

CARRIER SAFETY QUESTIONNAIRE

Carrier Legal Name: _____ MC#: _____

Operations Manager: _____

Phone: (____) ____ - _____ Extension: _____ Alt. Phone: (____) ____ - _____

Fax: (____) ____ - _____ Email: _____

1. Does your company follow Safety Laws and DOT Rules and Regulations?

(Circle One) Yes or No

2. What is your safety rating per the FMCSA?

(Circle One) Satisfactory Unsatisfactory Conditional None

3. Person's name within your company that manages your Driver's Logs and follows DOT Procedures?

Name: _____ Phone: (____) ____ - _____

Print Name: _____ Date: _____

Signature: _____

PLEASE NOTE

WE WILL **NOT** RELEASE ANY CARRIER PAYMENT UNLESS THIS FORM IS COMPLETED!

