

# Service Transport Inc.

## CARRIER APPLICATION

### **COMPANY INFO:**

Business Name \_\_\_\_\_ dba \_\_\_\_\_

Contacts /  
Dispatchers \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Cell# \_\_\_\_\_

Pager# \_\_\_\_\_ Other# \_\_\_\_\_ Email \_\_\_\_\_

**Business Setup:** Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Federal ID#: \_\_\_\_\_ MC# \_\_\_\_\_

Address settlement goes to: \_\_\_\_\_

Preferred lanes for hauling: \_\_\_\_\_

**Equipment Type** (check off): VAN \_\_\_\_\_ REEFER \_\_\_\_\_ FLAT \_\_\_\_\_ DROPDECK \_\_\_\_\_

Equipment Size: \_\_\_\_\_ How many drivers: \_\_\_\_\_ Can you handle HAZMAT: \_\_\_\_\_

### **Trade References:**

Business Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Contact: \_\_\_\_\_ Fax# \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Contact: \_\_\_\_\_ Fax# \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Contact: \_\_\_\_\_ Fax# \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Contact: \_\_\_\_\_ Fax# \_\_\_\_\_

**\*\*\*\*PLEASE PROVIDE A LIST OF YOUR DRIVERS, CELL & PAGER PHONE NUMBERS, AND EQUIPMENT INFO ON DRIVERS THAT WE WILL BE WORKING WITH.**

P.O. Box 800  
Hurlock, MD 21643



410-943-0264  
800-822-6077  
Fax 410-943-0706

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**DRIVER INFO:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone# \_\_\_\_\_

Cell# \_\_\_\_\_

Pager# \_\_\_\_\_

Emergency# \_\_\_\_\_

CDL# \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

**TRACTOR INFO:**

Year \_\_\_\_

Name st

**Need Copy of Equipment Registration**

VIN# \_\_\_\_

**TRAILER INFO:**

Year\_\_

Have t

**Need Copy of Equipment Registration**

VIN#\_