



Carrier Full Onboarding Form

Please complete all sections accurately. This information is required before dispatch services begin.

Carrier Information

Field	Information
Legal Carrier Name	
DBA (if applicable)	
MC Number	
DOT Number	
Authority Start Date	
Business Address	
City, State, ZIP	
Primary Contact Name	
Phone Number	
Email Address	

Equipment & Operations

Field	Information
Truck Type (Dry Van, Reefer, Flatbed, Box Truck, etc.)	
Truck Length (ft)	
Weight Capacity (lbs)	
Preferred Lanes (ex: GA-FL-AL)	
Home Time Preference	
Maximum Deadhead (miles)	

Compliance Verification

Compliance Item	Yes / No
Insurance Active (Auto & Cargo)	
UCR Current	
IFTA Active (if applicable)	
IRP / Registration Current	
Drug & Alcohol Clearinghouse Registered	
Consortium Enrolled	

Service Selection

Field	Selection
Selected Dispatch Service	Standard (7%) or Priority (10%)
Requested Start Date	

Carrier Acknowledgment

I certify that all information provided is accurate. I understand that Mayi Industries, LLC is an independent dispatch service and not a freight broker. Compliance with all federal and state regulations remains the responsibility of the carrier.

Carrier Signature	
Date	