TBA LOGISTICS LLC

DRIVER / CARRIER INTAKE FORM

DISPATCH SIGN-UP

CONTACT INFORMATION

Driver / Owner Name

Company / Carrier Name (if applicable)

Phone Number

Email Address

City / State

Best Time to Contact

TRUCK & AUTHORITY

Truck Type / Year

Trailer Type

MC Number

USDOT Number

Number of Trucks

Available Date

DISPATCH PREFERENCES

Preferred lanes / states:

Preferred freight: ☐ Dry van ☐ Reefer ☐ Flatbed ☐ Power only ☐ Other

Home time / schedule:

Notes / special requirements:

DISPATCH CONTACT & AUTHORIZATION

I authorize TBA Logistics LLC to contact me about dispatch services and available loads using the contact information above.

I understand that load booking and dispatch arrangements will be discussed and agreed upon separately.

Driver / Owner Signature

Date

THANK YOU FOR YOUR INTEREST IN TBA LOGISTICS LLC

Please complete what you can. We will follow up to discuss your lanes, equipment, and dispatch needs.