

GEL DISPATCHING LLC
5439 PARRIS BRIDGE RD BOILING SPRINGS SC 29316
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EMAIL: INFO@GELDISPATCHING.COM

DISPATCH CARRIER PROFILE

DEAR CARRIER PARTNER,

To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and return all required documents.

PLEASE EMAIL ALL PAPERWORK TO: INFO@GELDISPATCHING.COM

REQUIRED DOCUMENTS <ul style="list-style-type: none">✓ Copy of Workmen's Compensation and or Occupational/Accidental Policies✓ I.C.C. Operating Authority✓ IRS W9 - Signed / Dated✓ Certificate of Canadian Authority✓ Signed Carrier Contract✓ Completed Carrier Profile✓ Completed Safety Evaluation Form (<u>Unrated Carriers</u>)✓ New Entrant Safety Audit Report <u>Unrated Carriers</u>)✓ CARB Compliance Certificates. Minimum Insurance Coverage for Motor Carriers is: CARGO - \$100,000 BI / PD - \$1,000,000	CARRIER PROFILE Legal Company Name <input type="text"/> DBA <input type="text"/> Physical Address <input type="text"/> <input type="text"/> <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Telephone <input type="text"/> Facsimile <input type="text"/> Do you FACTOR your receivables through a 3 rd party factoring company? Yes <input type="checkbox"/> No <input type="checkbox"/> . If "YES" please list contact information below. Factoring Company Name <input type="text"/> Contact <input type="text"/> Telephone <input type="text"/> Facsimile <input type="text"/> Physical Address <input type="text"/> <input type="text"/> <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> LIST THE FOLLOWING CONTACTS Owner (After Hours) <input type="text"/> Telephone <input type="text"/> MC # <input type="text"/> DOT# <input type="text"/> SCAC <input type="text"/> Federal ID # <input type="text"/> Equipment List <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Van <input type="text"/> Reefer <input type="text"/> Flats <input type="text"/> SD <input type="text"/> DD / RGN <input type="text"/>
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