

FRM-0910 Rev 1, Nov 19, 2019 Reviewed by: Director of Logistics and Fleet Management

Approved By: QHSE Manager

#### **GENERAL INFORMATION:**

CARRIER NAME:	
Account Representative	Accounts Receivable
Contact	Contact
Name:	Name:
Work	Work
Number:	Number:
Cell:	Cell:
Email:	Email:
	Payment to be sent to:
<u>Dispatch</u>	Address
Contact	City
Name:	
Work	State/Prov.
Number:	
Cell:	Zip/Postal
	Code
Email:	
24 Hour/Emergency	
Contact	
Name:	
Work	
Number:	
Email:	



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Management

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Select the facilities your company is best situated to haul from: (select all that apply) Welded Tube - Concord, ON Welded Tube – Welland, ON Welded Tube – Lackawanna, NY Welded Tube 3pl location - Holland, OH 43528 (delivering to USA destinations only) Welded Tube 3pl location - Comber & Tilbury, ON Welded Tube 3pl location - Brampton, ON Welded Tube 3pl location – Collegeville PA 19426 (delivering to USA destinations only) Welded Tube 3pl location – Proton Station, ON Welded Tube 3pl location – Waterman, IL 60556 (delivering to USA destinations only) Welded Tube 3pl location - Tilsonburg, ON Welded Tube 3pl location – Austintown, OH 44515 (delivering to USA destinations only) Special License Authority(ies): 1. How many years has your company been in business under the present name? 2. Is there a union within the company? (Y/N) a. If yes, Union Affiliation: Contract Period: Expiry Date: 3. Is your company a (mark "x" beside appropriate selection): Proprietorship: Partnership: Corporation: 4. Legal: a. Are there any judgments, claims or suits pending or outstanding against your company? (Y/N) b. Is your company currently or previously been involved in any bankruptcy or company proceedings? (Y/N) \_\_\_\_\_



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5.	requires appropriate cargo securement (e.g. with straps)? <b>(Y/N)</b> a. If no, what other types of product does your company haul:		
•			
•			
•			
6.	Is there a customer priority system? (Y/N)		
7.	7. Please indicate which one of the following best describes your business model (mark beside appropriate selection):		
	Asset based		
	Non-Asset based (Frt Broker)		
	Both		
	a. If both (asset based & non-asset based), please provide a few comments explaining when one business model would be used over the other:		
•			
<u>EQUIP</u>	MENT & SERVICE RELATED:		
8.	Please indicate the type of transportation service(s) and/or equipment your company provides (mark "x" to all that apply):		
	<u>Type of Equipment</u> <u>Transportation Service</u>		
	Flatbed Ontario		
	Dry van Western Canada		
	Container Eastern Canada		
	Other USA		
	ions 9 thru 11 are for asset based carriers only:  Please indicate the number of units listed below that may be available for Welded Tube business:		
	48' F/B (flatbed) 48' F/B with Roll Tarp system		
	53' F/B (flatbed) 53' F/B with Roll Tarp system		
10	. Is there an in- house repair or maintenance shop for equipment? (Y/N)		



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11. Does your company have a preventive maintenance program in place?		
(Y/N) a. If yes, briefly describe? (bullet points)		
•		
<u>•</u>		
Questions 12 is for non-asset based freight brokers only:		
<ul><li>12. When selecting or approving outside carriers, briefly describe how you would evaluate their equipment to ensure they are serviced and maintained in good working order, an in compliance.</li></ul>		
•		
•		
CUSTOMER SERVICE:		
13. Required lead-time for pickups/ deliveries:		
14. Is there a system in place for notifying of late pickup or late deliveries? <b>(Y/N)</b> a. If yes, briefly describe? (bullet points)		
•		
•		
QUALITY:		
15. Is your company registered to ISO 9000 or other quality system standard? (Y/N)		
a. If yes, attach copy of current registration or certificate		
16. Does your company have a Quality Policy written and communicated to all employees? (Y/N)		
17. Does your company have a documented Quality System? (Y/N)		



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18. Does your company (or in the case of a freight broker, a carrier you would procure) have
policies or standards that include (mark "x" to all that apply):
Safety rules and procedures for proper cargo securement
Alcohol and substance abuse policy
Orientation for new employees/drivers
Management system for regular driver safety & compliance
training, and driver's license/abstract reviews
19. Does your company have a documented procedure to review contracts to ensure that
they can be fulfilled prior to acceptance? (Y/N)
20. Does your company have a written policy for retaining records? (Y/N)
21. Does the company have a documented procedure to address customer complaints (e.g. late deliveries)? (Y/N)
a. If yes, briefly describe? (bullet points)
•
•
22. Does your company have a documented system for internal quality audits? (Y/N)
SAFETY, SECURITY AND COMPLIANCE:
23. Is your company a member of C-TPAT or PIP? (Y/N)
24. Is your company enrolled in The Free and Secure Trade (FAST) program? Or for brokers (Y/N)
25. Do you train (or in the case of a freight broker, a carrier you would procure) drivers using the latest NSC Cargo Securement Standard or some other equivalent standard?  (Y/N)
a. If yes, briefly describe the guideline and the frequency (bullet points)
•
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26. Is your company a member or a professional affiliate of the NASPD (National Associating of Steel Pipe Distributors), or other type of relevant association?



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(Y/N)
<ul> <li>Does your company employ (or in the case of a freight broker, a carrier you would procure) non-bonded drivers (Y/N)</li> <li>a) If no, approx. what percentage:</li> </ul>



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#### **REQUESTED DOCUMENTS:**

- 28. Please attach a current copy of DOT or C.V.O.R. Safety summary report (or equivalent).
- 29. Provide proof of insurance/liability.
- 30. Proof of valid WSIB (for Canadian companies)

#### RETURN COMPLETED QUALIFICATION and CORRESPONDING DOCUMENTS TO:

- Via email: <a href="mailto:ramato@weldedtube.com">ramato@weldedtube.com</a> (with copy to fhunter@weldedtube.com)
- OR, via Mail:

Welded Tube of Canada Corp.

111 Rayette Road

Concord, ON L4K 2E9

Canada

Attn: Logistics Department

CARRIER:	
I certify that the above	e information is true and correct to the best of my knowledge.
Sign:	
Name (Print Please):	
Title:	
Date:	
FOR WELDED TUBE U	SE:
Approved (Y/N):	
Date:	