JC HANNA GROUP LLC
TRANSPORTATION AND LOGISTICS

Motor Carrier Dispatch Client Intake Form

Company Name:_____ Name:_____

DBA (*if applicable*): _____

Business Address: _____ City_____ /State_____ /Zip:_____

Primary Contact Name: _____ Title_____

Phone Number: _____ Email Adress_____

DOT Number: _____ MC Number: _____ EIN Number:_____ ___

UCR for current year:_____ YES _____NO

CARRIER INFORMATION

Type of Operation

☐ Owner Operator ☐ Fleet Owner ☐ New Authority ☐ Established Authority

Number of Trucks

☐ 1 ☐ 2–5 ☐ 6–10 ☐ 11+

Equipment Type (Check all that apply)

☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Step Deck ☐ Hotshot ☐ Power Only

☐ Box Truck ☐ Straight Truck☐ Other: _____

Cargo Preference

Areas of Operation

☐ Intrastate ☐ Interstate Preferred Lanes/States:_____

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Current Factoring Company

Contact Person: _____ Phone Number:_____

Email Adress: _____

Driver Information

Name:_____ Cell Phone: _____

Email: _____

CDL Class: _____Years of Experience: _____ TWIC Card ☐ Yes ☐ No

Hazmat Endorsement ☐ Yes ☐ No Tanker Endorsement ☐ Yes ☐ No

Insurance Information

Insurance Provider: _____ Agent Name:_____

Agent Phone:_____ Agent Email:_____

Coverage Amount

☐ $750,000 ☐ $1,000,000 ☐ Other: _____

Cargo Insurance Amount: _____Insurance Expiration Date:_____

Dispatch Preferences

Preferred Freight Type_____

Minimum Rate Per Mile $_____Maximum Deadhead Miles_____

Preferred Pickup Times _____Preferred Delivery Times _____

Do You Accept Partial Load? ☐ Yes ☐ No Overnight Loads? ☐ Yes ☐ No

Team Driving? ☐ Yes ☐ No

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Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Payment Information

Dispatch Service Fee: **Upon Receipt of Weekly Invoice. Loads will not be booked until payment for the week has been made**. (Due date can be negotiable to meet your business needs)

☐ Weekly Flat Fee $_____Payment Method:☐ Credit/Debit Care

Client Certification

I certify that all information provided is true and accurate. I authorize the dispatch company to negotiate freight rates, communicate with brokers, and coordinate transportation services on behalf of my company.

I understand that the dispatch company is not a freight broker and does not take possession of freight.

Carrier Representative Name_____

Title:_____

Signature:_____Date_____

REQUIRED DOCUMENTS CHECKLIST

Please provide copies of the following:

☐ Operating Authority Letter ☐ Safety Rating Information ☐ W-9
☐ Drug Consortium Information ☐ Certificate of Insurance ☐ Driver's License
☐ CDL License ☐ Signed Dispatch Service Agreement
☐ Notice of Assignment (Factoring) ☐ Debit/Credit Card Authorization Form
☐ ELD Information ☐ Carrier Packet (if available)

Dispatcher Internal Use Only

Date Application Received: _____Authority Verified: ☐ Yes ☐ No

Insurance Verified: ☐ Yes ☐ No Carrier Packet Completed: ☐ Yes ☐ No

Factoring Verified: ☐ Yes ☐ No Client Approved: ☐ Yes ☐ No

Dispatcher Assigned: _____