



Carrier Qualification Requirements

Carrier Name	_____	SCAC Code	_____
Carrier Address	_____	US DOT Number	_____
Carrier City	_____	MC/MX number	_____
Carrier State	_____	DOT Safety Rating	_____
Customer Service Contact	_____	Last Safety Review	_____
Phone Number	_____		
Fax	_____	# of Dry Trailers	_____
Email	_____	# of Reefer Trailers	_____
Liability Insurance Limit	_____	# of Tractors	_____
Liability Provider	_____		
Policy Expiration Date	_____		
Cargo Insurance Limit	_____		
Cargo Provider	_____		
Policy Expiration Date	_____		

Please return via email to:
businessdevelopment@rgtlogistics.com or
Fax: 765-552-0566