



SKY RADIANT

ABOUT US

MC Number

1472994

DOT Number

3954790

SCAC

SMRL

To be the leading logistics company, renowned for our innovative solutions, unmatched reliability, and superior customer service. We aim to set the benchmark for excellence in the logistics industry by continuously evolving to meet the changing needs of our clients and the global market. Our vision is to create a seamless and efficient logistics network that not only supports the growth of our clients' businesses but also contributes to the sustainability and advancement of the communities we serve. We strive to be a trusted partner, recognized for our integrity, commitment to quality, and our ability to deliver unparalleled logistics solutions across various sectors and industries.

OUR VISION

Customer Focus: To understand and anticipate the unique needs of each client, providing tailored logistics services that enhance their operational efficiency and competitive edge.

Operational Excellence: To maintain the highest standards of safety, quality, and reliability in all our logistics operations, ensuring the secure handling and transportation of goods.

Innovation: To leverage the latest technologies and innovative practices to optimize our logistics processes, offering real-time tracking, advanced routing solutions, and enhanced visibility.

Sustainability: To adopt environmentally friendly practices, reduce our carbon footprint, and promote sustainability throughout our logistics network.

Employee Development: To invest in the continuous training and development of our team, empowering them to deliver exceptional service and drive our company's success.

OUR SERVICES



LTL & FTL Shipments

We specialize in providing top-tier logistics solutions with our LTL (Less Than Truckload) and FTL (Full Truckload) shipment services. Our commitment to excellence ensures that your freight, regardless of size, is handled with the utmost care & efficiency. We understand the importance of timely & secure deliveries, and our experienced team is dedicated to meeting your shipping needs with precision & professionalism.



Flatbed & Heavy Haul

At Sky Radiant, we specialize in providing top-notch Flatbed and Heavy Haul services, tailored to meet the unique needs of our clients. With a commitment to safety, reliability, and efficiency, we ensure your oversized and heavy cargo reaches its destination on time and in perfect condition. Our experienced team and advanced fleet are equipped to handle the most challenging logistics demands, making us a trusted partner in the industry.

Drayage & Container Freight Services

Our drayage and container freight services are designed to efficiently transport shipping containers over short distances, typically between ports, rail yards, warehouses, or distribution centers. We specialize in managing the logistics of containerized cargo to ensure smooth transitions and timely deliveries.



WHY CHOOSE US

2024 TIA Member
Transportation Intermediaries Association



Real Time Tracking

We are rated 5 out of 5



★ Trustpilot



Transparent Pricing



Delivering Punctuality, Every Mile.

CONTACT US

TOLL FREE NO.

(888) 799-7712

FAX NO.

(888) 277-0811

EMAIL

info@skyradiant.com

BILLING INQUIRES

billing@skyradiant.com

WEBSITE

www.skyradiant.com

MAILING ADDRESS

Sky Radiant INC.

208 Adams Dr,

Albertville, Alabama, 35950

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Sky Radiant Inc</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>208 Adams Drive</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>Albertville, Alabama 35950</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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9	2	-	0										
2	9	1	8										
5	6												

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person </p>	<p>Date 1/29/2025</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Details

US DOT:	3954790	Docket Number:	MC01472994	
Legal Name:	SKY RADIANT INC			
Doing-Business-As Name:				
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
108 W SIMS AVE ALBERTVILLE AL 35950	(888) 799-7712 Fax: (888) 277-0811	108 W SIMS AVE ALBERTVILLE AL 35950-2638		NO
Authority Type	Authority Status		Application Pending	
Common	NONE		NO	
Contract	NONE		NO	
Broker	ACTIVE		NO	
Property	Passenger	Household Goods	Private	Enterprise
YES	NO	NO	NO	NO
Insurance Type	Insurance Required		Insurance on File	
BIPD	\$0		\$0	
Cargo	NO		NO	
Bond	YES		YES	

BOC-3: YES

Blanket Company: [INTERSTATE AUTHORITY LLC](#)

[Web Site Content and BOC-3 Information Clarification](#)

[Active/Pending Insurance](#) [Rejected Insurance](#) [Insurance History](#) [Authority History](#) [Pending Application](#) [Revocation](#)

May 19, 2023





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

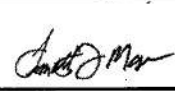
PRODUCER PointeNorth Insurance Group, LLC PO Box 724728 Atlanta GA 31139	CONTACT NAME: Timothy Maze PHONE (A/C, No, Ext): (256) 586-6688 E-MAIL ADDRESS: sheila@hollowayhunt.com	FAX (A/C, No): (770) 858-7545
	INSURER(S) AFFORDING COVERAGE	
INSURED Sky Radiant Inc. 208-B Adams Drive Albertville AL 35950	INSURER A: Crum & Forster Specialty Insurance Company	NAIC #
	INSURER B: Great Lakes Insurance SE	AA1340043
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 24/25 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BAS-40479-1	06/06/2024	06/06/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Excluded
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ Excluded
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Contingent Motor Truck Cargo			24DUW-0075-SGA	01/28/2025	01/28/2026	Any One Truck	\$100,000
							Any One Loss	\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Sample Sample Sample	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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2025 UCR Registration is VALID!



Confirmation # 000-0532-7715

Registered on: 01/20/2025 16:21 EST

Generated: 01/20/2025 17:08 EST

Year: 2025

Paid:	Date	Bracket	UCR Fee	Conv. Fee	Total
	01/20/2025	Bracket 1 [0 veh.]	\$46.00	\$1.00	\$47.00

Bracket: 0 to 2 vehicles [0 vehicle(s)]

USDOT #: 3954790

Classifications: Broker

Legal Name: SKY RADIANT INC

Base State: Alabama

Principal: 108 W SIMS AVE
ALBERTVILLE, AL 35950
US

Payor: InterstateAuthority

*** Expires: 12/31/2025 ***

THANK YOU