



## CARRIER PROFILE

Phone: 202-449-1799 Fax: 202-370-7059

Email: [info@roadpowerlogistics.com](mailto:info@roadpowerlogistics.com)

**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 GENERAL INFORMATION

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

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

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

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

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

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

MC NUMBER: \_\_\_\_\_ YEARS ACTIVE: \_\_\_\_\_ DOT NUMBER: \_\_\_\_\_ SCAC: \_\_\_\_\_

### PART 2: EQUIPMENT TYPES

**Number and Type of Trailers:** 53' VAN: \_\_\_\_\_ 53' REEFERS: \_\_\_\_\_ 48'/53' FLATBED: \_\_\_\_\_ POWER ONLY: \_\_\_\_\_

**Truck #'s:** \_\_\_\_\_ **Trailer #'s:** \_\_\_\_\_

**Trailer Accessories for your specific equipment types (Dry Van, Reefer, and Flatbed):**

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



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

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## **DISPATCH SPECIFICATIONS**

**Please give us your minimum cents per mile information. We understand that many factors will change this information, but this will give us a starting point.**

CENTS (\$) PER MILE: \_\_\_\_\_ MAX # OF PICK UPS: \_\_\_\_\_ MAX # OF DELIVERIES: \_\_\_\_\_ DRIVER TOUCH (Y/N): \_\_\_\_\_

Mountains? (Y/N) \_\_\_\_\_ TOLLS? (Y/N) \_\_\_\_\_ Weight Limit \_\_\_\_\_ HOME TIME: \_\_\_\_\_

ENDORSEMENTS (Y/N): \_\_\_\_\_ TYPE OF ENDORSEMENTS: \_\_\_\_\_

CLEARANCE TYPE: (TWIC, DBID, RAPID GATE, STA) \_\_\_\_\_

### **Areas (ZONES) of USA you like to travel – Please circle all that apply**

Northeast (CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT)

Midwest (IA, IL, IN, KS, KY, MI, MN, MO, MT, NE, ND, OH, SD, WI)

Southeast (AL, FL, GA, MD, MS, NC, SC, TN, VA, WV)

Southwest (AR, AZ, LA, NM, OK, TX)

West (AK, AZ, CA, CO, ID, NM, NV, OR, UT, WA, WY)

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

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**NOTE:** When returning the Dispatcher-Carrier Packet, which includes this completed Dispatcher Agreement, the Carrier Profile and Credit Authorization Form, please include COPIES of the MC Authority Letter, Certificate of Insurance (C.O.I.), and W9. If you are working with a factoring company, please also include a copy of your Notice of Assignment (N.O.A.). Thank you.