

## Carrier Profile

### A. Carrier Information:

Physical Address: _____	Mailing Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Ein# \_\_\_\_\_ MC# \_\_\_\_\_ DOT# \_\_\_\_\_ SCAC: \_\_\_\_\_

\*Carriers operating in intrastate commerce only must attach a copy of their current intrastate authority.

### B. Contact Information:

Dispatch Name: _____	Phone #: _____
Email: _____	
Accounts Receivable Name: _____	Phone #: _____
Email: _____	

### C. Payment Remit To information:

Is the below name/ address a factoring company? Yes/No

Payment Remit to Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### D. Equipment and Fleet Profile

**Circle**

If operating as a reefer carrier, are you California ARB compliant?	Yes/No
Are you certified as a SmartWay freight carrier by the EPA?	Yes/No
Are you Hazmat Certified <b>* If yes submit Hazmat Certificate</b>	Yes/No
Are you CTPAT certified? <b>* If yes SVI# _____</b>	Yes/No

# Trucks \_\_\_\_\_ # Drivers \_\_\_\_\_

Intermodal Dray Provider _____	Power Only _____	
#53 Dry Vans _____ Air ride - - Yes/No	#48 Dry Vans _____	Air ride - - Yes/No
#53 Reefers _____ Air ride - - Yes/No	#48 Reefers _____	Air ride - - Yes/No
#53 Flatbeds _____ #48 Flatbeds _____	# Step/Drop _____	# RGN _____
#Heavy Haul/ Multi Axle _____	Type _____	