**Company Profile Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF MOTOR CARRIER** | | | | | | **TRADE OR D.B.A. (DOING BUSINESS AS) NAME** | | | | | |
| **PRINCIPAL ADDRESS** | | **CITY** | | | | **STATE** | | | | **ZIP CODE** | |
| **MAILING ADDRESS** | | **CITY** | | | | **STATE** | | | | **ZIP CODE** | |
| **PRINCIPAL BUSINESS PHONE** | | | | **PRINCIPAL CONTACT CELL** | | | | **PRINCIPAL BUSINESS FAX** | | | |
| **US DOT NO** | | **MC NO** | | | | **IRS/TAX ID NO** | | | | **SSN#** | |
| **BUSINESS TAX CLASSIFICATION** | | | | | | | | | | | |
| **EMAIL ADDRESS** | | | | | | | | | | | |
| **COMPANY OPERATION (*check all that apply*)**  **Interstate Carrier Intrastate Carrier** | | | | | | | | | | | |
| **OPERATION CLASSIFICATION (*check all that apply*)**  **Authorized For-Hire Exempt For-Hire Private Property** | | | | | | | | | | | |
| **CARGO CLASSIFICATION** | | | | | | | | | | | |
| **NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.** | | | | | | | | | | | |
|  | | | TRUCKS TRACTORS | | | | | | TRAILERS | | |
| OWNED | | |  | | | | | |  | | |
| TERM LEASED | | |  | | | | | |  | | |
| TRIP LEASED | | |  | | | | | |  | | |
| **DRIVER INFORMATION** | | | | | | | | | | | |
|  | INTERSTATE | | | | INTRASTATE | | TOTAL DRIVERS | | | | TOTAL CDL DRIVERS |
| Within 100-Mile Radius |  | | | |  | |  | | | |  |
| Beyond 100-Mile Radius |  | | | |  | |  | | | |  |
| **Is your U.S. DOT number registration currently revoked by the Federal Motor Carrier Safety Administration?**  **YES NO** | | | | | | | | | | | |
| **PLEASE PRINT Name of Sole Proprietor(s), Officers, or Partners and Titles** | | | | | | | | | | | |

**CERTIFICATION STATEMENT (*to be completed by authorized official*)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am familiar with the Federal Motor Carrier Safety Regulations. Under penalties of perjury, I declare that the information entered on this profile is, to the best of my knowledge and belief, true, correct, and complete.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_