

PRE-QUALIFICATION APPLICATION FREIGHT BROKER AGENT

Applicants are considered for Brokerage Agents without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. Please complete this form and fax it to (435) 946-8991 or send it by email to garyf@tagtruck.com.

Date of application: _____

Name: _____
(Last) (First) (Middle)

Address: _____

Telephone: _____ Cell phone: _____

Number of years in business: Brokering _____ Trucking _____

Average number of moves per week: _____

Gross yearly sales: _____ Net yearly profit: _____

Type of Freight in % handled:

Flatbed _____ Other _____

Dry van _____ Reefer _____

Are you currently a Freight Broker for another company? ____ Yes ____ No

Are you currently contracted to that company? ____ Yes ____ No

If yes, what company? _____

Please attach a copy of that contract.

If no, who is your employer? _____

May we contact your employer? ____ Yes ____ No

Do you currently have a business license? ____ Yes ____ No

If yes, under what name? _____

Provide the name, address and telephone number of three industry references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____
