

CARRIER INFORMATION	
Company Name:	
Street:	
City:	
State/Province:	
Postal/Zip Code:	
Phone Number(s):	
Fax Number(s):	
Primary Contact(s):	
Email:	
SCAC Code:	

DRIVER INFORMATION	
First Name:	
Last Name:	
FAST ID:	
If FAST approved, none of the following information is required for the driver.	
Street Address:	
City:	
State/Province	
Zip/Postal Code:	
Gender:	
Citizenship:	
Date of Birth:	
CDL License Number:	
CDL License Country State/Province:	
Enhanced Drivers License Number:	
Enhanced License Country & State/Province:	

If driver has valid Enhanced Drivers License none of the following WHTI documentation is required	
WHTI Documentation - ONE OF THE FOLLOWING MUST BE DECLARED	
Passport Number:	
Passport Country:	
Other Document Type:	
Other Document Number:	

TRACTOR INFORMATION	
Description / Unit Number:	
VIN#:	
DOT#	
License Plate Number:	
License Plate State/Province:	
Vehicle Weight:	

TRAILER INFORMATION:	
Description / Unit Number:	
Type:	
License Plate Number:	
License Plate State/Province:	

IF HAZ-MAT FOLLOWING IS REQUIRED	
Insurance Company:	
Policy#:	
Liability Amount:	

Year of Issuance:	
HAZ-MAT codes for driver:	