



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 (Pars) Code _____	WSIB/WCB/WHSCC/CSST/Worksafe # _____
MC/ICC No. _____	Broker Authority <input type="checkbox"/> Yes <input type="checkbox"/> No
USDOT No. _____	Bonded: <input type="checkbox"/> Yes <input type="checkbox"/> No
ONT CVOR _____	Team Drivers: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAZMAT No. _____	Name of Factoring company if factored. _____

Load Types (check all applicable boxes)

	Import	Export	Domestic
L.T.L.			
T.L.			

Fleet Profile (enter numbers of each type)

Van/Dry Box	<input style="width: 20px; height: 20px;" type="text"/>	Container	<input style="width: 20px; height: 20px;" type="text"/>	Triaxle/Tridem	<input style="width: 20px; height: 20px;" type="text"/>
Reefer	<input style="width: 20px; height: 20px;" type="text"/>	Step Deck	<input style="width: 20px; height: 20px;" type="text"/>	Super B	<input style="width: 20px; height: 20px;" type="text"/>
Straight Truck	<input style="width: 20px; height: 20px;" type="text"/>	Double Drop	<input style="width: 20px; height: 20px;" type="text"/>	Floats	<input style="width: 20px; height: 20px;" type="text"/>
Flat Bed	<input style="width: 20px; height: 20px;" type="text"/>	Rack & Tarp	<input style="width: 20px; height: 20px;" type="text"/>	LowBoy/RGN	<input style="width: 20px; height: 20px;" type="text"/>
Other	<input style="width: 20px; height: 20px;" type="text"/>				

Regions (check all applicable boxes)

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

Completed By: _____ Signature: _____ Date: _____