

# Carrier Inquiry ID Request Form

(Please print)

For office use only:  
ID#

*\* Each ID can only be used by 1 user*

Date of request: \_\_\_\_\_

Type of User:

- Carrier
- Client
- Operations

**Do you already have a Web ID**  Yes  No (If yes please see (\*\*) below and complete form)

User First Name: \_\_\_\_\_

User Last Name: \_\_\_\_\_

User Email address: \_\_\_\_\_

Scac Code(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

User Phone Number: \_\_\_\_\_

User Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/ Prov: \_\_\_\_\_

Postal code: \_\_\_\_\_

User Job Title: \_\_\_\_\_

**(If scac code is unknown please provide an invoice number(s) that has processed)**

**\*\*Please provide current User ID and ALL the SCAC Codes you currently have access too, then list any corrections/additions:**

\_\_\_\_\_  
\_\_\_\_\_

**If all fields are not completed the request form will be returned.**

Please send all inquiries via email to [tis@ryder.com](mailto:tis@ryder.com) or call 888-811-3989 Option# 3 for questions.

**Please note ID requests may take 3-5 business days to be completed.**

**You will receive an email confirmation upon completion of the Web ID.**