

Carrier Profile

Carrier onboarding and operating-information form. Complete all applicable fields and return with supporting documents.

COMPANY INFORMATION

Legal Company Name	
DBA / Trade Name	
Physical Address	
City / State / ZIP	
Mailing Address (if different)	
Main Phone	
General Email	
Website	
Years in Business	
Entity Type	☐ Sole Proprietor ☐ LLC ☐ Corporation ☐ Partnership ☐ Other

AUTHORITY AND COMPLIANCE

USDOT Number	
MC / Operating Authority Number	
EIN / Tax ID	
SCAC (if applicable)	
UCR Current?	☐ Yes ☐ No
Authority Status	☐ Active ☐ Pending ☐ Other
Safety Rating	☐ Satisfactory ☐ Conditional ☐ Not Rated ☐ Other

PRIMARY CONTACTS

Owner / Principal	
Dispatch Contact	
Driver Manager / Operations	
Billing / Accounting	
After-Hours Contact	
Emergency Contact	

Carrier Profile - Continued

Equipment, drivers, service areas, and documentation.

FLEET AND EQUIPMENT

☐ Dry Van	☐ Reefer
☐ Flatbed	☐ Step Deck
☐ Power Only	☐ Box Truck
☐ Hotshot	☐ Sprinter / Cargo Van
☐ Conestoga	☐ Other

Number of Power Units	
Number of Trailers	
Truck Length / Class	
Trailer Size(s)	
Maximum Legal Payload	
ELD Provider	
TWIC Drivers Available?	☐ Yes ☐ No
Hazmat Endorsement?	☐ Yes ☐ No
Team Drivers Available?	☐ Yes ☐ No

OPERATING PREFERENCES

Primary Home Base	
Preferred Regions / Lanes	
States Avoided	
Typical Days Out	
Home-Time Requirements	
Preferred Pickup Window	
Preferred Delivery Window	

Carrier Profile - Insurance & Certification

Insurance, billing, final checklist, authorization, and signature.

INSURANCE AND BILLING

Insurance Agency	
Agent Name / Phone	
Auto Liability Limit	
Cargo Limit	
General Liability Limit	
Factoring Company	
Factor Contact / Phone	
NOA Required?	☐ Yes ☐ No ☐ Not Factored

DOCUMENT CHECKLIST

☐ Signed Carrier Profile	☐ Dispatch Specifications
☐ Dispatch Service Agreement	☐ Carrier Service Agreement
☐ Current W-9	☐ Certificate of Insurance
☐ Operating Authority / MC Letter	☐ Driver / Equipment List
☐ Factoring Information	☐ Notice of Assignment (if factored)
☐ Voided Check / Payment Information (if requested)	☐ Other supporting documents

CARRIER CERTIFICATION

I certify that the information provided in this carrier profile is true and complete to the best of my knowledge. I agree to notify High Level Global promptly of any material changes to authority, insurance, ownership, contact information, equipment, factoring status, or operating restrictions.

Carrier Authorized Representative	High Level Global Intake / Review
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Date: _____	Date: _____