



Carrier Onboarding Application (DC Metro Area)

Office Info

Company Name Year Established
 Owner/Operator Corporation DOT#
 Street Address
 City State Zip
 Phone Fax
 Company Website

Dispatch Contacts

Primary Phone Email
 Secondary Phone Email
 Days of Operation Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday
 Hours of Operation

Counties you routinely cover

DC Washington
VA Alexandria Arlington Fairfax Loudoun Prince William
MD Anne Arundel Baltimore Calvert Carroll Charles
 Frederick Hartford Howard Montgomery Prince George's

Billing Info

Same Address as above? Yes No
 Street Address
 City State Zip

Current Service Options

Same day delivery Yes No Next day delivery Yes No
 Holiday delivery Yes No Assembly Yes No
 Piano Moving Yes No

Modes of Transportation (* Required for Onboarding)

Please enter the number you have for the following

Drivers*

Smartphones Used* iPhone Android Both Neither

Sprinter Vans

Cargo Vans

Small Box Trucks
(12' – 17')

Large Box Trucks
(18' – 26')

Do you provide 2 person delivery team service?*

Yes No

Do you provide 3 person delivery team service?*

Yes No

Other Specialized Equipment?

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Dollies* | <input type="checkbox"/> Lift Gate | <input type="checkbox"/> Moving Straps | <input type="checkbox"/> Pallet Jack |
| <input type="checkbox"/> Blankets / Pads* | <input type="checkbox"/> Ramp | <input type="checkbox"/> Hand Truck | <input type="checkbox"/> Stair Climber |
| <input type="checkbox"/> Truck Straps/Load Bars* | <input type="checkbox"/> Stretch Wrap | <input type="checkbox"/> Appliance Dolly | |
| <input type="checkbox"/> Floor Protection/Masonite | | <input type="checkbox"/> <input type="text"/> | |

Insurance

Please confirm you have the following insurance minimums for your vehicle sizes:

Vehicle Weight (gvw):	<10,000 lbs	> 10,000 lbs		
Automotive*: (Covering owned and non-owned)	\$100,000 / \$300,000 split	\$500,000 combined	<input type="radio"/> Yes	<input type="radio"/> No
Cargo: (Per shipment)	\$5,000	\$10,000	<input type="radio"/> Yes	<input type="radio"/> No
Property / Gen Liability*: (Per shipment, excludes Cargo)	\$5,000	\$5,000	<input type="radio"/> Yes	<input type="radio"/> No
Workers' Comp / Occupational Accident Insurance per your state requirements?			<input type="radio"/> Yes	<input type="radio"/> No

Upon further review PockitShip, Inc. will request backup documentation of all necessary licenses, certificates, and proof of insurance. Carrier also agrees to provide necessary background check information and proof of random drug screening for all drivers who work for the Carrier under PockitShip, Inc's Carrier Master Agreement. This application does not guarantee Carrier any rights to doing business with PockitShip, Inc.

Please submit this application to PockitShip, Inc. via:

Email: carriers@pockitship.com

USPS: PockitShip, 6400 Arlington Blvd, Suite 540, Falls Church, VA 22042 attn: Carrier Relations