



**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 No **Please fax copy of approvals
with this document**
 **CTPAT Approved: Yes No
 SCAC No. _____ PQ NIR No. _____
 MC/ICC No. _____ HAZMAT No. _____
 USDOT No. _____ Team Drivers: _____
 ONT CVOR _____
 BROKER AUTHORITY _____ **Please fax copy of US/CDN bond/s
with this document**
 BOND NUMBER _____

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)

Air Ride Trailers	<input type="checkbox"/>	Step Deck	<input type="checkbox"/>
Double Drop	<input type="checkbox"/>	48' Van	<input type="checkbox"/>
Flat Bed	<input type="checkbox"/>	48' Van - High Cube	<input type="checkbox"/>
Reefer 48'	<input type="checkbox"/>	53' Van	<input type="checkbox"/>
Reefer 53'	<input type="checkbox"/>	53' Van - High Cube	<input type="checkbox"/>

Regions (check all applicable boxes)

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

**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: _____