**DEAR CARRIER PARTNER**,

To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and return all required documents.

**PLEASE EMAIL ALL PAPERWORK TO:** [dispatch@yourcompany.com](mailto:dispatch@yourcompany.com)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED DOCUMENTS** | **CARRIER PROFILE** | | | | | | |
| * Copy of Workmen’s Compensation and or Occupational/Accidental Policies * I.C.C. Operating Authority * IRS W9 - Signed / Dated * Certificate of Canadian Authority * Signed Carrier Contract * Completed Carrier Profile * Completed Safety Evaluation Form **(Unrated Carriers)** * New Entrant Safety Audit Report **Unrated Carriers)** * **CARB** Compliance Certificates.   **Minimum Insurance Coverage** for Motor Carriers is:  **CARGO** - $100,000  **BI / PD** - $1,000,000 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Legal Company Name** | | | **DBA** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Physical Address** | | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_ | |
| **City** | | | **State** | | **Zip** | |
| ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | | | ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | | | |
| **Telephone** | | | **Facsimile** | | | |
|  | | |  | | | |
| Do you **FACTOR** your receivables through a 3rd party factoring company? Yes No . If **“YES”** please list contact information below. | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Factoring Company Name** | | | **Contact** | | | |
| ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | | | ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | | | |
| **Telephone** | | | **Facsimile** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Physical Address** | | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_ | |
| **City** | | | **State** | | **Zip** | |
|  | | | | | | |
| **LIST THE FOLLOWING CONTACTS** | | | | | | |
|  | | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | | | |
| **Dispatch** | | | **Telephone** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | | | |
| **Dispatch (After Hours)** | | | **Telephone** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **MC #** | | | **DOT#** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **SCAC** | | | **Federal ID #** | | | |
|  | | |  | | | |
| **Equipment List** | | |  | | | |
| \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_ |
| **Van** | **Reefer** | **Flats** | | **SD** | | **DD / RGN** |