

Please note the completeness of this profile will increase our ability in matching your company with freight. Please type or print in black or blue ink.

Date Completed: \_\_\_\_\_ Conexus Account Manager: \_\_\_\_\_

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

Carrier DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Toll-free Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

DOT: \_\_\_\_\_ MC: \_\_\_\_\_ SCAC: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Years your company has been in business? \_\_\_\_\_

Does your company own a brokerage? \_\_\_\_\_

**References:**

Please list 2 customers we can contact for references:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

| Operating Area       | Contact Name | Phone w/ Extension | Fax | Email |
|----------------------|--------------|--------------------|-----|-------|
| Primary Contact      |              |                    |     |       |
| Dispatch             |              |                    |     |       |
| Dispatch             |              |                    |     |       |
| After Hours          |              |                    |     |       |
| Insurance/Risk Mgmt. |              |                    |     |       |
| Claims/Safety        |              |                    |     |       |
| Contracts            |              |                    |     |       |
| Accounts Receivable  |              |                    |     |       |

Do you haul hazardous materials? (Yes/No) *\*If yes, please include current HAZ-MAT registration.*

Do you haul nursery loads? (Yes/No) *\*If yes, please specify your available trucking materials (see below).*

**Trucking materials:**

4 foot tarps  6 foot tarps  8 foot tarps  Chains  Straps  E-track  Logistics post

Lift gate  Spacesavers  Other \_\_\_\_\_

**Tracking Capabilities:**

Satellite  Cellular phone  Pager  Scheduled call-ins  2-way radio  
 Customs bonded? (Yes/No) Do you have internet access? (Yes/No) Do you have access to e-mail? (Yes/No)  
 Are you a SmartWay Transport Partner? (Yes/No) \* If yes, please include SmartWay certificate.

Security/Customs & Border Protection programs participation, if applicable:

- ACE (Automated Commercial Environment System)
- AES (Automated Export System)
- CSI (Container Security Initiative)
- C-TPAT (Customs – Trade Partnership Against Terrorism)
- FAST (Free & Secure Trade)
- PAPS (Pre-Arrival Processing System)
- PIP (Partners in Protection) [Canada Customs & Revenue Agency for Canadian Carriers]
- TWIC (Transportation Worker Identification Credential)

**Operating Authority**

All 48 states

NE  ]all NE  ]CT  ]DE  ]MA  ]MD  ]ME  ]NH  ]NJ  ]NY  ]PA  ]RI  ]VT  ]WV  
 MW  ]all MW  ]IL  ]IN  ]IA  ]KY  ]MI  ]MN  ]MO  ]OH  ]WI  
 SE  ]all SE  ]AL  ]AR  ]FL  ]GA  ]LA  ]MS  ]NC  ]SC  ]TN  ]VA  
 SW  ]all SW  ]AZ  ]CA  ]CO  ]KS  ]NM  ]NV  ]OK  ]UT  ]TX  
 NW  ]all NW  ]ID  ]MT  ]NE  ]ND  ]OR  ]SD  ]WA  ]WY

Canadian Provinces:  ]AB  ]BC  ]MB  ]NB  ]NF  ]NS  ]ON  ]PE  ]PQ/QC  ]SK  ]YT  
 ]Provincial authority? (copy attached)  
 ]Mexico-US  ]Inter-Mexican states  
 ]Within Mexican state (specify) \_\_\_\_\_  ]State authority? (copy attached)  
 ]Do your trailers go across US borders?  
 ]Intrastate (specify states) \_\_\_\_\_  ]State authority? (copy attached)

Over-the-Road Coverage (if applicable, check all that apply)  
 ]Short-haul (0-500 miles)  ]Long-haul (over 500 miles)

**Carrier Capabilities**

Mode of Service: TL LTL INTERMODAL SMALL PACKAGE AIR  
 Area of Service: OTR REGIONAL LOCAL EXPEDITE TEAMS  
 Average age of Tractors: \_\_\_\_\_ Average age of Trailers: \_\_\_\_\_

|                       | Number | Length | Inside Width | Vented (Yes/No) |
|-----------------------|--------|--------|--------------|-----------------|
| Dry Van               |        |        |              |                 |
| Refrigerated          |        |        |              |                 |
| Flatbed               |        |        |              |                 |
| Single Drop/Step deck |        |        |              |                 |
| Double Drop           |        |        |              |                 |
| RGN                   |        |        |              |                 |
| Tractors/Power only   |        |        |              |                 |
| Other (specify)       |        |        |              |                 |