BEYOND
LOGISTICS TRANSPORT

7228 Clarcona Ocoee Road, Unit 576 Orlando, FL 32710 1.855.6Beyond

CONTRACT CARRIER APPLICATION

Contract Carrier Qualification Questionnaire:

Legal Business Name:		
Company Name:		
"Doing Business As" Name:		
Name of Principle Owner/Officer:		
Business Physical Address:		
City, State, Zip Code		
Business Mailing Address: (if different from above)		
City, State, Zip Code		
Phone Numbers(s):	Cell:	Office/Home:
Fax Number :		
Email Address:		Website:
Type of Business:		
If a Incorporation , State of Incorporation:		
Corporate ID Number:		
If a Partnership, Identify Partners:		
Federal Employee Identification Number (FEIN)		
Do you have a Federal Department of Transportation (DOT) Number:	☐ YES ☐ NO	
If Yes, what is your DOT number:		
Do you have a State Department of Transportation (DOT) number?	☐ YES ☐ NO	
If Yes, what is your DOT number:		
Do you have Federal Motor Carrier Interstate Authority (MC) number?	☐ Yes ☐ NO	
If Yes, what is your MC Number:		
Current Service Area of Operation:		

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Do you Currently Have Workers Compensation Coverage?	☐ Yes ☐ No
• Does it include coverage for you?	☐ Yes ☐ No
If yes what is your Unemployed Insurance (UIN) Number:	
How are you paid?	
Do you reside or conduct any of your business in:	☐ ND ☐ OH ☐ WA ☐ WY
Are any of your employees under the age of 18?	☐ Yes ☐ No
• If so how many?	
Are any of your employees over the age of 70?	☐ Yes ☐ No
• If so how many?	

Trucks(s) Information:

Do you currently own/ lease truck(s)	☐ Yes ☐ No	Number of trucks available to Beyond Logistics:
Year:		
Make:		
Model:		
GVW:		
Size:		
Lift gate:		
VIN:		
Current Mileage:		
Year:		
Make:		
Model:		
GVW:		
Size:		
Liftgate:		
VIN:		
Current Mileage:		
Year:		
Make:		
Model:		
GVW:		
Size:		
Liftgate:		
VIN:		
Current Mileage:		

Please provide the following for all operations:

Commodity Type Must Equal 100%				Radius of Delivery Must Equal 100%	
	Furniture		Exhibit & Display	0-50 Miles	
	Appliances		Building Materials	50-200 Miles	
			Other	201+ Miles	

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Personal Information – Primary Carrier

Last Name:			
First Name:			
Home Address:			
City State Zip Code:		Phone:	
Email Address:			
Previous Address:			
City, State, Zip Code:		SSN:	
Do You Have a Medical Card :	☐ Yes ☐ No	If so, when does it	
Have you ever been bonded?	☐ Yes ☐ No	Have you ever been refused a bond?	☐ Yes ☐ No
Have you ever been convicted of a crime?	☐ Yes ☐ No	If yes, (State: e:	
Emergency Contact Name:		Phone:	
Address:			

License Information

Drivers License Number:		Exp:		Class:	
Have you ever been denied a license, permit or privilege to operate a motor vehicle?				☐ Yes ☐ No	
Has any license, permit or privilege ever been suspended or revoked?				☐ Yes ☐ No	
If you answered yes to either of the above questions, please explain giving details:					

Accident/Driving Violation Record:

Accidents for past 3 years (attach additional sheet if more space is needed; if none, write none)

Date	Accident Type (head on, rear end, upset)	Number of Fatalities	Number of People Injured

Traffic Convictions and Forfeitures:

Incidents for past 3 years (attach additional sheet if more space is needed; if none, write none)

Date	Location	Charge	Penalty

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Experience:

List last (3) companies of which you have contracted or worked for and in what capacity:

Company Name:		Position:		From: ___): ___
Address:		City:	State:	Zip:
Supervisor Contact:		Phone:		
Duties:				
Reason for Leaving:				
Company Name:		Position:		From: ___): ___
Address:		City:	State:	Zip:
Supervisor Contact:		Phone:		
Duties:				
Reason for Leaving:				
Company Name:		Position:		From: ___): ___
Address:		City:	State:	Zip:
Supervisor Contact:		Phone:		
Duties:				
Reason for Leaving:				

By signing below I hereby attest that all information provided herein is complete and accurate:

Printed Name:	
Signed:	
Dated:	

Please be advised that Beyond Logistics Transport and its client contracts require that all carriers and drivers meet certain standards with regards to driving records and criminal backgrounds. Beyond Logistics Transport will advise carrier of those authorized to operate for the client. Carrier agrees that no unauthorized drivers or helpers will operate for the client.

_____ **Initials** _____ **Date.**