

**J. R. SIMPLOT COMPANY**  
**MOTOR CARRIER, BROKER AND 3PL QUALIFICATION SURVEY**

J. R. Simplot Company requires all motor carriers, brokers and 3PL's to provide the information requested below in order to be approved to haul for the Company. The information determines if a carrier, broker or 3PL's meets the minimum standards established by the Company. This document outlines transportation terms and conditions for potential carriers, brokers and 3PL's. After a carrier, broker or 3PL successfully meets the Company's qualification criteria and executes an agreement, the company will add the carrier, broker or 3PL to the Approved List for potential use. The company utilizes only carriers, brokers and 3PL's on the Approved List. **ALL** questions need answered and **ALL** required supporting documentation provided.

1. Company name: \_\_\_\_\_ DUNS number: \_\_\_\_\_  
(If a subsidiary or affiliate of any other Company list parent company name: \_\_\_\_\_)
2. Mailing address: \_\_\_\_\_  
(Street or PO Box, City, State, Zip)
3. Office address (if different than mailing address): \_\_\_\_\_  
(Street or PO Box, City, State, Zip)
4. Web address of your home page (if applicable): \_\_\_\_\_
5. Email address(s) (Rate Quotes/Company Inquires): \_\_\_\_\_
6. Phone Number(s) (Rate Quotes/Company Inquires): \_\_\_\_\_
7. Preferred Method of Ship Tenders  FAX  EMAIL
8. Fax/Email (Receipt of Ship Tenders): \_\_\_\_\_
9. Telephone number: (Area Code/Number) \_\_\_\_\_ FAX (Area Code/Number): \_\_\_\_\_
10. Who is the principal contact at your headquarters? \_\_\_\_\_
11. What type of transportation provider is your company?  Asset Based (Own Trailers)  Brokerage  3PL  Other: \_\_\_\_\_
12. Does your company offer drayage services? Yes  No
13. Does your company offer less than truckload services? Yes  No
14. Check the countries in which you hold authority (load/delivery options): Canada  Mexico  United States 
  - a. If delivering to/from Canada or Mexico from United States, is this only available via cross border delivery? Yes  No
15. What interstate authority do you hold:  Contract  Common Describe limits: \_\_\_\_\_
16. Check states in which you hold intrastate authority (load/delivery options): AL  AZ  AR  CA  CO  CT  DE  FL  GA  ID  IL  IN  IA  KS   
KY  LA  ME  MD  MA  MI  MN  MS  MO  MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA  RI  SC  SD   
TN  TX  UT  VT  VA  WA  WV  WI  WY  Western 11 States  48 States
17. What is your USDOT number? \_\_\_\_\_ Your MC number? \_\_\_\_\_ SCAC code? \_\_\_\_\_
18. Has your company or any predecessor company filed for bankruptcy?  Yes  No
19. Are you a corporation?  Yes  No ... In what state are you incorporated: \_\_\_\_\_
20. Do you haul hazardous materials:  Yes  No
  - a. Do you haul Molten Sulfur:  Yes  No
  - b. Do you haul NH3 (Ammonia):  Yes  No
  - c. Do you have a Transportation Security Plan in place?  Yes  No
21. Please submit a copy of your current Motor Carrier Safety Measurement system (SMS) BASIC score.
22. Do you have a current and routinely maintain a Driver Qualification File?  Yes  No

***EQUIPMENT: Please insert numbers of the below unit types in your fleet or indicate with a check mark the trailers you have access to:***

TRACTORS:	w/satellite or cell phone tracking		w/o satellite or cell phone tracking	
	3-axle	4 or more axles	3 axle	4 or more axles
Company-owned				
Owner operators				

DRY BULK TRAILERS:	2-axle	3 or more axles
Belt or chain flap		
Bottom dump/hopper		
End dump		
Side dump		
Pneumatic		
Walking floor		

LIQUID BULK TRAILERS:	2-axle	3 or more axles
Chemical tanks DOT 406/407		
Compressed gas MC 330/331		
Corrosive (acid) tanks DOT 411/412		
Other non-spec tank Trailers		
Food grade		

OTHER TRAILERS:	2-axle	3-axle	4 or more axles
Container chassis			
Dry Van			
Flatbeds			
Flatbed (with Forklift)			
Refrigerated			
Other (list)			

Please complete, sign and return these documents to: [AB.Truck@Simplot.com](mailto:AB.Truck@Simplot.com)

PLEASE COMMENT ON ANY SPECIAL SERVICES YOUR COMPANY CAN PERFORM, ANY LIMITATIONS, ANY RESTRICTIONS OF YOUR AUTHORITY, AND/OR PREFERRED GEOGRAPHIC TERRITORY  
(ATTACH SEPARATE SHEET)

SIGNATURE OF PERSON COMPLETING FORM

Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_