

CARRIER PROFILE

Instructions: Please complete this form giving us all the information that pertains to you and your company. The better informed we are, the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

PART 1: CARRIER GENERAL INFORMATION

COMPANY NAME: _____ DBA (If Any): _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT PERSON: _____ E-MAIL: _____

OFFICE PHONE: _____ FAX: _____ CELL PHONE: _____

EMERGENCY CONTACT PERSON: _____ EMERGENCY PHONE: _____

MC NUMBER: _____ YEARS ACTIVE: _____ DOT NUMBER: _____ SCAC: _____

FACTORING COMPANY: _____

PART 2: EQUIPMENT TYPES

Number and Type of Trailers: 53' VAN: _____ 53' REEFERS: _____ 48'/53' FLATBED: _____ POWER ONLY: _____

Truck #'s: _____ **Trailer #'s:** _____

Trailer Accessories for your specific equipment types (Dry Van, Reefer, and Flatbed):

OTHER TYPES: _____

PLEASE LIST THE BROKERS THAT YOU ARE ALREADY SET UP OR APPROVED WITH BELOW:

DISPATCH SPECIFICATIONS

Please give us your minimum cents per mile information. We understand that many factors will change this information, but this will give us a starting point.

CENTS (\$) PER MILE: _____ MAX # OF PICK UPS: _____ MAX # OF DELIVERIES: _____ DRIVER TOUCH (Y/N): _____

Mountains? (Y/N) _____ TOLLS? (Y/N) _____ Weight Limit _____ HOME TIME: _____

ENDORSEMENTS (Y/N): _____ TYPE OF ENDORSEMENTS: _____

CLEARANCE TYPE: (TWIC, DBID, RAPID GATE, STA) _____

ARE YOU: OTR (2,500 to 3,000 miles per week) _____ Regional (300 to 400 miles) _____ Local (150 miles or less) _____

Areas (ZONES) of the USA you like to travel – Please circle all that apply

Northeast (CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT)

Midwest (IA, IL, IN, KS, KY, MI, MN, MO, MT, NE, ND, OH, SD, WI)

Southeast (AL, FL, GA, MD, MS, NC, SC, TN, VA, WV)

Southwest (AR, AZ, LA, NM, OK, TX)

West (AK, AZ, CA, CO, ID, NM, NV, OR, UT, WA, WY)

COMMENTS: _____

NOTE: When returning the [Dispatcher Packet](#), which includes the completed [Dispatcher Agreement](#), the [Carrier Profile](#) and the [Limited Power of Attorney](#), please include [COPIES](#) of your [MC Authority Letter \(Certificate\)](#), [Certificate of Insurance \(C.O.I.\)](#), and [W9](#). If you are working with a [factoring company](#), please also include a copy of [factoring company's credit application](#) so that they can run the credit on the brokers and send a [Notice of Assignment \(N.O.A.\)](#) if the credit is favorable. Thank you.