

# Moving Services

Household Goods Transportation Broker for Interstate Moves

## CARRIER APPLICATION FORM

### CARRIER INFORMATION

Carrier's Legal Name: _____	Date Company Started: _____	
Entity Type: _____	State of Incorporation: _____	
Carrier's Physical Address (do not list PO boxes or mailbox suites): _____ _____		
Carrier's Mailing Address: _____		
Office Phone: _____	Mobile: _____	Fax: _____
Carrier's Website: _____	Carrier's Email: _____	
Carrier's MC #: _____	Carrier's DOT #: _____	
What is your BBB rating? _____ Which credit cards do you accept (circle): VISA MC AMEX DISC		

### OWNERSHIP INFORMATION

*List the name(s) of the top three shareholders, members or owners of the company and their ownership type (e.g., shareholder, member, sole proprietor, etc.).*

<b>Owner #1 Name:</b> _____	<b>Ownership Type:</b> _____	
Residential Address: _____		
Home Phone: _____	Mobile: _____	Email: _____
<b>Owner #2 Name:</b> _____	<b>Ownership Type:</b> _____	
Residential Address: _____		
Home Phone: _____	Mobile: _____	Email: _____
<b>Owner #3 Name:</b> _____	<b>Ownership Type:</b> _____	
Residential Address: _____		
Home Phone: _____	Mobile: _____	Email: _____

## YOUR FLEET AND CREW

How many trucks do you *own*? Straight: \_\_\_\_\_ Trailers: \_\_\_\_\_

How many trucks do you *rent* or *lease*? Straight: \_\_\_\_\_ Trailers: \_\_\_\_\_

How many trucks have your logo on the back? \_\_\_\_\_

Do you hire temporary labor for individual jobs? YES / NO

If YES, explain the screening process used to ensure workers are legal, safe and professional (attach additional sheets if necessary): \_\_\_\_\_

Do you require regular crew to wear uniforms? YES / NO

Do you require temp labor to wear uniforms? YES / NO

## MISCELLANEOUS QUESTIONS

Do you have a permanent storage facility? YES / NO

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

Do you offer shippers additional insurance? YES / NO

If YES, please explain what you offer: \_\_\_\_\_

If YES, please list the insurance company(ies) who provide the additional insurance: \_\_\_\_\_

Do you hire other transportation companies/subcontractors to perform any of your deliveries? YES / NO

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

**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 your claim form to this application.*

**PREVIOUS CARRIERS**

*If you (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 (attach additional pages if necessary):*

**Carrier's Name:** \_\_\_\_\_ **Dates Affiliated:** \_\_\_\_\_

Carrier's Business Address: \_\_\_\_\_

Carrier's DOT #: \_\_\_\_\_ Is Carrier still in business? YES / NO

Explain your previous affiliation: \_\_\_\_\_

**Carrier's Name:** \_\_\_\_\_ **Dates Affiliated:** \_\_\_\_\_

Carrier's Business Address: \_\_\_\_\_

Carrier's DOT #: \_\_\_\_\_ Is Carrier still in business? YES / NO

Explain your previous affiliation: \_\_\_\_\_

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

If YES, please explain (attach additional pages if necessary):

Date Revoked: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Date Revoked: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Date Revoked: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

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

If YES, please explain (attach additional pages if necessary):

Date Revoked: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Date Revoked: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Date Revoked: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Have you (Carrier) or any of the Owners filed for Bankruptcy protection? YES / NO

If YES, explain EACH bankruptcy in the last 10 years (attach additional pages if necessary):

Name of Debtor: \_\_\_\_\_ Filed: \_\_\_\_\_ Type (Chapter): \_\_\_\_\_ Discharged: \_\_\_\_\_

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**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: \_\_\_\_\_

Do you want to be part of our **CARRIER NOTIFICATION PROGRAM**? This program sends you a separate email *every time a job posts* to our job board (this may result in 50+/- emails per day, but also gives you immediate notice of new jobs). Please circle one: **YES / NO**