



**MUTUAL TRANSPORTATION SERVICES INC.
CARRIER PROFILE UPDATE**

Carrier Name: _____ Telephone No. _____
 Carrier Address: _____ Watts: _____
 City & Province: _____ After Hours No. _____
 Postal / Zip Code: _____ Fax No. _____
 Contact Name: _____ Email Address _____
 Principal: _____ Years in Business: _____

**PIP Approved: Yes Please fax copy of approvals with this document
 **CTPAT Approved: Yes SIV # _____
 **Registered for the Customs Self Assessment Program (CSA) Yes
 **Commercial Driver Registration Program (CDRP) or Free and Secure Trade (FAST) approved drivers Yes

SCAC No. _____ PQ NIR No. _____
 CBSA Carrier Code _____ WSIB/WCB/WHSCC/CSST/Worksafe # _____
 MC/ICC No. _____ Broker Authority: Yes No
 USDOT No. _____ Bonded: Yes No
 ONT CVOR _____ Team Drivers: Yes No
 HAZMAT No. _____ Name of Factoring company if factored. _____

Load Types (check all applicable boxes)

	Import	Export	Domestic
L.T.L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T.L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fleet Profile (check all applicable boxes)

Van/Dry Box Container Triaxle/Tridem
 Reefer Step Deck Super B
 Straight Truck Double Drop Floats
 Flat Bed Rack & Tarp LowBoy/RGN
 Other

Regions (check all applicable boxes)

NEW ENGLAND US SW TX-MEX WESTERN CANADA
 NY / NJ CA, AZ, MEX EASTERN CDA & PQ
 S.E. U.S. PACIFIC NW/BC LTL-CDA ONLY
 U.S. CENTRAL US MIDWEST US DOMESTIC ONLY
 FL US ATL.,NC, VA TL-TO FROM US

**PLEASE COMPLETE THIS FORM AND FORWARD ALONG WITH YOUR INSURANCE
AND OPERATING AUTHORITIES TO OUR HEAD OFFICE AT
FAX # 905 339-2936**

Completed By: _____ Signature: _____ Date: _____