



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** (The letter declaring your MC or USDOT #) *It has to be government issued, not handwritten or printed off from SAFERS. If you need a replacement, you will have to contact the issuing agency, or please contact the office for acceptable alternate proof.*
- ❖ 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) 829-5150
Insurance Requirements for carriers are:
 - Auto Liability or General Liability: \$1,000,000
 - Cargo: Market Value or at least \$50,000
 - **30 day** written notice before date of cancellation
- ❖ A copy of your surety bond (if operating as a broker and as proof of insurance)

Please send all invoices to the following address for payment:

CT Livestock Services
14210 Hillside Circle
Omaha, NE 68137

Bob Phone # 800-950-3933
Billing/Payable 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 all your information. If you have any questions about our carrier requirements please feel free to contact Elaine McKenzie at (800) 950-5242 or by email at elainem@ctfreightservices.com

CT Office use only:
Approved CT Carrier # _____

Carrier Profile

*Please Print Legibly!

Date _____

Company information

Carrier Name: _____

Payment Address:

Physical Address:

MC# or USDOT # _____

Federal EIN (Tax ID) # _____

Office Phone _____

Fax No. _____

Secondary Phone _____

After Hours/Emergency _____

Cell No. _____

Email _____

Preferred method of contact: (circle one): Phone Text Email Cell

Cell Phone Carrier if Text is preferred contact (e.g. Verizon): _____

Main contact _____ A/R contact _____

Broker contact at CT _____

Insurance information

Insurance Company _____

Insurance Agent _____

Phone _____ Fax _____

Equipment information (Types of Trailers and **number** of each)

____ 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: _____