

Lady Elite Dispatching LLC

CARRIER PROFILE FORM

Carrier Name _____

Motor Carrier # _____ USDOT # _____

Contact Name _____

Phone: _____ Cell: _____ Fax: _____

Emergency #: _____ Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of equipment

Number of Trailers: _____ Type: _____ Length (48' or 53') _____
_____ Weight: _____ Height: _____ Last Tune-up: _____ Distance:
_____ Wheel Type: _____ Fuel Type: _____ Color: _____

Company Information

of Owner Ops: _____

Of Company Drivers: _____

Of Trucks with Team Drivers: _____

Any additional notes or comments:

