



**CARRIER FIRST MANAGEMENT LLC**

1200 East Davis Street Ste 115 PMB 1069

Mesquite, Texas 75149

P: 1-833-569-8325 (1-833-5MY-TEAM) F: 972-803-6086

**MOTOR CARRIER PROFILE APPLICATION**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
OR Company Name (DBA) \_\_\_\_\_ EIN# \_\_\_\_\_  
Street Address \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_  
DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_ DL Class \_\_\_\_\_ State Issued \_\_\_\_\_  
DL# Expiration Date \_\_\_\_\_ Years of Class CDL Holding \_\_\_\_\_  
MC# \_\_\_\_\_ DOT# \_\_\_\_\_ SCAC \_\_\_\_\_  
Time in Business \_\_\_\_\_

**DO YOU OWN YOUR EQUIPMENT**

Tractor \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Number of trucks \_\_\_\_\_

**MAINTENANCE HISTORY AT LEAST 6 MONTHS**

**En-Route Inspections**


Dry Van 48' \_\_\_\_\_ 53' \_\_\_\_\_

Reefer 48' \_\_\_\_\_ 53' \_\_\_\_\_

Hazmat Endorsement: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to endorsements, please provide details.

\_\_\_\_\_

## **TRAFFIC/COMFRONT LANES**

North East \_\_\_\_\_ South West \_\_\_\_\_  
South East \_\_\_\_\_ North West \_\_\_\_\_  
Mid-West \_\_\_\_\_ Central \_\_\_\_\_  
Preferred States \_\_\_\_\_  
Would you like for us to email or call you about available loads? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Please provide email address you would like for us to email available loads.  
Email Address \_\_\_\_\_  
Best Phone number to call for available loads. \_\_\_\_\_

## **CONTACT INFORMATION**

Disp./Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
After Hours/Night Cell# \_\_\_\_\_ Email: \_\_\_\_\_  
Operations Manager: \_\_\_\_\_ Phone # \_\_\_\_\_  
Email: \_\_\_\_\_ Fax # \_\_\_\_\_  
Account Payable Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Email: \_\_\_\_\_

## **MVR (MOTOR VEHICLE RECORD/ACCIDENT RECORD FOR THE PAST 3 YRS**

Attach additional sheets if more space is needed.

\_\_\_\_\_ Check this box if none.

<b><u>Dates (list most recent first.</u></b>	<b><u>Nature of Accident (Head-on, Rear-end, Upset, Etc.)</u></b>	<b><u>#of Fatalities</u></b>	<b><u># Injuries</u></b>	<b><u>Chemical spills Yes or No</u></b>

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN  
PARKING VIOLATIONS)**

*Attach additional sheets if more space is needed.*

\_\_\_\_\_ Check this box if none.

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)

**CARRIER STATEMENT**

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the profile may render this profile void and will be cause for termination, whenever discovered.

I understand and agree that any agreement that may result from this profile will be for no definite period or duration is at the will of this company and may be terminated at any time, without notice or cause.

I understand and agree that all these terms are reasonable, fair, and acceptable to me. I have not been coerced, threatened, or intimidated into signing this statement; instead, it is of my own free will.

Carrier Name: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_