuous Bond Only-		<input type="checkbox"/> 12	International Trade Commission (ITC) Exclusion Bond.....Part 113 App B	
<input type="checkbox"/> 4	Foreign Trade Zone.....\$113.73 -Continuous Bond Only-		<input type="checkbox"/> 14	In-Bond Export Consolidation Bond	
<input type="checkbox"/> 5	Public Gauger.....\$113.67		<input type="checkbox"/> 15	Intellectual Property Rights (IPR)	
<input type="checkbox"/> 6	Wool & Fur Products .....\$113.68 Labeling Acts Importation -Single Transaction Only-		<input type="checkbox"/> 16	Importer Security Filing (ISF) .....Part 113 App D	
<input type="checkbox"/> 7	Bill of Lading.....\$113.69 -Single Transaction Only-		<input type="checkbox"/> 17	Marine Terminal Operator -Continuous Bond Only-	

<b>PRINCIPAL</b> Name and Physical Address (including legal description and state of incorporation) <b>(A ALABAMA Corporation)</b> <b>SOUTHERN INTERMODAL XPRESS LLC</b> <b>620 BAY BRIDGE RD</b> <b>MOBILE AL 366103427 United States</b>	By checking the box you agree that you have a seal in accordance with 19 CFR 113.25 ▶ CBP Identification Number: <b>47-249180300</b>	<b>AFFIX SEAL or Check Box</b>  <input checked="" type="checkbox"/> Check Box
	Signature <b>ATTORNEY IN FACT</b> <b>SOUTHERN INTERMODAL XPRESS LLC</b>	

Principal and surety agree that any charge against the bond under any of the listed names is as though it was made by the principal(s). Principal and surety agree that they are bound to the same extent as if they executed a separate bond covering each set of conditions incorporated by reference to the CBP regulations into this bond. If the surety fails to appoint an agent under Title 31, United States Code, Section 9306, surety consents to service on the Clerk of any United States District Court or the U.S. Court of International Trade, where suit is brought on this bond. That clerk is to send notice of the service to the surety at: ▶

Mailing Address Requested by the Surety  
**Lexon Insurance Company**  
**C/O International Bond & Marine Brokerage, Ltd.**  
**2 Hudson Place 4th Floor**  
**Hoboken, NJ 07030**

<b>SURETY</b> Name and Physical Address (including legal description and state of incorporation) <b>Lexon Insurance Company</b> <b>12890 Lebanon Road</b> <b>Mt. Juliet, TN 37122</b> <b>(A Texas Corporation)</b>	Surety Number <b>856</b>	Agent ID Number <b>143-48-7151</b>	 <input type="checkbox"/> Check Box
	Signature <i>Kevin A. Tattam</i> <b>Attorney-In-Fact</b> <b>Kevin A. Tattam</b>		

Broker Filer Code: DIR Surety Reference Number: 30463400

Principal Name: SOUTHERN INTERMODAL XPRESS LLC CBP Identification Number: 47-249180300

**AFFIX SEAL  
or  
Check Box**  
By checking the box you agree  
that you have a seal in  
accordance with 19 CFR 113.25

**CO-PRINCIPAL**

Name and Physical Address (including legal description and state of incorporation)	CBP Identification Number:	<input checked="" type="checkbox"/> Check Box
	Signature	

**SECTION III - List below the complete name of all trade names or unincorporated divisions that will be permitted to obligate this bond in the principal's name including their CBP Identification Number(s).**

CBP Identification Number	Name	CBP Identification Number	Name
Total Number of Importer Names listed in Section III: <b>0</b>			

**CO-SURETY**

Name and Physical Address (including legal description and state of incorporation)	Surety Number	Agent ID Number	<input type="checkbox"/> Check Box
	Signature		

# 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.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Southern Intermodal Xpress LLC**

**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 **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

**Note:** 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 **not** 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.

Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
**620 Bay Bridge Road**

**6** City, state, and ZIP code  
**Mobile, Alabama 36610**

**7** List account number(s) here (optional)

Requester's name and address (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.

**Social security number**

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

**Employer identification number**

4	7	-	2	4	9	1	8	0	3
---	---	---	---	---	---	---	---	---	---

## 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.

**Sign Here**    Signature of U.S. person ▶ *Rhonda Collins*    Date ▶ *01/27/23*

## 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.





March 30, 2023

ANDRES AVILES  
SOUTHERN INTERMODAL XPRESS LLC  
PO BOX 929  
MOBILE, AL 36601

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

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

SOUTHERN INTERMODAL XPRESS LLC  
PO BOX 929  
MOBILE, AL 36601  
MC-593622  
US DOT-1605061

This Alpha Code will apply only to the company name shown above through June 30, 2024. 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.

SOUTHERN INTERMODAL XPRESS, LLC

PHYSICAL ADDRESS(Mobile) 620 Bay Bridge Rd  
Prichard, AL 36610 (251)438-2749

PHYSICAL ADDRESS(New Orleans) 9575 Old Gentilly Rd  
New Orleans, LA 70127 (504)241-0749

MAILING ADDRESS: P.O. Box 929  
Mobile, AL 36601

FEDERAL ID#: 47-2491803

MC#: 593622

BANK REFERENCE: ServisFirst Bank  
219 E. Garden St. Suite 100  
Pensacola, FL 32502  
Contact: Doug Rehm  
Ph: (850)266-9129  
Fax: (850)266-9119

TRADE REFERENCES:

Contact: Ward International  
2101 Perimeter Rd  
Mobile, AL 36615  
Accts. Rec.  
Ph: (251)433-5616  
Fax(251)433-5617

Contact: Empire Truck  
P.O. Box 54325  
Jackson, MS 39288  
David  
(601)939-5000  
(601)932-1570 Fax

Contact: Davison Fuels, Inc.  
8450 Tanner Williams Rd  
Mobile, AL 36608  
Accts. Rec.  
(251)633-4446  
(251)639-4755Fax



# Registration Document

The U.S. Environmental Protection Agency recognizes  
**Southern Intermodal Xpress, LLC.**

*As a Registered*

**SmartWay® Transport Partner**

Partnership Date: 03/11/2010  
SmartWay ID: 12274047  
Expires: 05/01/2024

A handwritten signature in black ink, appearing to read "S. Waltzer".

**Sam Waltzer**

*Director, SmartWay Transport Partnership*