

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 * If yes submit Hazmat Certificate	Yes/No
Are you CTPAT certified? * If yes SVI# _____	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 _____		