



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) 829-5150**:

- ❖ 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.*
- ❖ Please have your *insurance agent* contact either Bob at 800-950-3933 or Kyra at 800-950-5242 so that the insurance comes directly from the insurance agent with us listed as a certificate holder.

Please fax all invoices to the following fax number:

CT Livestock Services  
14210 Hillside Circle  
Omaha, NE 68137

Bob Phone # (800) 950-3933  
Kyra Phone # (800) 950-5242  
Fax # (402) 829-5150

We look forward to conducting business with you in the years ahead! Thank you in advance for sending us your information. We need to receive all of the above information to prevent a delay in payment. If you have any questions with livestock billing/payment or our carrier requirements please feel free to contact me directly on my direct line (800) 950-5242 or email me at [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: \_\_\_\_\_