



**MUTUAL TRANSPORTATION SERVICES INC.  
CARRIER PROFILE UPDATE**

Carrier Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Carrier Address: \_\_\_\_\_ Watts: \_\_\_\_\_  
 City & Province: \_\_\_\_\_ After Hours No. \_\_\_\_\_  
 Postal / Zip Code: \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email Address \_\_\_\_\_  
 Principal: \_\_\_\_\_ Years in Business: \_\_\_\_\_

\*\*PIP Approved: Yes  **Please fax copy of approvals with this document**  
 \*\*CTPAT Approved: Yes  SIV # \_\_\_\_\_  
 \*\*Registered for the Customs Self Assessment Program (CSA) Yes   
 \*\*Commercial Driver Registration Program (CDRP) or Free and Secure Trade (FAST) approved drivers Yes

SCAC No. \_\_\_\_\_ PQ NIR No. \_\_\_\_\_  
 CBSA Carrier Code \_\_\_\_\_ Team Drivers: \_\_\_\_\_  
 MC/ICC No. \_\_\_\_\_ Bonded \_\_\_\_\_  
 USDOT No. \_\_\_\_\_ BROKER AUTHORITY \_\_\_\_\_  
 ONT CVOR \_\_\_\_\_ SURETY BOND/TRUST FUND \_\_\_\_\_  
 HAZMAT No. \_\_\_\_\_ (Send copy with this profile)

**Load Types (check all applicable boxes)**

	Import	Export	Domestic
L.T.L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T.L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fleet Profile (check all applicable boxes)**

Van/Dry Box  Container  Triaxle/Tridem   
 Reefer  Step Deck  Super B   
 Straight Truck  Double Drop  Floats   
 Flat Bed  Rack & Tarp  LowBoy/RGN   
 Other  \_\_\_\_\_

**Regions (check all applicable boxes)**

NEW ENGLAND  US SW TX-MEX  WESTERN CANADA   
 NY / NJ  CA, AZ, MEX  EASTERN CDA & PQ   
 S.E. U.S.  PACIFIC NW/BC  LTL-CDA ONLY   
 U.S. CENTRAL  US MIDWEST  US DOMESTIC ONLY   
 FL  US ATL.,NC, VA  TL-TO FROM US

**PLEASE COMPLETE THIS FORM AND FORWARD ALONG WITH YOUR INSURANCE,  
OPERATING AUTHORITIES AND WCB CLEARANCE TO OUR HEAD OFFICE AT  
FAX # 905 339-2936**

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_