

3Gen Carrier Services LLC

Freight Dispatching & Back Office Support

Carrier Intake Form

Phone: (910) 635-1483 | Email: 3gencarrierservicesllc@gmail.com

Section 1: Company Information

Company Name: _____

MC Number: _____

DOT Number: _____

EIN or Tax ID Number: _____

Physical Address: _____

Mailing Address: _____

Years in Operation: _____

Section 2: Safety and Compliance

FMCSA Safety Rating (Satisfactory, Conditional, Unsatisfactory): _____

Hazmat Certified? (Yes/No): _____

TWIC Card Holder? (Yes/No): _____

Insurance Provider Name: _____

Insurance Policy Number: _____

Insurance Expiration Date: _____

Section 3: Equipment Information

Equipment Type (Dry Van, Reefer, Flatbed, Power Only, Hotshot, Box Truck):

Number of Trucks: _____

Trailer Type and Size: _____

Trailer Year/Condition: _____

Section 4: Dispatch Preferences

Preferred Regions/Lanes: _____

Maximum Deadhead Miles: _____

Weekly Mileage Goals: _____

Home Time Preferences: _____

Minimum Acceptable Rate Per Mile (RPM): _____

Section 5: Driver Information

Primary Driver's Full Name: _____

Driver's License Number: _____

Driver's License State: _____

Additional Drivers (if any): _____

Section 6: Payment Information

Payment Terms (e.g., after delivery, weekly settlements): _____

Preferred Payment Method (ACH, Zelle, PayPal, Other): _____

Bank Details (Optional): _____

Section 7: Agreements and Signature

I authorize 3Gen Carrier Services LLC to act as my dispatch service representative and to complete broker setup packets, negotiate freight, and communicate on behalf of my company.

Carrier Company Name: _____

Authorized Representative Name: _____

Signature: _____

Date: _____