**OWNER OPERATOR OR TRUCKING COMPANY**

**CARRIER PROFILE**

**Instructions**: 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 INFORMATION SECTION**

COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DBA (If Any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_

MAIN CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2: EQUIPMENT SECTION**

NUMBER OF TRUCKS: \_\_\_\_\_\_\_\_ COMPANY: \_\_\_\_\_\_\_ OWNER OPERATORS: \_\_\_\_\_\_\_\_ NUMBER OF TEAMS: \_\_\_\_\_\_\_\_\_\_

NUMBER OF TRAILERS: VAN: \_\_\_\_\_\_\_\_\_ REEFERS: \_\_\_\_\_\_\_\_\_\_ FLATBED: \_\_\_\_\_\_\_\_\_

OTHER TYPES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAILER SIZES: VAN: \_\_\_\_\_\_\_\_\_\_\_ REEFER: \_\_\_\_\_\_\_\_\_\_\_\_ FLATBED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LIST THE BROKERS THAT YOU ARE ALREADY SET UP WITH BELOW:**

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**DISPATCHING SERVICE**

**Rate of Haul information:** Please give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point.

**MINIMUM RATE PER MILE: \_\_\_\_\_\_\_\_ MAX PICKS: \_\_\_\_\_\_\_ MAX DROPS: \_\_\_\_\_\_\_\_ DRIVER TOUCH (Y/N): \_\_\_\_\_\_\_\_\_\_**

**COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**