FREIGHT CARRIER QUALIFICATION STATEMENT

Form Approved
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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0702-0088), Washington, DC 20503. Please **DO NOT RETURN** your form to either of these addresses. Send your form to HQMTMC, Attn: MTOP-QQ, 5611 Columbia Pike, Falls Church, Virginia 22041-5050.

SECTION I - GENERAL CARRIER INFORMATION

1. CARRIER

a. NAME

b. ADDRESS **(Street, City, *State and* Zip Code)**

c. SCAC

2. INTERSTATE AUTHORITY, INCLUDING APPLICABLE SUBS, AND STATE AUTHORITIES *(Copies must be attached. In addition, stipulate proposed services by type of service, traffic lane, or geographical area. Attach separate sheet if necessary.)*

3. COMPANY OFFICIALS

a. NAME *(Last, First, Middle Initial)* AND TITLE	b. ADDRESS *(Include Zip Code)*	c. TELEPHONE *(Include Area Code)*

4. POINT OF CONTACT CONCERNING THIS QUESTIONNAIRE:

a. NAME *(Last, First, Middle Initial)*

b. BUSINESS ADDRESS *(Include Zip Code)*

c. TELEPHONE (Include Area Code)

5. COMPANY OWNERS *(Attach separate sheet if necessary)*

6. AFFILIATED COMPANIES HAVING CONTROLLING INTEREST OR MANAGEMENT CONTROL IN YOUR COMPANY

(List present or previous names and addresses. Attach separate sheet if necessary.)

a. COMPANY NAME	b. ADDRESS *(include zip code)*	c. *(X one)* *(1) Affiliated*	*(2) Controlled*

7 COMPANIES WITH WHICH YOUR COMPANY WILL INTERLINE (NOTE: These companies must also complete a questionaire.)

a. NAME	b. ADDRESS (Include Zip Code)	c. OPERATING AUTHORITY

8. **INSURANCE.** CARRIERS MUST HAVE THEIR INSURANCE COMPANIES SUBMIT PROOF OF INSURANCE AS REQUIRED BY THE DOT UNDER TITLE 49, SECTION 387 OF THE CODE OF FEDERAL REGULATIONS (CRFR) PLUS THE REQUIRED MINIMUM OF CARGO INSURANCE IN ACCORDANCE WITH DOD REQUIREMENTS.

(a) Public Liability Insurance

- Interstate Carriers - $750,000 per vehicle for property (excluding hazardous) and $1,000,000 per vehicle for oil, hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101.

- Intrastate Carriers - Public liability insurance shall be that as required by the state, except that for deregulated states, public liability be the same as that required of interstate carriers.

(b) Cargo Insurance

Cargo insurance in the amount of $150,000 for loss and damage of government freight per vehicle and/or $20,000 per vehicle transit (e.g., automobile transporters or vehicles in haulaway/driveaway service) must be maintained.

(c) Proof of Insurance

Proof of insurance must be submitted to MTMC on a Certificate of Insurance form, issued by the insurance company or agent. (The Insurance underwriter must have a policyholder's rating of *"C"* or better in Best's Insurance Guide.) The *"Certificate Holder"* block on the form will identify **HQ, MTMC, ATTN: MTOP-QQ, 5611 Columbia Pike, Falls Church, Virginia 22041-5050**. It must also indicate the agency will be notified 30 days in advance of any change or cancellation *(to include non-payment cancellation).*

INSURANCE ISSUES. ANSWER ALL QUESTIONS. MTMC CONSIDERS YOUR INSURANCE A CRITICAL PART OF YOUR QUALIFICATIONS. IDENTIFY YOUR INSURANCE COMPANIES.

(1) Type of Insurance (X one)	(2) Highest Rating	(3) Coverage Limit ($)	(4) Safety Inspections (X one)		(5) Interim Reviews (X one)		(6) Driver
			Yes	No	Yes	No	Yes No
a. AUTO LIABILITY (AL)							
b. AL REINSURER #1							
c. AL REINSURER #2							
d. GENERAL LIABILITY (GL)							
e. GL REINSURER #1							
f. GL REINSURER #2							
g. CARGO							

9. PERFORMANCE BOND

THE BOND MUST BE ISSUED BY A SURETY COMPANY LISTED IN THE FISCAL SERVICE, TREASURY DEPARTMENT CIRCULAR NO 570 (updates thereto). THE BOND SHALL BE NO LESS THAN $100,000 AND WILL BE CONTINUOUS UNTIL CANCELED. HQ, MTMC WILL BE NOTIFIED OF ANY CHANGE OR CANCELLATION. A LETTER OF INTENT, BY THE SURETY COMPANY, IS REQUIRED WITH INITIAL APPLICATION. UPON MTMC APPROVAL, CARRIER MUST SUBMIT PERFORMANCE BOND BEFORE TENDER OF SERVICE CAN BE ACCEPTED.

10. FINANCIAL RECORDS

CARRIERS MUST FURNISH FINANCIAL STATEMENTS, CERTIFIED BY THE COMPANY CHIEF EXECUTIVE OFFICER, PRESIDENT, OR OWNER.

THESE STATEMENTS MUST INCLUDE COMPANY CERTIFIED BALANCE SHEETS AND INCOME STATEMENTS FOR THE LAST 3 TAXABLE YEARS. THE FINANCIAL STATEMENTS MUST REFLECT 1 TO 1 RATIO (1 dollar of liquids assets to each 1 dollar of current liabilities). CARRIERS MUST ALSO STATE THE EXTENT OF THEIR FINANCIAL INTEREST IN OTHER TRANSPORTATION COMPANIES OR THEIR AFFILIATION WITH ANY PERSON OR FIRM HOLDING INTERESTS IN OTHER TRANSPORTATION COMPANIES.

SECTION II - PERFORMANCE/EXPERIENCE

11. DEPARTMENT OF TRANSPORTATION (DOT) SAFETY RATING

a. TYPE OF RATING	b. DATE OF LAST AUDIT (YYMMDD)

c. IF OTHER THAN SATISFACTORY, GIVE CURRENT RATING AND REASON WHY.

12. HAS YOUR COMPANY EVER BEEN SUSPENDED OR BARRED FROM GOVERNMENT TRAFFIC BY MTMC OR ANY OTHER FEDERAL OR STATE REGULATORY AGENCY *(X one)* YES

a. IF "YES," LIST ALL SUSPENSIONS, NONUSE, DISQUALIFICATIONS, AND DISBARMENTS WITHIN THE PAST 3 YEARS.

(1) Regulatory Agency	(2) From (Month/Year)	(3) To (Month/Year)

b. PROVIDE EXPLANATION WHY THE ADVERSE ACTION WAS TAKEN AND WHAT YOU HAVE DONE TO CORRECT THE PROBLEM AND PREVENT RECURRENCE.

13. LIST ANY GUARANTEED TRAFFIC (GT) AWARDS FROM WHICH YOUR COMPANY WAS REMOVED OR VOLUNTARILY WITHDREW FROM WITHIN THE PAST 12 MONTHS. ALSO, LIST ALL GT AWARDS YOU ARE PARTICIPATING IN (List origin(s) or all award(s))

SECTION III - RESOURCES

14. LIST ALL YOUR TERMINALS, SATELLITE TERMINALS, AGENTS' TERMINALS, INCLUDING ADDRESSES, THAT INTENT TO HANDLE DOD TRAFFIC (include description of terminal facilities. Attach separate sheet if necessary.)

15. LIST NUMBER AND TYPE OF PERSONNEL IN YOUR EMPLOY (i.e., operations managers, drivers (local and long haul), computer operators, tariff and tender personnel, safety inspectors, maintenance personnel, etc. Attach separate sheet if necessary).

16. NUMBER OF DRIVERS

✂✂✂✂ ✂✂✂✂ ✂✂✂✂ Leased Drivers	(1) Over the Road	(2) Company	(3)
a. FULL TIME			
b. PART TIME			

17. ATTACH SEPARATE SHEET LISTING WAREHOUSING FACILITIES, TO INCLUDE SIZE, TYPE, AND WHETHER GOVERNMENT INSPECTED OR APPROVED.

SECTION IV - TRANSPORTATION EXPERIENCE

(New carriers and carriers doing business with DOD less than 3 years)

18. PROVIDE INFORMATION INDICATING YOUR TRANSPORTATION EXPERIENCE FOR THE LAST 3 FISCAL YEARS (If less than 3 years experience, provide as many years of experience as possible.)

a. YEAR	b. COMPANY/GOVERNMENT AGENCY	c. ADDRESS (Include zip code)	d. TELEPHONE (include Area Code)
LIQUID LTD			

SECTION V - OVERALL INVENTORY OF AVAILABLE EQUIPMENT

(Proof of ownership and/or permanent lease arrangements may be required upon demand)

19. NUMBER OF TRACTORS	a. SINGLE AXLE	b. DOUBLE AXLE

20. VAN TRAILERS (5)	(1) Total No.	(2) High Cube	(3) Air-Ride	(4) Open Top
a. 39’ OR LESS				
b. 40’ TO 45”				
c. 48’ OR GREATER				

21. NUMBER OF FLATBEDS	a. 40’ TO 45’	b. 48’ OR GREATER

22. SPECIALIZED FRAMES	a. LOW BOYS	b. DROP

c. OTHER SPECIALIZED EQUIPMENT:

23. DUMP TRUCK VEHICLES	a. SIZE/TYPE	b. CONDITION	c. NUMBER

LOADING/UNLOADING CAPABILITY	(2)

24. TANK TRUCKS	(1) SIZE/TYPE	NO. TOP	NO. BOTTOM

a. PETROLEUM

b. OTHER THAN PETROLEUM

c. STAINLESS STEEL

d. OTHER SPECIALIZED EQUIPMENT, IF ANY, USED IN TRANSPORTING BULK *(include size/type and number)*

25. DELIVERY VANS PERCENTAGE LEASED	a. NUMBER	b. PERCENTAGE OWNED	c.
26. FLEET MAINTENANCE CONTRACTED OUT	a. IN-HOUSE	b.	

27. EXPLAIN YOUR MAINTENANCE PROGRAM

28. TRIP LEASE (*X one*) PERCENTAGE TRIP LEASED		YES NO	c.
a. DO YOU TRIP LEASE SOME OF YOUR SHIPMENTS			

b. IF "YES," DO YOU HAVE A TRIP LEASE AGREEMENT ON FILE WITH HQ, MTMC?

29. WHAT PERCENTAGE OF YOUR EQUIPMENT IS NOW OR WILL BE DEDICATED TO DOD TRAFFIC?