



HOUSEHOLD GOODS TRANSPORTATION BROKER FOR INTERSTATE MOVES
LICENSED BY THE US DOT#2247863 MC#731090

CARRIER APPLICATION FORM

CARRIER INFORMATION

Carrier's Legal Name:	_____				
DBA Name:	_____	Company Start Date:	_____		
Entity Type:	_____	State of Incorporation:	_____		
Carrier's Physical Address (do not list PO boxes or mailbox suites) :	_____				

Carrier's Mailing Address:	_____				
Office Phone:	_____	Website:	_____		
Mobile:	_____	Email:	_____		
Fax:	_____				
Carrier's MC #:	_____	Carrier's DOT #:	_____		
What is your BBB rating?	_____	Which credit cards do you accept (please circle those that apply):			
		VISA	MASTERCARD	AMEX	DISCOVER

OWNERSHIP INFORMATION

Please list the names of the three largest shareholders and/or members or owners of the company and their ownership type (e.g. shareholder, member, sole proprietor, etc.).

Owner #1 Name: _____ **Ownership Type:** _____

Residential Address: _____

Home Phone: _____ Mobile: _____ Fax: _____

Owner #2 Name: _____ **Ownership Type:** _____

Residential Address: _____

Home Phone: _____ Mobile: _____ Fax: _____

Owner #1 Name: _____ **Ownership Type:** _____

Residential Address: _____

Home Phone: _____ Mobile: _____ Fax: _____

FLEET & CREW INFORMATION

How many trucks are *owned*? Straight: _____ Trailers: _____

How many trucks are *rented or leased*? Straight: _____ Trailers: _____

How many trucks have a company logo on the back? Straight: _____ Trailers: _____

Do you hire temporary labor for individual jobs? (please circle) YES / NO

If YES, please describe and explain the screening process used to ensure workers are legal, safe and Professional (attach additional documents if necessary):

Do you require regular crew to wear uniforms? (please circle) YES / NO

Do you require regular crew to wear uniforms? (please circle) YES / NO

MISCELLANEOUS INFORMATION

Do you have a permanent storage facility? (please circle) YES / NO

If YES, please provide the physical address of the facility:

Do you offer shippers additional insurance? (please circle) YES / NO

If YES, please explain and describe the insurance offered:

If YES, please list the insurance company / companies who provide the additional insurance:

Do you hire any other transportation companies or subcontractors to perform any of your deliveries?
(please circle) YES / NO

If YES, please provide the following information for EACH company or subcontractor hired:

Company Name: _____ **Company Phone:** _____

Company Address: _____

Company MC #: _____ **Company DOT#:** _____

Company Name: _____ **Company Phone:** _____

Company Address: _____

Company MC #: _____ **Company DOT#:** _____

Are you a member of the American Moving and Storage Association (AMSA)? YES / NO

Do you participate in AMSA's household goods dispute settlement program? YES / NO

Are you willing to participate in AMSA's household goods dispute settlement program? YES / NO

Do you have a standard claims form for shippers to complete if they claim damages? YES / NO
If YES, please attach a copy of the claims form to this application.

PREVIOUS CARRIER INFORMATION

If you, the carrier, or any of the owners, have been affiliated with another moving company in the past ten years (as owner, manager, employee, subcontractor, etc.), please list each affiliation below. Please attach additional pages if necessary.

Carrier's Name: _____ **Dates Affiliated:** _____

Carrier's Business Address: _____

Carrier's DOT #: _____ Is this carrier still in business: YES / NO

Please explain your previous affiliation: _____

Carrier's Name: _____ **Dates Affiliated:** _____

Carrier's Business Address: _____

Carrier's DOT #: _____ Is this carrier still in business: YES / NO

Please explain your previous affiliation: _____

ADDITIONAL INFORMATION

Has your authority ever been revoked by the FMCSA? YES / NO

If YES, please explain and attach additional pages, if necessary:

Date Revoked: _____ Date Reinstated: : _____

Reason: : _____

Date Revoked: _____ Date Reinstated: : _____

Reason: : _____

Date Revoked: _____ Date Reinstated: : _____

Reason: : _____

Has your license ever been revoked by the DOT? YES / NO

If YES, please explain and attach additional pages, if necessary:

Date Revoked: _____ Reason: _____ Date Reinstated: _____

Date Revoked: _____ Reason: _____ Date Reinstated: _____

Have you, the carrier, or any of the owners filed for Bankruptcy protection? YES / NO

If YES, please explain EACH bankruptcy in the last 10 years and attach additional documents if necessary.

Name of Debtor: _____ Filed: _____ Type (Chapter) : _____ Discharged: _____

Name of Debtor: _____ Filed: _____ Type (Chapter) : _____ Discharged: _____

PLEASE ATTACH OR EMAIL THE FOLLOWING DOCUMENTS (THIS IS MANDATORY)

- (1) TARIFF
- (2) ARBITRATION POLICY/INFORMATION
- (3) CLAIM FORM (FOR LOSS/DAMAGE)

The undersigned represents that a reasonable investigation has been done to accurately complete this form, and that all the above information is true, correct and complete. The undersigned acknowledges that he/she has authority from the carrier to complete and sign this document on behalf of the carrier and to verify its accuracy.

Name

Title

Date

Would you like to be a part our Carrier Notification Program?

This program sends you a separate email every time a job is posted to our job board. Please note this may result in 50+/- emails per day but will also give you immediate notice of new jobs.

Please circle:

YES / NO