



COMMERCIAL CARRIER PROFILE

7 DEGREES ABOVE LOGISTICS

Please complete all applicable fields. Attach requested documentation when submitting.

COMPANY & CONTACT INFORMATION

Legal Business / Carrier Name

DBA (if applicable)

Primary Contact Name

Title / Position

Business Phone

Mobile Phone

Email Address

Business Street Address

City

State

ZIP Code

CARRIER REGISTRATION & AUTHORITY

USDOT Number

MC / MX Number (if applicable)

Federal EIN / Tax ID

State of Registration

Years in Business

Operating Authority Status

OPERATIONS & EQUIPMENT

Services Offered (check all that apply)

☐ Dry Van

☐ Reefer

☐ Flatbed

☐ Box Truck

☐ Power Only

Operating Region

☐ Local

☐ Regional

☐ Nationwide

☐ Interstate

☐ Intrastate

Number of Trucks / Power Units

Number of Trailers

Number of Drivers

Equipment Types / Special Capabilities



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Carrier qualifications, documentation and authorization.

INSURANCE & SAFETY

Insurance Company / Agency

Agent / Contact Phone

Auto Liability Coverage Limit (\$)

Cargo Coverage Limit (\$)

Policy Expiration Date

General Liability Limit (\$, if applicable)

Workers Comp. (if applicable)

Safety Rating (if known)

Hazmat Authority (if applicable)

Last DOT Inspection Date

DISPATCH & PAYMENT PREFERENCES

Dispatch Contact / Phone

Dispatch Email

Preferred Lanes / States

Typical Availability / Hours

Payment / Factoring Company (if applicable)

Payment Contact Email

DOCUMENTS CHECKLIST

Mark the documents included with this profile:

☐ W-9

☐ Certificate of Insurance

☐ Operating Authority

☐ Carrier Packet / Agreement

☐ Equipment List

☐ Other (specify below)

Other Documents / Notes

CERTIFICATION & AUTHORIZATION

I certify that the information provided is accurate to the best of my knowledge and that I am authorized to submit this profile on behalf of the carrier. Submission does not guarantee approval, dispatch assignments, or a business relationship.

Authorized Representative (Print Name)

Title

Signature

Date