## **CARRIER PROFILE**

<u>Instructions</u>: Please complete this form giving us all the information that pertains to you and your company. The better informed we are, the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

## PART 1: CARRIER GENERAL INFORMATION

COMPANY NAME:	DBA (If Any):				
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:		
MAILING ADDRESS:	CITY:	STATE:	ZIP:		
MAIN CONTACT PERSON:	E-MAIL:				
OFFICE PHONE: FAX: _	CELI	PHONE:			
EMERGENCY CONTACT PERSON:	EMERGENCY PHONE:				
MC NUMBER: YEARS ACTIVE:	DOT NUMBER:	SCAC:			
PART 2: EQUIPMENT TYPES  Number and Type of Trailers: 53' VAN:  Truck #'s: Trailer #'s:  Trailer Accessories for your specific equipment ty		_	POWER ONLY:		
OTHER TYPES:					
PLEASE LIST THE BROKERS THAT YO	U ARE ALREADY SE	ET UP OR APPROV	<u>/ED WITH BELOW:</u>		

## **DISPATCH SPECIFICATIONS**

<u>Please give us your minimum cents per mile information. We understand that many factors will change this information, but this will give us a starting point.</u>

MAX # OF PICK UP	S: MAX # OF I	DELIVERIES:	DRIVER TOUCH (Y/N):
_ TOLLS? (Y/N)	Weight Limit	HOME TIME:	
TYPE OF ENDO	RSEMENTS:		
BID, RAPID GATE, STA	)	_	
S) of the USA	you like to tra	vel – Please	circle all that apply
<u>Northeas</u>	t (CT, DE, MA, ME, NH,	NJ, NY, PA, RI, VT)	
Midwest (IA, IL, I	IN, KS, KY, MI, MN, MO	, MT, NE, ND, OH, S	D, WI)
Southeast	(AL, FL, GA, MD, MS, N	IC, SC, TN, VA, WV)	
Sc	outhwest (AR, AZ, LA, N	IM, OK, TX)	
West (AK,	AZ, CA, CO, ID, NM, N	/, OR, UT, WA, WY)	
	TOLLS? (Y/N)  TYPE OF ENDO BID, RAPID GATE, STA  Southeast  Midwest (IA, IL, II  Southeast  West (AK,	TOLLS? (Y/N) Weight Limit  TYPE OF ENDORSEMENTS:  BID, RAPID GATE, STA)  Solutheast (CT, DE, MA, ME, NH, Midwest (IA, IL, IN, KS, KY, MI, MN, MO)  Southeast (AL, FL, GA, MD, MS, N)  Southwest (AR, AZ, LA, N)  West (AK, AZ, CA, CO, ID, NM, N)	MAX # OF PICK UPS: MAX # OF DELIVERIES:TOLLS? (Y/N) Weight Limit HOME TIME: TYPE OF ENDORSEMENTS:  DBID, RAPID GATE, STA)  SBID, RAPID GATE, STA)  ES) of the USA you like to travel — Please  Northeast (CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT)  Midwest (IA, IL, IN, KS, KY, MI, MN, MO, MT, NE, ND, OH, S  Southeast (AL, FL, GA, MD, MS, NC, SC, TN, VA, WV)  Southwest (AR, AZ, LA, NM, OK, TX)  West (AK, AZ, CA, CO, ID, NM, NV, OR, UT, WA, WY)

NOTE: When returning the <u>Dispatcher Packet</u>, which includes the completed <u>Dispatcher Agreement</u>, the <u>Carrier Profile and the Limited Power of Attorney</u>, please include <u>COPIES</u> of your <u>MC Authority Letter (Certificate)</u>, <u>Certificate of Insurance (C.O.I.)</u>, and <u>W9</u>. If you are working with a <u>factoring company</u>, please also include a copy of <u>factoring company's credit application</u> so that they can run the credit on the brokers and send a <u>Notice of Assignment (N.O.A.)</u> if the credit is favorable. Thank you.