

CARRIER SURVEY

Thank you for your interest in becoming an Asset Carrier for Albertsons Companies. Please complete the document in its entirety; accurate information will permit us to use your services most effectively.



CONTACT INFORMATION		
Company Full Name		
Street Address		
City	State	ZIP
Phone	Fax	
Principle Name		
Title		
Street Address (if different from Company address)		
City	State	ZIP
Company Headquarters Location		
REGISTERED NUMBERS		
SCAC Code	Site http://www.nmfta.org/Pages/Scac.aspx	
Common Carrier MC #		
Broker MC#		
Freight Forward MC#		
DOT #		
Smartway Partner Membership? (REQUIRED) YES <input type="checkbox"/> NO <input type="checkbox"/> *Please provide certificate.		
Are you familiar with Truckers Against Trafficking (TAT)? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, are your drivers are TAT trained? YES <input type="checkbox"/> NO <input type="checkbox"/>		
QUESTIONS		
1. Which states do you service? (be specific)		
Are you willing to provide service to Albertsons in all these states?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, which states are you willing to service?		
2. Do you own your equipment?		
Number of asset trucks?		
What percentage of your fleet is owner operator?		
3. Is your equipment Carb compliant?		
*Please provide certificate		
What percentage of your fleet is carb compliant?		
What is your ARB identification number?		
4. What are your current insurance levels?		
*Please provide certificate.		

5. Does your company offer Team Drivers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, on what lanes are they available?
6. Are rates available on electronic medium?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, in what format are they available?
7. Which of the following types of equipment can you provide to serve Albertsons? Quantity per week - each type?			
48 ft dry trailer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
53 ft dry trailer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
48 ft refrigerated	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
53 ft refrigerated	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
48 ft frozen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
53 ft frozen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
Ice Cream trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
Vented Van trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
Double trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
High Cube trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
Pup trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
40 ft containers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
20 ft containers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
Heavyweight	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# Available to Albertsons (weekly)
List any restrictions:			
8. Are you equipped with Internet access?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	9. Company Web Address? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, what is the address?			
10. Are you a One Network member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what is your Enterprise name?
11. EDI capabilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
12. Do you have a satisfactory safety score in the Motor Carrier SMS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
13. Do you intend to comply with the ELD Rule?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	14. Are you aware of the ELD Rule deadlines? <input type="checkbox"/> YES <input type="checkbox"/> NO
15. Do you currently use ELD/EOBRD/AOBRD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	16. Are you aware of the "grandfathered" devices requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
17. What percent of your fleet is currently ELD compliant?			
On what date will your fleet be 100% ELD compliant?			
18. Which ELD provider is, or will be, used?			

19. Contact person or group for Customer Service issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name, phone, email address			
20. Do you have a contact for load acceptances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name, phone, email address			
Name, phone, email address			
Name, phone, email address			
Weekend Contact Name, phone, email			
21. Do you have a contact for RFQ/RFP bids? (request for quotes/prices)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name, phone, email address			
Name, phone, email address			
Name, phone, email address			
22. Diversity Program - Our program exists to assist minority, women and other diverse-owned businesses who seek to do business with our Company. Among other things, our program connects diverse businesses with decision makers who can determine whether our Company will offer their products for sale or purchase their services.			
<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic <input type="checkbox"/> LGBT <input type="checkbox"/> Native American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Woman			
For more information on this section – please see the attached Albertsons Companies – Supplier Diversity Program document.			
REFERENCES			
Company Name		Contact Name	
Phone		Title	
E-Mail			
Company Name		Contact Name	
Phone		Title	
E-Mail			
Company Name		Contact Name	
Phone		Title	
E-Mail			



ALBERTSONS COMPANIES -- SUPPLIER DIVERSITY PROGRAM

Albertsons Companies Supplier Diversity Program

Our program exists to assist minority, women and other diverse-owned businesses who seek to do business with our Company. Among other things, our program connects diverse businesses with decision makers who can determine whether our Company will offer their products for sale or purchase their services.

What is a “diverse business”?

At least 51% owned and controlled/operated by a U.S. citizen and one of the following categories or ethnicities, and certified as described below:

- African American
- Asian American
- Hispanic
- Lesbian, Gay, Bisexual & Transgender
- Native American
- Service-Disabled Veteran
- Woman

Certifications Required

NMSDC – If the business is minority-owned, we recommend certification with the National Minority Supplier Development Council or one of its regional affiliates at www.nmsdcus.org

WBENC - If the business is woman-owned, we recommend certification with the Women’s Business Enterprise National Council at www.wbenc.org

NGLCC - If the business is gay, lesbian, bisexual or transgender-owned, we recommend certification with the National Gay and Lesbian Chamber of Commerce at www.nglcc.org

U.S. Dept. of Veteran Affairs - If the business is a service-disabled veteran owned, we ask that they contact the USDVA for documentation to verify their status at www.va.gov

To register with our program or for additional information

Contact us at supplierdiversity@albertsons.com