

TOP FLIGHT TRANSPORTATION, INC.

P. O. Box 25090

Portland, Oregon 97298-0090

Interstate/Intrastate Brokers

ICC License - MC#216484 Oregon Intrastate License #80

(503)297-6272 VOICE

www.topflighttrans.com

FAX (503)297-6359

DATE: _____

CARRIER# _____

TO: **Mona Smith**

Telephone: **(503)419-2712**

Fax: **(503)419-2722**

FROM: _____
(Carrier Company Name)

MC# [] _____
or STATE AUTHORITY [] _____
(Please check one.)

(Carrier Contact and Telephone #)

RE: **REQUIRED DOCUMENTS FOR FILE**

_____ **Certificate of Contract Carriage Authority** as issued by the Interstate Commerce Commission.

_____ **Signed contract** (copy enclosed; please initial each page and sign with name and title at the end of the contract).

_____ **Current Cargo, Worker's Compensation, and Liability insurance certificates** as issued by your insurance agent with an additional insured endorsement naming our company as certificate holder.

_____ Copy of **Cargo policy exclusions** MUST also be provided.

_____ Completely filled out and signed **Company Worker's Comp Insurance Statement** (enclosed).
(This form is only required if your company is not required by law to carry Worker's Comp Insurance.)

_____ Completed **IRS W-9** form (If your company is Incorporated please fill out TIN request enclosed).