



Motor Carrier Qualification Form

Carrier Information

Carrier Name:			
Address:			
City/State/Zip Code:			
Phone Number:		Fax Number:	
US DOT Number:			
MC Number:			
Federal EIN:			
SCAC Code:			

Remittance Address:

Carrier Name:			
Address:			
City/State/Zip Code:			
Phone Number:		Fax Number:	
AR Contact:		Email:	

Payment Type Requested

Payment Type	Check <input type="checkbox"/>	ACH <input type="checkbox"/>
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Equipment

Number of Tractors:	
Number of Trailers:	
Number of Drivers:	

Number of trailers

Van		Reefer	
Tanker		Hopper/Pneumatic	
Step Deck		Flatbed	
Dump		Others	



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- | | |
|---|----------|
| 1. Is your company an American Chemistry Council Responsible Care® partner? | YES / NO |
| 2. Does the company have a written safety policy or policies reflecting management's active commitment to safe and secure operations, environmental protection and regulatory compliance? | YES / NO |
| 3. Does your facility have written operating procedures for: | |
| Loading & Unloading: | YES / NO |
| Inspections of Tank Trailers, Piping, Valves and Hoses: | YES / NO |
| Inspections Of Intermodal Containers and/or Cargo Vans: | YES / NO |
| Load or Container Securement: | YES / NO |
| Emergency Procedures: | YES / NO |
| Reporting of Accidents and Incidents: | YES / NO |
| Product Specific Hazardous Material Safety and Handling: | YES / NO |
| 4. Are the above procedures and any other critical procedures current and reviewed on a periodic basis? | YES / NO |
| 5. Are training records kept for personnel trained in the above procedures and any other critical policies and/or procedures? | YES / NO |
| 6. Do you have a program in place to assess personal protective equipment (PPE) needs and designate appropriate PPE policies and/or rules? | YES / NO |
| 7. Do you supply required PPE to drivers and other employees? | YES / NO |
| 8. Are accidents and incidents, including security incidents, investigated? | YES / NO |
| 9. Do your accident/incident investigation procedures include root cause analysis and steps to ensure appropriate corrective and/or preventive actions are taken? | YES / NO |
| 10. In the event of a distribution incident, do you have a written emergency response plan? | YES / NO |
| 11. In the event of a distribution incident, do you have a qualified contractor or contractors available to respond to the incident 24 hours a day? | YES / NO |
| 12. Do you have a drug and alcohol abuse policy or policies? | YES / NO |
| 13. Do you perform pre-employment drug and alcohol screens of job candidates? | YES / NO |
| 14. Do you perform periodic drug and alcohol testing of employees? | YES / NO |
| 15. Do you perform drug and alcohol screens of drivers involved in accidents and for other appropriate causes? | YES / NO |
| 16. If your drivers transport hazardous materials, do you have a DOT compliant security plan with the following elements: | |
| Personnel security including pre-employment background checks? | YES / NO |
| Facility security including site access and document control procedures? | YES / NO |
| En route security including load securement and en route tracking? | YES / NO |



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17. Do you have a means for tracking shipments en route? YES / NO
If YES, please describe your en route tracking system: _____

18. Please list any internal or external transportation safety and/or security program or initiative with which your company or facility is involved (examples can include driver training or recognition programs, community outreach programs such as TRANSCAER, etc.): _____

19. Does the facility have a designated safety officer or professional? YES / NO
If YES, please provide the name and contact information of the safety person.
Name: _____
Telephone: _____
Facsimile: _____
Email: _____

20. What is your company's or facility's current DOT safety rating? _____

21. Does the facility have a designated security officer or professional? YES / NO
If YES, please provide the name and contact information of the security person.
Name: _____
Telephone: _____
Facsimile: _____
Email: _____



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BACK SOLICITATION ACKNOWLEDGEMENT:

Unless otherwise agreed in writing, CARRIER shall not knowingly solicit freight shipments for a period of 12 month(s) following termination of this agreement for any reason, from any shipper, consignor, consignee, or other customer of Transport Logix, Inc. when such shipments of shipper customers were first tendered to CARRIER by Transport Logix, Inc. In the event of breach of this provision, Transport Logix, Inc. shall be entitled, for a period of 12 months following delivery of the last shipment transported by CARRIER under this Agreement, to a commission of fifteen percent (15%) of the gross transportation revenue (as evidenced by freight bills) received by CARRIER for the transportation of said freight as liquidated damages. Additionally, Transport Logix, Inc. may seek injunctive relief and in the event it is successful, CARRIER shall be liable for all costs and expenses incurred by Transport Logix, Inc., including, but not limited to, reasonable attorney's fees.

Carrier Name

Date

Signature

Title



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Checklist:

- Completion of Motor Carrier Form
- Proof of Operating Authority
- IRS Form W-9
- Hazardous Materials Certificate (if applicable)
- Certificate of Insurance listing as additional insured.

Transport Logix, Inc.
8919 Ridge Avenue
Suite 12
Philadelphia, PA 19128

Insurance Requirements:

General Liability	\$1,000,000
Auto Liability	\$1,000,000
Cargo Insurance	\$100,000
Excess Liability/Umbrella	\$4,000,000 (hazmat)

Please email to qualification@transportlogix.com or fax to (484) 489-2801.