Trucking FMCSA Market Assessment

1118	aicates lequileu question
1.	Company Name *
2.	What is your Fleet Size (Number of trucks owned / operated) *
	Mark only one oval.
	1-5 trucks
	6-20 trucks
	21-50 trucks
	51-100 trucks
	101-250 trucks
	251+ trucks
	Unknown
	Chritown
3.	Business Type (select all that match) *
	Check all that apply.
	Long Haul Trucking / OTR (Over-the-Road Carriers)
	For-Hire Motor Carriers
	Third Party Logistics
	None of the above - will explain during meeting
4.	Is company profile and basic metrics available in a third-party business intelligence database *
	Mark only one oval.
	Yes Skip to question 5
	No Skip to question 14
Ski	p to question 14
C	ompany Profile
5.	Year founded
	If unknown, please enter N/A
6.	Revenue
	If unknown, please enter 0

7.	Facility Size (sq. ft)
	If unknown, please enter 0
8.	Website
	If unknown, please enter N/A
Po	otential Revenue Assessment
9.	Employee Count
	If unknown, choose Tier 1
	Mark only one oval.
	Tier 1: 1-50 employees Skip to question 10
	Tier 2: 51-200 employees Skip to question 11
	Tier 3: 201-500 employees Skip to question 12
	Tier 4: 501+ employees Skip to question 13
Ti	er 1 Testing
In	cludes foundational services (minimum est.):
	()
10.	Which of the following services might your company need? *
	Check all that apply.
	Drug Analysis
	Alcohol Analysis
	☐ Background Check ☐ Fingerprinting
Ski	p to question 14
Ti	er 2 Services
Sl	ightly more specialized services (minimum est.):

11.	Which of the following services might your company need?
	Check all that apply.
	Drug Analysis
	Alcohol Analysis
	Background Check
	Fingerprinting
	Physical Exam
	DNA Analysis
Skip	to question 14
Tie	er 3 Services
	active and specialized services
(mi	nimum est.):
12.	Which of the following services might your company need?
	Check all that apply.
	Drug Analysis
	Alcohol Analysis
	Background Check
	Fingerprinting
	Physical Exam
	DNA Analysis
	Custom/Specialized Testing Programs (bespoke solutions and services beyond core ones listed)
	Consulting (Strategic Partnership)
Skip	to question 14
Tie	er 4 Services
Vei	ry high volume needs and comprehensive, integrated solutions
	nimum est.):

13.	Which of the following services might your company need?
	Check all that apply.
	☐ Drug Analysis
	Alcohol Analysis
	Background Check
	Fingerprinting
	Physical Exam
	DNA Analysis
	Custom/Specialized Testing Programs (bespoke solutions and services beyond core ones listed)
	Consulting (Strategic Partnership)
	On-site Testing/Collection Services (Allowing convenience for enterprise clients)
	Integrated Solutions/Platform Access (tech solutions for managing results)
Skip	to question 14
Co	mpany Headquarters
14.	Enter SAFER WEB (.gov) URL (if company metrics are not available in standard business databases).
	If unknown, please enter N/A
15	
15.	Company Headquarters *
	Mark only one oval.
	Non-Florida state Skip to question 16
	Florida Skip to question 22
Co	mpany Headquarters Information
16.	Address *
17	City *
17.	City *

Dropdown

ark only one oval.
AL - Alabama
AK - Alaska
AZ - Arizona
AR - Arkansas
CA - California
CO - Colorado
CT - Connecticut
DE - Delaware
DC - District of Columbia
GA - Georgia
HI - Hawaii
ID - Idaho
IL - Illinois
IN - Indiana
IA - Iowa
KS - Kansas
KY - Kentucky
LA - Louisiana
ME - Maine
MD - Maryland
MA - Massachusettes
MI - Michigan
MN - Minnesota
MS - Mississippi
MO - Missouri
MT - Montana
NE - Nebraska
NV - Nevada
NH - New Hampshire
NJ - New Jersey
NM - New Mexico
NY - New York
NC - North Carolina
ND - North Dakota
OH - Ohio
OK - Oklahoma
OR - Oregon
PA - Pennsylvania
Rhode Island - RI
South Carolina - SC
SD - South Dakota
TV Tayon
UT - Utah

	VT - Vermont
	VA - Virginia
	WA - Washington
	WV - West Virginia
	WI - Wisconsin
	WY - Wyoming
10	
19.	Zip Code *
20.	Main Number
21.	Does company have a physical location in Miami, FL *
21.	
	Mark only one oval.
	Yes Skip to question 22
	Follow-up with available contact(s) Skip to question 28
Flo	orida Branch or Headquarters
Flo	orida Branch or Headquarters
Flo 22.	orida Branch or Headquarters Address
22.	Address
	Address
22.	Address City Check all that apply.
22.	Address
22.	Address City Check all that apply.
22.	Address City Check all that apply. Miami
22.	Address City Check all that apply. Miami State
22.	City Check all that apply. Miami State Check all that apply.
22.	Address City Check all that apply. Miami State

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25.	Zip Code	Dropdown
	Mark only one oval.	
	33101 - Territory 1	
	33109 - Territory 1	
	33125 - Territory 1	
	33128 - Territory 1	
	33127 - Territory 2	
	33129 - Territory 1	
	33130 - Territory 1	
	33131 - Territory 1	
	33132 - Territory 1	
	33133 - Territory 1	
	33135 - Territory 1	
	33136 - Territory 1	
	33145 - Territory 1	
	33137 - Territory 2	
	33138 - Territory 2	
	33139 - Territory 2	
	33140 - Territory 2	
	33141 - Territory 2	
	33147 - Territory 2	
	33150 - Territory 2	
	33242: Territory 2	
	Two Zip Codes	
	3+ Zip Codes	
26.	Main Number	
27.	Is a key contact currently identified?*	
	Mark only one oval.	
	Yes	
	○ No	
Pri	mary Team Contact	
Bes	st contact identified for company engagement	
	t n/a if information is unavailable)	
28.	Contact 1: First Name *	

29.	Contact 1: Last Name *
30.	Contact 1: Title
31.	Contact 1: Direct Phone Number * Use Main Number if direct line is unavailable
32.	Contact 1: Email Address
33.	Additional Team Contact * Mark only one oval. Yes Skip to question 34 No
	t secondary contact identified for company engagement
34.	Contact 2: First Name
35.	Contact 2: Last Name
36.	Contact 2: Title
37.	
	Contact 2: Direct Phone Number Use Main Number if direct line is unavailable

39.	Additional Team Contact	
	Mark only one oval.	
	Yes Skip to question 40	
	◯ No	
3rc	d Team Contact	
Ве	est third contact identified for company engagement	
40.	Contact 3: First Name	
41.	Contact 3: Last Name	
42.	Contact 3: Title	
43.	Contact 3: Direct Phone Number	
70.		
	Use Main Number if direct line is unavailable	
44.	Contact 3: Email Address	
	Contact 5. Email 7 (dates)	
45.	Additional Team Contact	
	Mark only one oval.	
	Yes Skip to question 46	
	No	
4tł	n Team Contact	
Be	est 4th contact identified for company engagement	

46.	Contact 4: First Name
47.	Contact 4: Last Name
48.	Contact 4: Title
49.	Contact 4: Direct Phone Number Use Main Number if direct line is unavailable
50.	Contact 4: Email Address

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