



Carrier Profile

Carrier Name: _____ Address: _____

Remittance Address (If Different From Above): _____

Dispatch Contact: _____ E-Mail Address: _____

Watts #: _____ Night Time Ph #: _____

Local #: _____ Fax #: _____

Fed ID #: _____ Safer Stat Scores: _____ (Kennedy Office Use)

MC #: _____ Safety Rating: _____ (Kennedy Office Use)

DOT #: _____

Insurance - Cargo Limit \$: _____ Liability Limit \$: _____

Cargo Expires: _____ Liability Expires: _____

Of Power Units Operated: _____ # Company Units: _____ # Owner / Operators: _____

Trailer Types & #'s - Flats: _____ Step Decks: _____

Double Drops: _____ Extendibles: _____

States Where Loads Are Most Needed: _____

Preferred Destination States: _____