

General Information About Your Company (Getting Started)

Company Name _____

Operating As _____

Mailing Address _____

City _____ Province _____ Postal _____

Main Phone _____ Main Fax _____ Toll Free _____

Billing Address (if different from mailing) _____

Company Email (for OTA Carrier Weblink) _____ Website URL _____

CVOR # _____ # Employees _____

Do you wish to have your company information listed on OTA's on-line carrier directory? Yes No

Types of Services Your Company Provides (Check All That Apply)

Trucking Service

- | | | | | |
|--|--|-------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Truckload (General) | <input type="checkbox"/> Bulk - Dry | <input type="checkbox"/> Contract | <input type="checkbox"/> Heavy Specialized | <input type="checkbox"/> Waste |
| <input type="checkbox"/> Less-Than-Truckload | <input type="checkbox"/> Bulk - Liquid | <input type="checkbox"/> Container | <input type="checkbox"/> Livestock | |
| <input type="checkbox"/> 3rd Party Logistics | <input type="checkbox"/> Freight Brokerage | <input type="checkbox"/> Intermodal | <input type="checkbox"/> Warehousing | |

Geographic Coverage

| Canada | United States |
|--|--|
| <input type="checkbox"/> Ontario <input type="checkbox"/> Atlantic Canada <input type="checkbox"/> Quebec <input type="checkbox"/> Western Canada | <input type="checkbox"/> Great Lakes <input type="checkbox"/> Midwest <input type="checkbox"/> Southeast <input type="checkbox"/> Northwest <input type="checkbox"/> Northeast <input type="checkbox"/> Central <input type="checkbox"/> South-Central <input type="checkbox"/> Southwest |

Commodities Hauled

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture Products | <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Machinery | <input type="checkbox"/> Raw Forest Products |
| <input type="checkbox"/> Automotive Parts | <input type="checkbox"/> Food Grade Products | <input type="checkbox"/> Mail/Parcels | <input type="checkbox"/> Retail/Consumer Products |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Groceries/Produce | <input type="checkbox"/> New/Used Vehicles | <input type="checkbox"/> Scrap Steel & Metals |
| <input type="checkbox"/> Building/Const Materials | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Paper & Paper Products | <input type="checkbox"/> Steel & Metals |
| <input type="checkbox"/> Cement/Stone/Aggregate | <input type="checkbox"/> Livestock | <input type="checkbox"/> Petroleum Products | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Lumber Products | <input type="checkbox"/> Radioactive Materials | <input type="checkbox"/> Waste/Recyclables |
| <input type="checkbox"/> Explosives | | | |

Program Designation/Participation (Security: Canada/US | Environment)

- CSA C-TPAT FAST PIP TWIC Smartway

Equipment Operated (Check All That Apply)

Trailers

- | | | | | |
|--|------------------------------------|--------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Car Carrier | <input type="checkbox"/> Dump | <input type="checkbox"/> Float | <input type="checkbox"/> Livestock | <input type="checkbox"/> Tank |
| <input type="checkbox"/> Container Chassis | <input type="checkbox"/> Flat-Deck | <input type="checkbox"/> LCV | <input type="checkbox"/> Reefer | <input type="checkbox"/> Van |

Power Units

| Company Owner/Leased | Owner-Operator |
|----------------------------------|----------------------------------|
| Total # of Tractors _____ | Total # of Tractors _____ |
| Total # of Straight Trucks _____ | Total # of Straight Trucks _____ |

Terminal Locations

| City | Prov/State | Phone | Email |
|------|------------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Key People (to receive OTA's on-line newsletter, or to contact regarding specific issues)

Official OTA Voting Representative (Preferable the company CEO)

Name _____ Direct Phone _____ Extension _____
 Title _____ Mobile Phone _____
 Signature _____ Email Address _____

Senior Management

| Area of Responsibility | Name | Phone | Ext. | Email |
|------------------------|------|-------|------|-------|
| President/CEO/Owner | | | | |
| Operations | | | | |
| Safety | | | | |
| Maintenance | | | | |
| Finance | | | | |
| Purchasing | | | | |
| Human Resources | | | | |
| Sales & Marketing | | | | |
| Customs | | | | |

OTA Membership Dues

(Fees are pro-rated based on OTA's fiscal year which commences on July 1st and ends on June 30th)

| | | |
|--------------------------------|---|----------|
| Membership Dues (\$) per Truck | = | \$56 |
| Minimum Dues | = | \$560 |
| Maximum Dues | = | \$28,000 |

How to Calculate Your Dues

Step 1: Select current month

Step 2: Enter Your Total # of Trucks and your membership dues will be calculated automatically

| | | |
|---|---|--|
| A. Select current Month from drop-down list | = | |
| B. Total # Trucks: (include all subsidiary/affiliate companies & division) | = | |
| C. Membership Dues: (B x \$56) minimum \$560; maximum \$28,000 | = | |
| D. Your Pro-Rated Membership Dues: | = | |
| E. HST (13% of Your Pro-Rated Membership Dues) HST #10780 1003 RT 0001 | = | |
| F. Total Membership Dues including HST | = | |

Method of Payment

Visa Amex MasterCard Cheque Enclosed

Card Number _____ Expiry _____
 Cardholder _____ Cardholder Email _____
 Cardholder Phone _____ Extension _____ Card Holder Signature _____

Privacy

(Please Check if You Will Allow)

- Company name, mailing address, telephone, fax, website to be provided on request by OTA Allied Trades members
- Contact information for third parties who may be engaged by OTA from time to time to conduct industry surveys

Return your application and payment in an envelope marked "Confidential" to:

Ontario Trucking Association | 555 Dixon Road, Toronto, Ontario M9W 1H8 | Phone: 416.249.7401 | Fax: 1.866.713.4188

For OTA Use Only

| | | | |
|-------------------|--|--------------|--|
| Cheque/Auth # | | Amount Paid | |
| Member ID | | Process Date | |
| Membership Period | | Processed By | |

Affiliate/Subsidiary Companies & Divisions

(Under the OTA by-laws, carriers must declare all subsidiary and/or affiliated companies or divisions operating as independent companies or under different corporate names for fleet size and membership dues purposes)

Affiliate 1

Company Name _____

Mailing Address _____

City _____ Province/State _____ Postal/ZIP _____

Main Phone _____ Main Fax _____ Toll Free _____

Company Email (for OTA Carrier Weblink) _____ Website URL _____

CVOR # _____ # Trucks _____

Contact Name

Name _____ Direct Phone _____ Extension _____

Title _____ Email Address _____

Affiliate 2

Company Name _____

Mailing Address _____

City _____ Province/State _____ Postal/ZIP _____

Main Phone _____ Main Fax _____ Toll Free _____

Company Email (for OTA Carrier Weblink) _____ Website URL _____

CVOR # _____ # Trucks _____

Contact Name

Name _____ Direct Phone _____ Extension _____

Title _____ Email Address _____

Affiliate 3

Company Name _____

Mailing Address _____

City _____ Province/State _____ Postal/ZIP _____

Main Phone _____ Main Fax _____ Toll Free _____

Company Email (for OTA Carrier Weblink) _____ Website URL _____

CVOR # _____ # Trucks _____

Contact Name

Name _____ Direct Phone _____ Extension _____

Title _____ Email Address _____

Affiliate 4

Company Name _____

Mailing Address _____

City _____ Province/State _____ Postal/ZIP _____

Main Phone _____ Main Fax _____ Toll Free _____

Company Email (for OTA Carrier Weblink) _____ Website URL _____

CVOR # _____ # Trucks _____

Contact Name

Name _____ Direct Phone _____ Extension _____

Title _____ Email Address _____