



## 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	