OWNER OPERATOR CARRIER PROFILE

Instructions: Please complete this form giving us all the information that pertains to you and your company. The better informed we are, the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

PART 1: CARRIER INFORMATION SECTION

Company: _____ DBA (If Any): _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Main Contact: _____ E-mail: _____

Office #: _____ Cell #: _____

Emergency Contact: _____ Emergency #: _____

MC#: _____ DOT#: _____

EIN/SSN: _____

Do you have Factoring: Factoring Company:_____

NOA (Notice of Assignment): Yes / No

PART 2: EQUIPMENT SECTION

Number of Trucks: ____ Company: ____ Owner Operator: ____ Number of Teams: _____

Number of Trailers:

VAN: _____ REEFERS: _____ FLATBED: _____

Other Types: _____

Trailer Sizes:

VAN: _____ REEFER: _____ FLATBED: _____

Box Truck: _____

GVWR:

Payload Capacity **MAX Weight:** _____

PLEASE LIST THE BROKERS THAT YOU ARE ALREADY SET UP WITH:

_____ _____

_____ _____

_____ _____

_____ _____

PLEASE LIST SPECIAL ENDORSEMENTS:

_____ _____

_____ _____

_____ _____

_____ _____

DISPATCHING SERVICE

Rate of Haul Information: Please give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point.

Minimum Rate Per Mile: _____ Max Pick Up: _____

Max Drops: _____ Driver Touch (Y/N): _____

Driver Name: _____ Driver License #: _____

Phone #: _____

COMMENTS:

_____

_____

Termination and Cancellation

Either party may terminate this Agreement at any time, with or without cause, by providing the other party with at least seven (7) calendar days written notice. Written notice may be delivered by email, certified mail, or other mutually agreed-upon written communication method. During the notice period, both parties shall continue to fulfill their obligations under this Agreement. Any outstanding fees, commissions, or other amounts owed under this Agreement shall remain due and payable through the effective date of termination. Upon termination, both parties shall promptly return or destroy any confidential information belonging to the other party.

Signature: _____ Date: _____

Documents Upload (Required)

- MC Authority, W9, Insurance (COI), Driver's License, Truck & Trailer Registration

LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that I, _____, the "Principal," do hereby grant a limited and specific Power of Attorney to Smokey Mountain Dispatch, of _____, (___) _____, as my "Attorney-in-Fact. "Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. Complete Carrier Packets

2. Negotiate Rates with Brokers or Direct Shippers

3. Complete Rate Confirmations

4. Contract Dedicated Freight (lanes) for the Carrier by contacting shippers on my behalf

5. Perform Additional Administrative Tasks

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My Attorney-in-Fact agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests, as my Attorney-in-Fact deems advisable.

This Power of Attorney is effective upon execution.

REVOCATION

This Power of Attorney may be revoked by any of the following

(initial and check if applicable):

☐ By the Principal at any time by executing a written Revocation

☐ When the above-stated one (1) time power or responsibility has been completed

☐ On the _____ day of _____, 20___

This Power of Attorney shall automatically be revoked upon my death or incapacitation. Any person relying on this Power of Attorney shall have full rights to accept and rely upon the authority of my Attorney-in-Fact until receipt of actual notice of revocation.

STATE LAW

This Power of Attorney is governed by the laws of the State of _____.

SIGNATURE

Signed on the _____ day of _____, 20____.

Principal's Name: _____

Principal's Signature: _____

ACCEPTANCE OF APPOINTMENT

I, Smokey Mountain Dispatch, the Attorney-in-Fact named above, hereby accept appointment as Attorney-in-Fact in accordance with the foregoing instrument.

Attorney-in-Fact Name: Smokey Mountain Dispatch

Signature of Attorney-in-Fact: _____

WITNESS

I, _____, the witness, do hereby declare in the presence of the Principal that the Principal signed and executed this instrument as their Power of Attorney in my presence, that they signed it willingly, and that I hereby sign this Power of Attorney as witness at the request of the Principal and in their presence. To the best of my knowledge, the Principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness Name: _____

Witness Signature: _____

Witness Address: _____

City, State & Zip Code: _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me appeared _____, as Principal of this Power of Attorney, who proved to me through government-issued photo identification to be the above-named person, and acknowledged that they executed the foregoing instrument as their free act and deed.

(Official Seal Here)

Notary Public: _____

My Commission Expires: _____