

# **SAFE LOADS , LLC**



## **DISPATCH SERVICES**

**Email: [Support@safeloadsdispatch.com](mailto:Support@safeloadsdispatch.com)**

**Website: [www.safeloadsdispatch.com](http://www.safeloadsdispatch.com)**

**Phone: 800-319-9210**

**CARRIER PROFILE FORM**  
**\*\*MUST BE FILLED OUT COMPLETELY\*\***

COMPANY NAME:

\_\_\_\_\_

NAME OF COMPANY REPRESENTATIVE:

\_\_\_\_\_

Company Email:

\_\_\_\_\_

Company Phone Number:

\_\_\_\_\_

Company Address:

\_\_\_\_\_

\_\_\_\_\_

Mailing Address if different from above:

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

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

Phone Number: \_\_\_\_\_

**FMCSA Compliance Info**

FEDERAL ID # \_\_\_\_\_

MOTOR CARRIER # \_\_\_\_\_

US DOT NUMBER # \_\_\_\_\_

ELD DEVICE USED \_\_\_\_\_

**FACTORING COMPANY INFORMATION ( if applicable)**

COMPANY NAME:

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PHONE NUMBER:

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EMAIL:

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**INSURANCE COMPANY INFORMATION**

COMPANY NAME:

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CONTACT PERSON:

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PHONE NUMBER:

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EMAIL:

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**(COMPLETE DRIVER PROFILE ON NEXT PAGE )**

**DRIVER PROFILE**

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DRIVER NAME:

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PHONE NUMBER:

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EMAIL:

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**TYPE OF EQUIPMENT** (please specify quantity of each type, and truck / trailer number(s) )

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Please tell us about any special equipment specifications below: (LIFT GATE, PALLETS, TARPS, STRAPS, ETC)

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**TWIC HOLDER: Y/N** \_\_\_\_\_

**IF YES, TWIC #** \_\_\_\_\_

**HAZARDOUS MATERIALS: Y/N** \_\_\_\_\_

**IF YES, HAZMAT #** \_\_\_\_\_

**OTHER ENDORSEMENTS**

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**DRIVER SPECIFIC PREFERENCES : (HOME TIME/ COMMODITIES  
PREFERRED/ DISLIKED, SERVICE AREAS PREFERRED/ DISLIKED, ETC)**

**LIST NAMES OF ANY ADDITIONAL DRIVERS AND COMPLETE DRIVER PROFILE FOR EACH** (additional driver profile forms can be found on our website under the FORMS tab or sent via email upon request)

DRIVER :

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DRIVER :

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DRIVER :

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DRIVER :

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