

Triple C Transportation Services, Inc.
P.O. Box 104
Mountain City, TN 37683
Phone 888-901-9991 Fax 423-727-1545

CARRIER REGISTRATION FORM

**FORM MUST BE FILLED OUT IN ITS ENTIRETY FOR APPROVAL

Company Name: _____
Individual Owner(s) Name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone/Day: _____ Contact: _____
Phone Evening: _____ Contact: _____
Fax Number: _____
How Long in business under current name: _____
Do you also operate as a Truck Broker? _____

TRACTOR TRAILER INFORMATION

How Many Tractors _____ Year/ Make _____
How Many Trailers _____ Length _____ Width _____

INSURANCE INFORMATION

Cargo Insurance/ Company Name: _____
Agents Name: _____ Phone #: _____
Fax#: _____ Address: _____
City _____ State _____ Zip _____
Policy # _____ Exp. Date _____
Amount of cargo coverage: \$ _____
Liability coverage/ Company Name: _____

**please mail hard copy of insurance to Triple C Transportation Services,
Inc. P.O. Box 104 Mountain City, TN 37683

REFERANCES:

Provide names of at least 3 companies you load with:

- 1) Company _____ Contact _____
Location: _____ Phone: _____
- 2) Company _____ Contact _____
Location: _____ Phone: _____
- 3) Company _____ Contact _____
Location: _____ Phone: _____