

## **OWNER OPERATOR 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 #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_  
MC# \_\_\_\_\_ DOT# \_\_\_\_\_

### **PART 2: EQUIPMENT SECTION**

Number Of Trucks: \_\_\_\_\_ Company: \_\_\_\_\_ Owner Operator: \_\_\_\_\_ Number Of Team: \_\_\_\_\_  
Number Of Trailers: VAN: \_\_\_\_\_ REEFERS: \_\_\_\_\_ FLATBED: \_\_\_\_\_  
OTHER TYPES: \_\_\_\_\_

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

BOX TRUCK \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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 PICK UP: \_\_\_\_\_  
Max Drops: \_\_\_\_\_ Driver Touch (Y/N): \_\_\_\_\_  
Drivers Name: \_\_\_\_\_ Driver License # \_\_\_\_\_ Phone# \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

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