

DRIVER PROFILE FORM

(Please complete all fields)

Carrier: _____ Authority Date: _____

Complete Address: _____

Owner Name: _____ Phone: _____

Email: _____ FMCSA Safety Score: _____

EIN#: _____ USDOT#: _____ MC#: _____

Owner Op Company Name: _____

Owner Op Name: _____ **Owner Op Phone:** _____

Owner Op Email: _____

Factoring Company:

Name: _____

Phone: _____ Email: _____

Equipment/Driver Info:

	Make/Model	Year	Truck #
Truck #1			
Truck #2			
Truck #3			

	Type	Trl #	Year	Air Ride	Vented	Plated	E Tracks	# of Straps	Load Bars	Wood Walls	Lift Gate	Swing Doors	Food Grade
Trailer #1													
Trailer #2													
Trailer #3													

Driver Name	Telephone	Truck #	Trailer #	Hazmat	Tankers	TWIC

Load Info:

Weekly Revenue Goal: _____ **Min rate per mile:** _____ Max. miles per load: _____

Max. DH Miles: _____ Max Load Weight: _____ Driver Assist Load: _____

Tarp Loads (**flatbed only**): _____ Chain Loads (**flatbed only**): _____ Floor Load: (Y/N): _____

NYC Area (Y/N): _____ Rocky Mountains (Y/N): _____ California (Y/N): _____

Canada Loads (Y/N): _____ Tracking App (Y/N): _____ Paper Logs (Y/N): _____

What states/areas do you not operate? _____

OTR time? _____ Home time? _____

Driver 1 Comments: _____

Driver 2 Comments: _____

Driver 3 Comments: _____