



To: New Carrier

Welcome! We look forward to working with you. As a new carrier for us, we need your information so we can enter you into our system. Please fax us the following information to **(402) 829-5170**:

- ❖ A signed **W-9 form**
- ❖ A *copy* of your **motor carrier's authority** (letter declaring your MC or USDOT #)
- ❖ Please fill out attached **carrier profile** for our records.

*\*Your personal information will not be given to anyone outside West Plains Co., CT Freight Service, or CT Livestock Services.*

- ❖ A copy of your insurance faxed from your insurance company listing us as the **certificate holder** using the address listed here:

CT Freight Services, a Division of West Plains Co.  
14210 Hillside Circle  
Omaha, NE 68137  
Fax # (402) 829-5170

Insurance Requirements are:

- Auto Liability or General Liability: \$1,000,000
  - Cargo: \$25,000
  - Hazardous material liability: \$5,000,000 (if permitted)
  - Hazardous cargo: \$100,000 (if permitted)
  - **30 day** written notice before date of cancellation
- ❖ The *first* and *last* pages of the **contract** filled out and signed.
  - ❖ A copy of your hazmat certificate (if permitted)
  - ❖ A copy of your surety bond (if operating as a broker)

Please send all invoices to the following address for payment:

CT Freight Services  
14210 Hillside Circle  
Omaha, NE 68137

Phone # (800) 607-4989  
Fax # (402) 829-5170

We look forward to conducting business with you in the years ahead! Thank you in advance for sending us all your information. If you have any questions about our carrier requirements please feel free to contact me directly on my direct line (800) 950-5242 or email me [kyrap@ctfreightservices.com](mailto:kyrap@ctfreightservices.com).

CT Office use only:  
**Approved CT Carrier #**

## Carrier Profile

\*Please Print Legibly!

Broker \_\_\_\_\_ Carrier \_\_\_\_\_

Date \_\_\_\_\_

### Company information

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

Payment Address:

Physical Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MC# \_\_\_\_\_

Federal EIN # \_\_\_\_\_

Main Phone \_\_\_\_\_

Fax \_\_\_\_\_

Secondary Phone \_\_\_\_\_

After Hours/Emergency \_\_\_\_\_

Email \_\_\_\_\_

Main contact \_\_\_\_\_

A/R contact \_\_\_\_\_

Contact at CT \_\_\_\_\_

### Insurance information

Insurance Company \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

### Equipment information (Please indicate number of each trailer you own)

\_\_\_\_ Hoppers    \_\_\_\_ Flat Beds    \_\_\_\_ Dry Vans    \_\_\_\_ Refers    \_\_\_\_ End Dumps    \_\_\_\_ Auger

\_\_\_\_ Container    \_\_\_\_ Pneumatic    \_\_\_\_ Convertible    \_\_\_\_ Belt    \_\_\_\_ Walking Floor

\_\_\_\_ Livestock    \_\_\_\_ Tanker    \_\_\_\_ Step-Deck    \_\_\_\_ Other: \_\_\_\_\_

\*\*\*Additional information besides required paperwork is appreciated. Please send with this profile.\*\*\*

CT Office use only:

Approved: Y/N    Date: \_\_\_\_\_    SAFER Rating: \_\_\_\_\_