BEAR
DISPATCHING SERVICES, LLC

WELCOME PACKET COVER PAGE

Bear Dispatching Services, LLC Bloomfield, New Mexico

Prepared for: _____

MC Number: _____

DOT Number: _____

Date Issued: _____

INCLUDED IN THIS PACKET

☐ **Welcome Letter** ☐ **Dispatcher–Carrier Agreement** ☐ **Carrier Intake Form** ☐ **Required Documents Checklist** ☐ **Factoring Submission Checklist** ☐ **Driver BOL Instruction Sheet** ☐ **Bill of Lading Template** ☐ **Carrier Onboarding Checklist** ☐ **Payment Authorization Form**

OUR CONTACT INFORMATION

Bear Dispatching Services, LLC

Email: bear. dispatching@gmail.com

Phone: 505-481-7177

Dispatcher & CEO: Richard and Tina Knapp

BRAND MESSAGE

Reliable communication. Professional dispatching. Loads that match your goals, lanes, and equipment. A real person who knows your name and your business.

WELCOME LETTER

Dear Carrier,

Thank you for choosing Bear Dispatching Services, LLC, to support your trucking business. We are excited to work with you and help you secure reliable loads that match your equipment, preferred lanes, and financial goals.

Our mission is simple: Keep your trucks moving, keep you profitable, and keep communication clear every step of the way!

WHAT WE WILL DO FOR YOU

☐ Search for loads that match your equipment and preferences

☐ Negotiate rates on your behalf

☐ Communicate with brokers and shippers

☐ Send rate confirmations for your approval

☐ Assist with paperwork and updates

☐ Track your load from pickup to delivery

WHAT WE NEED FROM YOU

☐ Signed Dispatcher–Carrier Agreement

☐ Completed Carrier Intake Form

☐ Required documents (W-9, COI, MC/DOT Authority, CDL, Factoring NOA if applicable)

COMMUNICATION EXPECTATIONS

You can expect:

- Fast responses
- Clear updates
- Accurate information
- Professional representation

You remain in full control of your business. You approve every load. You sign confirmation for every rate.

CARRIER ACKNOWLEDGMENT

Carrier Company Name: _____

Primary Contact: _____

Phone: _____

Email: _____

SIGNATURE

By signing below, you acknowledge receipt of this Welcome Letter and understand the communication expectations and responsibilities.

Carrier Signature: _____

Date: _____

DISPATCHER–CARRIER AGREEMENT

PARTIES

Bear Dispatching Services, LLC Bloomfield, New Mexico

Dispatcher & CEO: Richard and Tina Knapp

Phone: _____

Email: _____

Carrier Company Name: _____

MC Number: _____

DOT Number: _____

Phone: _____

Email: _____

Effective Date: _____

PURPOSE OF AGREEMENT

This Agreement outlines the working relationship between the Dispatcher and the Carrier. The Dispatcher provides load-finding and administrative support. The Carrier maintains full control of all transportation operations.

INDEPENDENT CONTRACTOR STATUS

☐ Dispatcher is not a carrier ☐ Dispatcher is not a broker ☐ Carrier is not an employee of the Dispatcher

Carrier is fully responsible for: ☐ Safe operation of equipment ☐ FMCSA compliance ☐ Insurance coverage ☐ Hiring and paying drivers ☐ Accepting or rejecting loads

DISPATCHER RESPONSIBILITIES

Dispatcher agrees to: ☐ Search for freight matching Carrier preferences ☐ Negotiate rates on behalf of Carrier ☐ Communicate with brokers and shippers ☐ Send rate confirmations for Carrier approval ☐ Assist with paperwork and updates ☐ Track load progress

Dispatchers do not sign rate confirmations.

CONFIDENTIALITY & DATA PROTECTION CLAUSE

Bear Dispatching Services, LLC agrees that all information provided by the Carrier, including business details, personal information, payment information, and documentation, will be kept **strictly confidential**. Information will **NOT** be shared with any third party except:

- Brokers and shippers **as required** to book and manage loads
- Factoring companies **only when authorized by the Carrier**
- As required by law

Carrier information will **NEVER** be sold, disclosed, or used for any purpose outside of dispatching services.

CARRIER RESPONSIBILITIES

Carrier agrees to: ☐ Maintain active authority ☐ Maintain required insurance ☐ Provide accurate documents ☐ Communicate promptly ☐ Notify Dispatcher of delays or issues ☐ Pay dispatch fees as agreed

Documents Carrier Must Provide: ☐ W-9 ☐ Certificate of Insurance ☐ MC Authority ☐ CDL / Driver's License ☐ Factoring NOA (if applicable)

FEES AND PAYMENT

Dispatch Fee: 10% of gross load rate.

Payment is due **after delivery** unless otherwise agreed.

If factoring is used: ☐ Dispatcher may be listed as a third-party payee

LOAD APPROVAL

Carrier must approve each load **BEFORE** booking.

Carrier is responsible for: ☐ Signing rate confirmation ☐ Pickup and delivery ☐ Submitting BOL/POD

TERM AND TERMINATION

Either party may terminate this Agreement with **48 hours written notice**.

Outstanding dispatch fees must be paid upon termination.

LIABILITY

Dispatcher is **not liable** for: ☐ Cargo claims ☐ Delays ☐ Accidents ☐ Equipment failure ☐ Broker non-payment ☐ Carrier negligence

Carrier assumes full responsibility for transportation-related risks.

GOVERNING LAW

This Agreement is governed by the laws of the State of New Mexico.

SIGNATURES

Carrier Signature: _____

Printed Name: _____

Title: _____

Date: _____

Dispatcher Signature: _____

Bear Dispatching Services, LLC Date: _____

LIMITED POWER OF ATTORNEY

Carrier Company: _____

MC: _____ **DOT#:** _____

Carrier Owner/Representative: _____

Dispatcher / Company Name: _____

Phone: _____ **Email:** _____

1. Grant of Authority

The Carrier authorizes the Dispatcher listed above to act as their agent for the limited purpose of:

- Completing and signing broker-carrier setup packets
- Completing and signing rate confirmations
- Communicating with brokers on behalf of the Carrier
- Requesting and receiving load information
- Submitting documents necessary to secure freight

2. Limitations

This POA does **not** authorize the Dispatcher to:

- Enter contracts unrelated to booking loads
- Making financial commitments outside of agreed loads
- Make safety, compliance, or operational decisions

3. Term & Revocation

This POA remains in effect until written notice is provided by either party or until the Dispatcher–Carrier Agreement is terminated.

Carrier Signature: _____

Date: _____

Dispatcher Signature: _____

Date: _____

CARRIER INTAKE FORM

Bear Dispatching Services, LLC Bloomfield, New Mexico

CARRIER INFORMATION

Carrier Company Name: _____

MC Number: _____

DOT Number: _____

EIN: _____

Business Address: _____

Phone: _____ **Email:** _____

Primary Contact Name: _____

Title/Role: _____

DRIVER INFORMATION

Driver Name: _____

Phone: _____ Email (optional): _____

CDL Number: _____

State Issued: _____

Expiration Date: _____

EQUIPMENT DETAILS

Equipment Type (check all that apply): ☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Hotshot

☐ Box Truck ☐ Power Only ☐ Other: _____

Trailer Length: _____ **Trailer Height (if applicable):** _____

Max Weight: _____

Special Equipment: ☐ Tarps ☐ Chains ☐ Straps ☐ Load Bars ☐ Pallet Jack

☐ Other: _____

OPERATING PREFERENCES/TRAVEL PREFERENCES

☐ Local Only (within home state) ☐ Regional (surrounding states)

Preferred region(s): _____

☐ OTR – Nationwide ☐ No Northeast ☐ No West Coast ☐ No Mountains ☐ No Canada

States you will NOT travel to: _____

States you prefer: _____

Home Time Requirements

☐ Home Every Night ☐ Home Every Weekend ☐ Home Every Other Weekend ☐ OTR With Flexible Home Time ☐ No Home Time Preference

Minimum Rate Per Mile: _____

Maximum Deadhead Miles: _____

Preferred Load Types: ☐ Drop & Hook ☐ Live Load ☐ Live Unload ☐ Multi-Stop

☐Team ☐ Hazmat ☐ Other: _____

FACTORING / PAYMENT INFORMATION

Do you use a factoring company? ☐ Yes ☐ No

If yes: **Factoring Company Name:** _____

Factoring Contact Email: _____

Factoring Phone: _____

NOA Provided: ☐ Attached ☐ Will send separately

If no factoring: **Bank Name:** _____

Routing Number: _____

Account Number: _____

REQUIRED DOCUMENTS CHECKLIST

PLEASE DOUBLE CHECK ALL DOCUMENTS HAVE BEEN ADDED

☐ W-9 ☐ Certificate of Insurance ☐ MC Authority Letter ☐ CDL / Driver's License ☐ Factoring NOA (if applicable) ☐ Voided Check (if no factoring)

EQUIPMENT DETAILS

Equipment Type: ☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Hotshot ☐ Box Truck

☐Power Only ☐ Other: _____

Trailer Length: _____

Max Weight: _____

Special Equipment: _____

OPERATING PREFERENCES

Preferred States / Lanes:

Home Time Requirements:

Minimum Rate Per Mile: _____

Maximum Deadhead Miles: _____

Preferred Load Types: ☐ Drop & Hook ☐ Live Load ☐ Live Unload ☐ Multi-Stop ☐Team ☐ Hazmat ☐ Other:

_____

FACTORING / PAYMENT DETAILS

Factoring Company: _____

Factoring Contact: _____

Email: _____

Phone: _____

NOA on File: ☐ Yes ☐ No

If no factoring: **Bank Name:** _____

Routing Number: _____

Account Number: _____

DRIVER DETAILS

Driver Name: _____

Phone: _____ **Email:**

_____

CDL Number: _____

State Issued: _____

Expiration Date: _____

FACTORING SUBMISSION CHECKLIST

CARRIER INFORMATION

Carrier Company Name: _____

MC Number: _____

Driver Name: _____

Load Number: _____

Pickup Date: _____

Delivery Date: _____

REQUIRED DOCUMENTS

☐ Signed Rate Confirmation ☐ Signed BOL (all pages) ☐ POD ☐ Lumper Receipts

☐ Scale Tickets ☐ Detention Approval ☐ TONU Approval ☐ Other:

_____

FACTORING COMPANY DETAILS

Factoring Company Name: _____

Email: _____

Phone: _____

NOA on File: ☐ Yes ☐ No

SUBMISSION CONFIRMATION

Submitted By: _____

Date Submitted: _____

DRIVER BOL INSTRUCTION SHEET

BEFORE PICKUP

☐ Arrive on time ☐ Verify load details ☐ Inspect trailer

AT PICKUP

☐ Obtain BOL ☐ Verify pallet count / weight ☐ Confirm temperature (if reefer) ☐ Get shipper signature

IN TRANSIT

☐ Maintain communication ☐ Protect paperwork

AT DELIVERY

☐ Arrive on time ☐ Follow unloading instructions ☐ Get receiver signature ☐ Take clear photos of all pages

AFTER DELIVERY

☐ Submit BOL/POD ☐ Submit lumper receipts ☐ Submit scale tickets ☐ Submit detention/TONU documents

Send To: Email: _____

Phone/Text: _____

BILL OF LADING TEMPLATE

SHIPPER INFORMATION

Shipper Name: _____

Address: _____

Contact: _____

Phone: _____

RECEIVER INFORMATION

Receiver Name: _____

Address: _____

Contact: _____

Phone: _____

CARRIER INFORMATION

Carrier Company Name: _____

MC Number: _____

DOT Number: _____

Driver Name: _____ **Driver Phone:** _____

LOAD DETAILS

Pickup Date: _____ **Delivery Date:** _____

Commodity: _____

Pallet Count: _____

Weight: _____ **Temperature (if applicable):** _____

Special Instructions

EQUIPMENT DETAILS

☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Hotshot ☐ Box Truck ☐ Power Only ☐ Other: _____

Trailer Number: _____

Seal Number: _____

FREIGHT CHARGES

Rate: _____ **Accessories:** ☐ Detention ☐ Layover ☐ TONU ☐ Lumper ☐ Other: _____

SIGNATURES

Shipper Signature: _____ Date: _____

Receiver Signature: _____ Date: _____

Driver Signature: _____ Date: _____

CARRIER ONBOARDING CHECKLIST

1. REQUIRED DOCUMENTS

☐ Intake Form ☐ Dispatcher–Carrier Agreement ☐ W-9 ☐ COI ☐ MC Authority ☐ CDL ☐ Factoring NOA ☐ Voided Check

2. EQUIPMENT VERIFICATION

☐ Equipment type ☐ Trailer length ☐ Weight capacity ☐ Special equipment ☐ Preferred lanes

3. FACTORING SETUP

☐ Factoring company saved ☐ Contact email saved ☐ Phone saved ☐ NOA received ☐ Dispatcher added as payee (if needed)

4. COMMUNICATION SETUP

☐ Preferred method ☐ Driver contact ☐ Backup contact ☐ Email verified ☐ Availability confirmed

5. RATE & LOAD PREFERENCES

☐ Minimum RPM ☐ Max deadhead ☐ Load types ☐ Home time ☐ Preferred regions ☐ Special notes

6. SYSTEM SETUP

☐ Carrier added to system ☐ Documents uploaded ☐ Profile sheet completed ☐ Factoring docs uploaded ☐ Load board notes updated

7. FINAL CONFIRMATION

☐ Carrier fully onboarded ☐ Ready for load search

Dispatcher Signature: _____ **Date:** _____

BINDER COVER PAGE

DISPATCHING OPERATIONS MANUAL & CARRIER PACKET

Prepared For: _____ Prepared By: Bear Dispatching Services, LLC

Phone: _____

Email: _____

Website (optional): _____

PAYMENT AUTHORIZATION FORM

CARRIER INFORMATION

Carrier Company Name: _____
MC Number: _____ DOT Number: _____ Primary Contact Name: _____ Phone: _____ Email: _____

DISPATCH FEE AGREEMENT

Dispatch Fee: ☐ _____% of gross load rate or ☐ $_____ per load

Payment is due after delivery unless otherwise agreed in writing.

PRIMARY PAYMENT METHOD

IF ON A CC WE WILL CONTACT YOU FOR SECURITY PURPOSES

(Select one)

☐ Zelle: _____

☐ Cash APP: _____

☐ Bank Transfer (ACH)

Bank Name: _____

Routing Number: _____

Account Number: _____

REVOCATION OF AUTHORIZATION

This authorization will remain in effect until the Carrier submits a written notice of revocation to Bear Dispatching Services LLC. Revocation becomes effective 48 hours after written notice is received, and the Carrier is responsible for any outstanding dispatch fees incurred prior to revocation.

SIGNATURE

By signing below, I authorize Bear Dispatching Services LLC to charge the payment method(s) listed above for dispatch services rendered.

Carrier Signature: _____

Printed Name: _____

Date: _____