CARRIER EVALUATION WORKSHEET/REPORT

1a. NAME OF CARRIER	1b. SCAC	2. TYPE *(X)*	3. PERIOD COVERED *(YYYYMMDD)*		4. SERVICE *(X)*
		☐ ITGBL	a. FROM	b. TO	☐ UB
		☐ IGBL			☐ HHG

5. NAME OF ORIGIN SHIPPING OFFICE

6. NAME OF PROPERTY OWNER	7. SHIPMENT PICKUP DATE *(YYYYMMDD)*	8. PPGBL NUMBER	9. SHIPMENT EVALUATION a. PICKUP	b. RDD	c. L/D	10. POINTS
					TOTAL POINTS THIS PAGE	

ANY SHIPMENTS ON WHICH EVALUATIONS HAVE NOT BEEN COMPLETED HAVE BEEN EXCLUDED IN COMPUTING YOUR AVERAGE SHIPMENT SCORE.	11. NUMBER OF SHIPMENTS SCORED	12. AVERAGE SHIPMENT SCORE	13. CARRIER STATUS *(X)* ☐ SATISFACTORY ☐ UNSATISFACTORY

14a. NAME OF SHIPPING OFFICE REPRESENTATIVE *(Last, First, Middle Initial)*	14b. SIGNATURE	14c. DATE SIGNED *(YYYYMMDD)*

15. NUMBER OF SUSPENSIONS a. REGULAR	b. IMMEDIATE	16. TRAFFIC DENIAL PERIOD *(Number of days)*	17. REINSTATEMENT DATE *(YYYYMMDD)*

Reset