



CARRIER VETTING FORM

Company Information

Legal Business Name:	
DBA (if applicable):	
MC Number:	
DOT Number:	
EIN:	
Years in Business:	

Contact Information

Primary Contact Name:	
Phone Number:	
Email Address:	
Dispatch Contact (if different):	
Dispatch Phone/Email:	

Business Address

Street Address:	
City:	
State:	
ZIP Code:	

Equipment Details

(check all that apply)

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dry Van | <input type="checkbox"/> Power Only |
| <input type="checkbox"/> Reefer | <input type="checkbox"/> Box Truck |
| <input type="checkbox"/> Flatbed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Step Deck | |

Number of Trucks:	
Trailer Length(s):	
ELD Provider:	



Operating Information

Preferred Lanes/Regions:	
Types of Freight Hauled:	
Hazmat Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
TWIC Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Team Drivers Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety & Compliance

Safety Rating (if known):	
Any accidents in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Any out-of-service violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

Insurance Information

Insurance Provider:	
Auto Liability Coverage Amount:	
Cargo Coverage Amount:	
Policy Expiration Date:	

**A Certificate of Insurance will need to be provided at a later date that lists Blacktop Brokerage as a certificate holder.*

References

(provide at least two (2))

Company Name:	
Contact:	
Phone/Email:	
Company Name:	
Contact:	
Phone/Email:	



Agreements & Certifications

By signing below, Carrier certifies that:

- All information provided is accurate and current
- Carrier maintains all required federal and state operating authority
- Carrier agrees to comply with all applicable safety regulations

Signature: _____

Name: _____

Title: _____

Date: _____

Submission Instructions

Once completed, [mailto: support@blacktopbrokerage.com](mailto:support@blacktopbrokerage.com) for review. Once reviewed a Certificate of Insurance and W9 will be requested.

We will contact you once your information has been processed.

Thank you for your interest in partnering with Blacktop Brokerage.