



## Georgia Transport Compliance, Inc.

### Client Setup Worksheet

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

D/B/A (If applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Physical Address:

\_\_\_\_\_

Mailing Address (If different than physical):

\_\_\_\_\_

DOT: \_\_\_\_\_ MC: \_\_\_\_\_ EIN #: \_\_\_\_\_ - \_\_\_\_\_

DOT Pin: \_\_\_\_\_ MC Pin: \_\_\_\_\_

Type of Authority: Common \_\_\_\_\_ Broker \_\_\_\_\_

#### About Your Company:

# of Trucks: \_\_\_\_\_ Hauling: \_\_\_\_\_ Gross Vehicle Weight: \_\_\_\_\_

\_\_\_\_\_

#### Primary Officers:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

**\*\* Please check services you are requesting \*\***

\_\_\_\_\_ IRP Tag Needs

\_\_\_\_\_ IFTA License/Decals for State of GA

\_\_\_\_\_ Fuel Taxes

\_\_\_\_\_ Permits (We only provide KYU, NM, NY)

\_\_\_\_\_ 2290 (Heavy Highway Use Tax)

\_\_\_\_\_ Authorities (MC# & DOT#)

\_\_\_\_\_ Corporations

\_\_\_\_\_ New Entry Audit