



# BECOMING A MEMBER OF OMCA

You can quickly and easily join OMCA by simply filling out both sides of this form and faxing it to 416-229-6281. Downloadable copies of this form and other OMCA information is also available on our website at [www.omca.com](http://www.omca.com)

## Membership Criteria

A bus operator member of OMCA can be any individual, partnership, company, or corporation lawfully engaged in the business of transporting persons in motor vehicles. Members in OMCA maintain the highest of integrity and standards including:

- The possession and maintenance of a carrier safety rating at a minimum rating of "satisfactory-unaudited"
- Business operation for a minimum of one year
- Proof of valid CVOR
- Proof of valid insurance
- Identification of maintenance contact or company (if out-sourced)
- Identification of officers and directors of the company
- Identification of the names of persons or entities that have a greater than 10% ownership in the company

## Fee Structure

Annual fees are determined at each OMCA Annual Meeting and are based on the number of vehicles operated:

1-10 Busses	\$650
11-25	\$850
25-50	\$1250
50-100	\$2500
100 +	\$ 3700

Above fees are in addition to a one-time initiation fee of \$500.

For more information, please contact:  
 Ontario Motor Coach Association  
 555 Burnhamthorpe Road, Suite 505  
 Etobicoke, ON, M9C 2Y3  
 Tel. 416-229-6622 Fax. 416-229-6281  
 E-mail: [info@omca.com](mailto:info@omca.com) [www.omca.com](http://www.omca.com)

OMCA values the privacy of its members and customers. All information collected is done so in accordance with our Privacy Policy. For details, see [www.omca.com](http://www.omca.com)



## Candidate Profile

Name of official contact person to receive all OMCA correspondence \_\_\_\_\_

Title \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

## Certification

This certifies that our organization agrees to comply with the above membership criteria, Association By-laws and Code of Ethics.

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

## Payment

Payment is accepted by cheque or credit card (payable to OMCA) and is to accompany application form.

Annual Fee		_____
One-time Initiation Fee	+	\$500.00
Sub-Total		_____
Add 5% GST (PEI, QC, SK, MB & Territories)	+	_____
Add 13% HST (ON, NS, NF & NB)	+	_____
Add 12% HST (BC Only)	+	_____
CharterBusConnect Enhanced Listing (Tax exempt)	+	\$99.00
<b>TOTAL AMOUNT DUE</b>		_____

CONTINUED >>

# Member Profile

Date Company Operations Commenced

\_\_\_\_\_

Names of company officers and directors  
(Attach separate sheet in necessary)

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

Types of Services Offered (check all that apply)

- Regular Route
- Contract
- Parcels
- Charter
- Transit/Commuter
- School Bus
- Other (please specify):

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

Names of persons or entities that have greater than 10% ownership in the company  
(Attach separate sheet if necessary)

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

Number of Vehicles

- \_\_\_\_\_ Motor caches
  - \_\_\_\_\_ Lift equipped motor coaches
  - \_\_\_\_\_ School Buses
  - \_\_\_\_\_ Other (please specify)
- \_\_\_\_\_  
\_\_\_\_\_

Name of Individual (or company) responsible for vehicle maintenance

\_\_\_\_\_

CVOR Number

\_\_\_\_\_

Address

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

Name of Insurance Company & Policy Number

\_\_\_\_\_

Name of individual in your organization responsible for safety

\_\_\_\_\_

Carrier Safety rating (if based in Ontario)

\_\_\_\_\_

Do you hold U.S. DOT Authority?

- YES
- NO

If yes, U.S. DOT Number \_\_\_\_\_

**Promotional Description of Your Company / Services**  
(75 words or less for listing in OMCA Resource Guide)

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