**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

|  |  |
| --- | --- |
| **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** |