



Blue Book Services

TRANSPORTATION BUSINESS OPERATIONS REPORT

Your company listing will appear in the Transportation Section.

This form prepared by: _____ Date: _____

INFORMATION & SERVICE CENTER

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Carol Stream, IL U.S.A. 60188-3520
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E-mail: info@bluebookservices.com
Web site: www.producebluebook.com

Company Name _____
 P.O. Box _____ City _____ State _____ Zip Code + 4 _____
 Street Address _____
 City _____ County _____ State _____ Zip Code + 4 _____
 Phone _____ Toll Free _____ FAX _____
 Web Site _____ E-Mail _____
 Name/Location of your financial institution(s) _____
 MC# _____ Please attach copy of MC Authority Freight Forwarder# _____

PRINCIPALS / OFFICERS (please provide background information on reverse side)

Name & Title	Year Born	Years in Position	Years at Company	% of Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Type Of Entity (Check appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Regular C Corp. |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Subchapter S Corp. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Co-op. |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other (specify) _____ |

Date incorporated (if applicable) _____

If in U.S., which State? _____

(Attach copy of Corporate Charter.)

If in Canada, Federal Corporation? Y N

Or which Province? _____

Date Business Established _____

Any affiliated business relationships? Y N

Number of employees: permanent _____ seasonal _____

(If yes, please use back of this form for details.)

NATURE OF BUSINESS (Indicate % of time operate as:)

_____ % Trucker	_____ % Intermodal Carrier	_____ % Intl Freight Forwarder
_____ % Truck / Transportation Broker	(other than Piggyback)	_____ % Air Carrier
_____ % Rail Carrier	_____ % Ocean Carrier	_____ % Other Transportation /
_____ % Trailer Rail (Piggyback)	(including NVOCC's)	Logistics Services

Geographic areas served: _____

Annual trucklot volume (Trucklot = 44,000 lbs): _____

Arrange transportation with: Air Ocean Rail Truck

Trucks Owned: _____ # Trailers Owned: _____

Trucks Leased: _____ # Trailers Leased: _____

Type of Units	#	Type of Units	#	Type of Freight	%
Reefer Trailers:	_____	Flatbed Trailers:	_____	Produce:	_____
Dry Van Trailers:	_____	Tankers:	_____	Non-produce refig/frozen:	_____
Piggyback Trailers:	_____	Containers:	_____	Non-produce non-refrig:	_____
Other (specify): _____					

Describe the types of freight handled: _____

