

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 January 1st)

Membership Dues (\$) per Truck	=	\$57
Minimum Dues	=	\$570
Maximum Dues	=	\$29,000

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 \$57) minimum \$570; maximum \$29,000	=	
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 _____