CARRIER EVALUATION WORKSHEET/REPORT											
1a. NAME OF CARRIER			1b. SCAC	2. TYPE (X)		3. PERIOD COVERED (YYYYMMDD)			4. SERVICE (X)		
			ſ			a. FROM		b. TO		UB	
				IGBI		-				 ннд	
5. NAME OF ORIGIN SHIPPI			I								
			MENT PICKUP DATE	8. PPG	BL	9. SHIPMENT EVALUATION					
6. NAME OF PROPERTY OWNER			YMMDD)		IBER	a. PICKUP	KUP b. RDD		c. L/D	10. POINTS	
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11. NUMBER OF 12. AVERAGE SHIPMENT						13. C	13. CARRIER STATUS (X)				
	ANY SHIPMENTS ON WHICH EVALUATIONS HAVE NOT BEEN COMPLETED HAVE BEEN EXCLUDED IN			ORED	SCOF				SATISFACTORY		
COMPUTING YOUR AVERAGE SHIPMENT SCORE.								F			
14a. NAME OF SHIPPING OFFICE REPRESENTATIVE (Last, First, Middle Initial)			14b. SIGNATURE					14c.	14c. DATE SIGNED		
									(YYYYMMDD))	
15. NUMBER OF SUSPENSIONS			16. TRAFFIC DENIAL PERIOD (Number of days)					17. REINSTATEMENT DATE (YYYYMMDD)			
a. REGULAR b. IMMEDIATE											