

- PLEASE COMPLETE AND FAX BACK:
- (1) NEW CARRIER PROFILE FORM
  - (2) W-9 PLEASE SIGN.
  - (3) BROKEN CARRIER AGREEMENT PLEASE SIGN.
  - (4) DECLARATION OF INDEPENDENT CONTRACTOR STATUS. PLEASE SIGN.
  - (5) A COPY OF YOUR CURRENT INSURANCE CERTIFICATE.
  - (6) A COPY OF YOUR HAZ MAT AUTHORITY IF APPLICABLE.



**MG&B SERVICES, INC**  
**PO BOX 664**  
**MANDEVILLE, LA 70470**  
**800-256-2185**  
**Fax 985-893-5222**

**NEW CARRIER PROFILE FORM**

**PLEASE FILL OUT COMPLETELY AND LEGIBLY**

DATE: \_\_\_\_\_

CARRIER NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

FAX (    ) \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY, ST. ZIP \_\_\_\_\_

PAY TO ADDRESS \_\_\_\_\_ CITY, ST. ZIP \_\_\_\_\_

MC# \_\_\_\_\_ SCAC CODE \_\_\_\_\_ DOT# \_\_\_\_\_ TIN# \_\_\_\_\_

DISPATCHER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE A DAILY POSTING OF LOADS VIA EMAIL: YES / NO

YEAR BUSINESS ESTABLISHED \_\_\_\_\_ BROKERAGE YES / NO

DO YOU SHIP HAZARDOUS MATERIALS? YES / NO HAZMAT REGISTRATION # \_\_\_\_\_

HAZ REG DATE ISSUE \_\_\_\_\_ HAZ REG DATE EXPIRES \_\_\_\_\_

**\*\* PLEASE ATTACH A COPY OF YOUR HAZMAT AUTHORITY**

**MAJOR TRAFFIC LANES**

\_\_\_\_\_ TO \_\_\_\_\_ ORIGIN STATES TRAVELED: \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_ DESTINATION STATES TRAVELED: \_\_\_\_\_

**PLEASE MARK THE NUMBER OF TRAILERS YOU HAVE BELOW:**

VANS	FLATS	REEFERS	OTHER
[ ] 53X102	[ ] 53X102	[ ] 53X102	[ ] STEP DECK
[ ] 48X102	[ ] 48X102	[ ] 48X102	[ ] DROP DECK
[ ] 48X96	[ ] 45X102	[ ] 48X96	[ ] DBL DROP
[ ] 45X96	[ ] 48X96	[ ] 45X96	
	[ ] 45X96	[ ] 40X96	