



CARRIER PROFILE

* Field Required

Date of Profile

I. GENERAL INFORMATION

Industry SCAC:

Dunn and Bradstreet #:

* Company Phone #:

Federal ID #:

* Company Name:

DBA:

* Address:

* DOT # (All Carriers):

* City:

* MC # (All Carriers):

* State/Province:

* CVOR # (ON Carrier):

* Zip/Postal Code:

* PECVL # (QC Carrier):

* Country:

* NIR # (QC Carrier):

II. CONTACT INFORMATION

	Name	Tel. Number	Ext.	Cell Number	Fax Number	Email Address
President (CEO):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VP of Operations:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales Representative:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Dispatch Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Night Dispatch:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A/R Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address to Receive TLC Bids:

Internet Web-Site Address:

III. BUSINESS INFORMATION

* Current D.O.T. Safety Rating:

* Insurer:

Date of D.O.T. Safety Rating:

* General Liability:

* Current ON/QC Safety Rating:

* Cargo Liability:

Date of ON/QC Safety Rating:

* Insurance Expiry:

* Must provide D.O.T. and Provincial Safety Rating * Must provide Insurance Certificate TLC IS TO BE LISTED AS CERTIFICATE HOLDER

IV. OPERATING TYPE

Motor Carrier:

Yes No

Canadian Bonded:

Yes No

Broker:

Yes No

USA Bonded:

Yes No

Intermodal:

Yes No

Hazardous Material Authority:

Yes No

Haz. Mat. Registration #:

Expires:

V. COUNTRIES SERVICED

USA/Canada Trans-Border:

Yes No

Canadian Domestic:

Yes No

USA Domestic:

Yes No

Mexico:

Yes No

VI. RESOURCE INFORMATION

Number of Terminals:

Number of Terminals located in USA:

Number of Tractors (Power Units):

Number of Terminals located in Canada:

Dispatch Hours of Operations (AM to PM):

Dispatch Days of Operation (SAT to SUN):

Number of Tandem Dry Van Trailers:

Sizes (53', 48'):

Number of Tandem Reefer Trailers:

Sizes (53', 48'):

Number of Tandem Heated Trailers:

Sizes (53', 48'):

Number of Tri-axle Dry Van Trailers:

Sizes (53', 48'):

Number of Tri-axle Reefer Trailers:

Sizes (53', 48'):

Number of Tri-axle Heated Trailers:

Sizes (53', 48'):

Number of Tri-axle Heated Trailers:

Sizes (53', 48'):

Number of Flatbed Trailers:

Sizes (53', 48'):

Other:

Sizes (53', 48'):

VI. RESOURCE INFORMATION

Number of Drivers:

Number of Teams:

What % of Fleet is Owner Operators?

On-Board Communication (select all forms): Cellular Pager Satellite Tracking Cellular Tracking

VII. ADDITIONAL INFORMATION

* CTPAT Certified: Yes No In Progress

* CTPAT #:

* FAST Certified: Yes No In Progress

* FAST #:

* ACE Certified: Yes No In Progress

* ACE #:

PIP Certified: Yes No In Progress

PIP #:

CSA Certified: Yes No In Progress

HM232 Certified: Yes No In Progress

Other Certifications:

VIII. SERVICE AREA(S)

* Interstate Operating Authority Continental 48 states? Yes No *** Must Provide Copy**

* Provincial Operating Authority for Canada? Yes No *** Must Provide Copy**

List Preferred States / Regions of Coverage (service area company is strong in):

STATE	STATE	STATE	STATE	PROVINCE
<input type="checkbox"/> AL	<input type="checkbox"/> IL	<input type="checkbox"/> ND	<input type="checkbox"/> SD	CANADA
<input type="checkbox"/> AR	<input type="checkbox"/> IN	<input type="checkbox"/> NE	<input type="checkbox"/> TN	<input type="checkbox"/> AB
<input type="checkbox"/> AZ	<input type="checkbox"/> KS	<input type="checkbox"/> NH	<input type="checkbox"/> TX-N	<input type="checkbox"/> BC
<input type="checkbox"/> CA-N	<input type="checkbox"/> KY	<input type="checkbox"/> NJ	<input type="checkbox"/> TX-S	<input type="checkbox"/> MB
<input type="checkbox"/> CA-S	<input type="checkbox"/> LA	<input type="checkbox"/> NM	<input type="checkbox"/> TX-W	<input type="checkbox"/> NB
<input type="checkbox"/> CO	<input type="checkbox"/> MA	<input type="checkbox"/> NV	<input type="checkbox"/> TX-E	<input type="checkbox"/> NL
<input type="checkbox"/> CT	<input type="checkbox"/> MD	<input type="checkbox"/> NY-CITY	<input type="checkbox"/> UT	<input type="checkbox"/> NS
<input type="checkbox"/> DC	<input type="checkbox"/> ME	<input type="checkbox"/> NY	<input type="checkbox"/> VA	<input type="checkbox"/> ON
<input type="checkbox"/> DE	<input type="checkbox"/> MI	<input type="checkbox"/> OH	<input type="checkbox"/> VT	<input type="checkbox"/> PE
<input type="checkbox"/> FL-N	<input type="checkbox"/> MN	<input type="checkbox"/> OK	<input type="checkbox"/> WA	<input type="checkbox"/> QC
<input type="checkbox"/> FL-S	<input type="checkbox"/> MO	<input type="checkbox"/> OR	<input type="checkbox"/> WI	<input type="checkbox"/> SK
<input type="checkbox"/> GA	<input type="checkbox"/> MS	<input type="checkbox"/> PA	<input type="checkbox"/> WV	
<input type="checkbox"/> IA	<input type="checkbox"/> MT	<input type="checkbox"/> RI	<input type="checkbox"/> WY	
<input type="checkbox"/> ID	<input type="checkbox"/> NC	<input type="checkbox"/> SC	<input type="checkbox"/> MEXICO	

IX. BUSINESS REFERENCES

	Company Name	Key Contact Name	City	State/Prov	Annual Volume	Tel. Number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. SUMMARY OF DOCUMENTS TO SUPPLY

- 1 Certificate of insurance with TLC listed as certificate holder (Must mail original).
- 2 Interstate operating authority (Faxed copy is acceptable).
- 3 Canadian operating authority (Faxed copy is acceptable).
- 4 Copy of C-TPAT certificate.
- 5 Copy of FAST certificate.
- 6 Copy of Provincial Safety Rating (Faxed copy is acceptable).
- 7 Copy of DOT Safety Rating (Faxed copy is acceptable).