



5901 Shallowford Rd. Suite 104, Chattanooga, Tennessee 37421  
Office 423.822.1000 Fax 423.308.2610 ttsdispatch@shiptts.com

**CARRIER PROFILE**

The following documentation is required to be returned for qualification as a Tranco Transportation Services, LLC. partner.

\* denotes required information.

\*Date Completed \_\_\_\_\_

\*Carrier Name \_\_\_\_\_ \*DOT# \_\_\_\_\_ \*SCAC \_\_\_\_\_ \*Tax ID \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Fax \_\_\_\_\_ Web Site \_\_\_\_\_

TOP 5 BACKHAUL LANES

From: State	To: State

Other Needs? \_\_\_\_\_

Interested in regular or dedicated lanes? \_\_\_\_\_ Area? \_\_\_\_\_ Are you willing to drop trailers? \_\_\_\_\_

Length of hauls preferred? \_\_\_\_\_ Type of equipment used? \_\_\_\_\_

WILL YOU UTILIZE OWNER-OPERATORS OR INDEPENDENT/SUBCONTRACTOR IN PERFORMING WORK FOR TRANCO TRANSPORTATION SERVICES? \_\_\_\_\_

Do you haul Hazmat? \_\_\_\_\_ Do you have a Safety Manager or Dept.? \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Do you have internet access? \_\_\_\_\_ \*Do you have e-mail access? \_\_\_\_\_ E-mail address \_\_\_\_\_

\*Tracking Capabilities: Satellite \_\_\_\_\_ Cellular \_\_\_\_\_ Pagers \_\_\_\_\_

*Please fax completed forms to 423.308.2610*

**\*Contacts**

OPERATING AREAS	CONTACT NAME	PHONE	FAX	E-MAIL
Administrative				
Safety				
Insurance				
Claims				
Contracts				
After Hours				
Accounts Receivable				
EDI				

**\*Dispatch**

REGION	CONTACT NAME	PHONE	FAX	E-MAIL	HOURS

Are you a privately or publicly held company? \_\_\_\_\_

Any other information that would you think would be beneficial? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_