



PROSPECTIVE AGENT



DATE: _____

QOP-06-02

NAME: _____

SS# OR F.I.D.# _____

IF DBA LIST COMPANY NAME: _____

ADDRESS: _____

CITY STATE ZIP CODE

PHONE NUMBER: _____ FAX NUMBER: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

EMERGENCY NUMBER: _____ CONTACT NAME: _____

BIRTH DATE (Month) _____ (Day) _____

ARE YOU WILLING TO SUBMIT TO A CRIMINAL BACKGROUND CHECK? YES _____ NO _____

DO YOU HAVE EXPERIENCE IN THE TRUCKING INDUSTRY? YES _____ NO _____

HOW MANY YEARS EXPERIENCE? _____

EXPLAIN: _____

REFERRED BY: _____

CARRIERS REPRESENTED: _____

IN WHAT CITIES DO YOU CONTROL OUTBOUND FREIGHT? _____

% FLATBED _____ % STEP _____ % HOTSHOT _____ % REFRIG _____ % VAN _____

EQUIPMENT NEEDS: TARPS _____ STRAPS _____ SIDEKIT _____ RAMPS _____

NUMBER OF TRUCKS OWNED? _____ OWNER/OPERATOR FOLLOWING? YES _____ NO _____

DO YOU HAVE TRUCKS THAT WOULD CONSIDER LEASING TO PACKARD? YES _____ NO _____

DO YOU OWN A BROKER LICENSE OR OPERATING AUTHORITY? YES _____ NO _____

OTHER INFORMATION: _____

APPROVED/REJECTED BY: _____

DATE: _____