



Address: 1532 28th Avenue, Moline, IL 61265

Phone: 630-280-8677

Fax: 309-524-3049

**Carrier Profile**  
**Please complete the following information**

Date \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOT Number: \_\_\_\_\_ Federal ID/SS Number \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

Communications

1. During what hours can we contact dispatch? \_\_\_\_\_
2. How do you prefer to communicate with us? (Email, phone, ect.) \_\_\_\_\_
3. Special phone numbers for night/weekend? \_\_\_\_\_
4. How do you communicate with your Drivers? Satellite? Cell Phone? Pager? Phone? \_\_\_\_\_

---

Equipment

Trailers	Size	Air Ride	Load Locks	Tarps	Sides	C/B
Vans	_____	_____	_____	_____	_____	_____
Reefers	_____	_____	_____	_____	_____	_____
Flats	_____	_____	_____	_____	_____	_____
Step Decks	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____

**Do you handle HAZARDOUS shipments?** YES NO

---

Areas of Service

Which operational services do you perform? Local Regional National

Do you Service Canada? \_\_\_\_\_ Provinces \_\_\_\_\_

States you want loads from:

\_\_\_\_\_

States you want loads to:

\_\_\_\_\_

References (Companies you have worked with)

Company \_\_\_\_\_ Contact \_\_\_\_\_ phone \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ phone \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ phone \_\_\_\_\_

## CARRIER QUESTIONNAIRE FSMA COMPLIANCE

1. Does your company/will your company employ more than 500 full time employees by 4/6/17?
  - Yes
  - No
2. Does your company/will your company earn more than \$27.5 million in revenue by 4/6/17?
  - Yes
  - No
3. If you answered YES to question 1 or 2 listed above, will your company be in compliance with the Sanitary Transportation of **Human** and **Animal** Food Final Rule ("STF **Rule**") by 4/6/17?
  - Yes
  - No
4. If you answered YES to question 3, provide an explanation into the means and methods of compliance? Please include driver training methods, equipment maintenance, and record keeping.
5. Are the motor vehicles and equipment used by your company designed, maintained and cleaned so that they are able to prevent food from becoming adulterated during transport?
  - Yes
  - No
6. Is your equipment stored in a manner that prevents it from harboring pests or contamination?
  - Yes
  - No
7. Is your equipment able to provide adequate temperature control during transportation to prevent food from becoming adulterated?
  - Yes
  - No
8. Does your company retain records of driver training and FSMA compliance for at least twelve (12) months?
  - Yes
  - No