

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

Terminal Locations

City	Prov/State	Phone	Email

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 _____

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 January st)

Membership Dues (\$) per Truck	=	\$57
Minimum Dues	=	\$570
Maximum Dues	=	\$5100

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 \$57) minimum \$570; maximum \$5,100	=	
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 _____

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 _____

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 _____

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 _____

CVOR # _____ # Trucks _____

Contact Name

Name _____ Direct Phone _____ Extension _____

Title _____ Email Address _____