

H & N Logistics L. L. C Carrier Profile

Please print clearly filling out the following information. Read over all the information and fax back to us. **Please include your certificate insurance with H&N as Certificate Holder and a copy of your authority when returning this form.**

Trucking Company: _____

Contact (s): _____

Address: _____

City _____ State _____ Zip Code _____

Phone: Business: _____ Cell: _____

Fax: _____ Email Address: _____

US DOT # _____ MC# _____

Tax Payer Identification Number: _____

(Federal ID Number or Social Security Number)

Types of Equipment:

Number of Power Units: _____ Number of Trailers: _____

Reefer _____ Van _____ Tanker _____ Open Top _____

Hopper _____ Belted _____ End Dump _____ Walking Floor _____

Flat Bed _____ RGN _____ Low Boy _____ Step Deck _____

Additional Information or Trailer Sizes: _____

States of Operation

<input type="checkbox"/> All USA	<input type="checkbox"/> Ontario, Canada
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<input type="checkbox"/> Alabama	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alaska	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> California	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Utah
<input type="checkbox"/> Colorado	<input type="checkbox"/> Maine	<input type="checkbox"/> New York	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Michigan	<input type="checkbox"/> Ohio	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Idaho	<input type="checkbox"/> Missouri	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Other
<input type="checkbox"/> Illinois	<input type="checkbox"/> Montana	<input type="checkbox"/> Rhode Island	