## Trucking FMCSA Market Assessment

Mark only one oval.  Yes Skip to question 5  No Skip to question 14  To p to question 14		Company Name *
1-5 trucks   6-20 trucks   21-50 trucks   21-50 trucks   21-100 trucks   251-100 trucks   101-250 trucks   251+ trucks   Unknown    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    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    In to question 14   Profile    Year founded   If unknown, please enter N/A    Revenue		What is your <b>Fleet Size</b> (Number of trucks owned / operated) *
6-20 trucks 21-50 trucks 51-100 trucks 101-250 trucks 251+ trucks Unknown  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  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  p to question 14  proper of the skip to question 14  Revenue		Mark only one oval.
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51-100 trucks  101-250 trucks  251+ trucks  Unknown  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  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  pto question 14  ompany Profile  Year founded  If unknown, please enter N/A  Revenue		
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Year founded If unknown, please enter N/A  Revenue		
Year founded If unknown, please enter N/A  Revenue	į	ip to question 14
If unknown, please enter N/A  Revenue	(	ompany Profile
Revenue		Year founded
		If unknown, please enter N/A

7. Facility Size (sq. ft)  If unknown, please enter 0				
8.	Website If unknown, please enter N/A			
P	Potential 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			
	Tier 1 Testing  Includes foundational services (minimum est.):			
10.				
	Check all that apply.			
	☐ Drug Analysis ☐ Alcohol Analysis			
	Background Check			
	Fingerprinting			
Sk	cip to question 14			
Т	ier 2 Services			
S	lightly more specialized services (minimum est.):			

	Check all that apply.
	Drug Analysis
	Alcohol Analysis
	Background Check
	Fingerprinting
	Physical Exam
	DNA Analysis
Skip	to question 14
Tie	r 3 Services
D	
	active and specialized services nimum est.):
(1111)	
12.	Which of the following services might your company need?
12.	Which of the following services might your company need?  Check all that apply.
12.	
12.	Check all that apply.
12.	Check all that apply.  Drug Analysis
12.	Check all that apply.  Drug Analysis Alcohol Analysis
12.	Check all that apply.  Drug Analysis Alcohol Analysis Background Check
12.	Check all that apply.  Drug Analysis Alcohol Analysis Background Check Fingerprinting
12.	Check all that apply.  Drug Analysis Alcohol Analysis Background Check Fingerprinting Physical Exam
12.	Check all that apply.  Drug Analysis Alcohol Analysis Background Check Fingerprinting Physical Exam DNA Analysis
	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)
Skip	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)
S <i>kip</i> Tie	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)

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.	Company Headquarters *  Mark only one oval.  Non-Florida state Skip to question 16  Florida Skip to question 22
Cor	mpany Headquarters Information
16.	Address *
17.	City *

	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 *
	Mark only one oval.
	Yes Skip to question 22
	Follow-up with available contact(s) Skip to question 28
Flo	orida Branch or Headquarters
	•
22.	Address
23.	City
	Check all that apply.
	Miami
24.	State
	Check all that apply.
	1 L

25.	Zip Code	$\odot$	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		
20.	Walli Nullioci		
07			
27.	Is a key contact currently identified? *		
	Mark only one oval.		
	Yes		
	○ No		
Pri	imary Team Contact		
	st contact identified for company engagement st 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			
	Secondary Team Contact  Best 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			
38.	Contact 2: Email Address			

39.	Additional Team Contact			
	Mark only one oval.			
	Yes Skip to question 40			
	○ No			
3rd	Team Contact			
Best	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			
	Use Main Number if direct line is unavailable			
44.	Contact 3: Email Address			
4.5				
45.	Additional Team Contact			
	Mark only one oval.			
	Yes Skip to question 46  No			
4th Team Contact				
THE TEATH COMME				

Best 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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