

# CTC Transportation

## Carrier Profile Form

Date: \_\_\_\_\_

Carrier Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

EIN/SS# \_\_\_\_\_ MC# \_\_\_\_\_ DOT# \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tractor type \_\_\_\_\_ Year \_\_\_\_\_

Van (53' or 48') \_\_\_\_\_ Flatbed \_\_\_\_\_ Reefer \_\_\_\_\_ Auto Carrier \_\_\_\_\_

# Drivers \_\_\_\_\_ # Power Units \_\_\_\_\_ # Trailers \_\_\_\_\_

Preferred lanes of operation

State                      State                      State                      State

Insurance Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Check List:

1. Carrier Profile
2. Motor Carrier Operating Authorities
3. Certificate of Insurance naming CTC Transportation as Certificate Holder with minimum of \$100,000 cargo and \$1,000,000 Liability.
4. W-9 Form

**NOTE:**

**ORIGINAL SHIPPING ORDER AND DELIVERY RECEIPT MUST ACCOMPANY YOUR FREIGHT BILL IN ORDER FOR PAYMENT TO BE PROCESSED.**

