



**NEW TRUCKING COMPANY QUALIFICATION**

DATE: \_\_\_\_\_

TRUCKING COMPANY NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

800 #: \_\_\_\_\_ LOCAL #: \_\_\_\_\_

FAX: \_\_\_\_\_ FED ID#: \_\_\_\_\_

TYPE OF EQUIPMENT: \_\_\_\_\_ C-TAP CERTIFIED \_\_\_\_\_

HOW MANY TRUCKS: \_\_\_\_\_

DISPATCHER (S): \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

CARGO INSURANCE AGENCY: \_\_\_\_\_

AGENCY PHONE NUMBER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PLEASE FAX BACK TO: \_\_\_\_\_ FAX #: 541-734-7009

**PLEASE INCLUDE:**

- 1) INSURANCE
- 2) AUTHORITY
- 3) W-9
- 4) SIGNED CARRIER AGREEMENT
- 5) COVER PAGE

**TERMS: 21 DAYS UPON RECEIPT OF INVOICE  
AND SIGNED BILL OF LADING.**