

Shipper and Carrier Supply Chain Management

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Motor Carrier Profile

DEAR CARRIER PARTNER,

To be certain we have an accurate profile of your organization and full knowledge of your transportation services and needs, complete the carrier profile below and return all required documents.

PLEASE EMAIL ALL PAPERWORK TO: compliance@fortenlogistics.com

REQUIRED DOCUMENTS CARRIER PROFILE ✓ Copy of Workmen's Compensation and or **Legal Company Name DBA** Occupational/Accidental **Policies Physical Address** ✓ I.C.C. Operating Authority ✓ IRS W9 - Signed / Dated City Zip State ✓ Certificate of Canadian Authority Telephone **Facsimile** ✓ Signed Carrier Contract ✓ Completed Carrier Profile Do you **FACTOR** your receivables through a 3rd party factoring company? ✓ Completed Safety Evaluation Yes No If "YES" please list contact information below. Form (Unrated Carriers) **Factoring Company Name** ✓ New Entrant Safety Audit Contact Report Unrated Carriers) () ✓ CARB Compliance **Facsimile** Telephone Certificates. **Physical Address** Minimum Insurance Coverage for Motor Carriers is: Zip City State **CARGO** - \$100,000 / \$250,000 **LIST THE FOLLOWING CONTACTS BI / PD** - \$1,000,000 Dispatch Telephone **Dispatch (After Hours)** Telephone MC# DOT# Federal ID # SCAC **Equipment List** Van Reefer **Flats** SD DD / RGN