

# BECOMING A MEMBER OF OMCA

You can quickly and easily join OMCA by filling out both sides of this form; scan and email to [info@omca.com](mailto:info@omca.com) or fax to 416-229-6281. Downloadable copies of this form and other OMCA information are 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 outsourced*)
- Identification of officer 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

Based on the number of vehicles operated:

COACHES		SCHOOL BUSES DOING CHARTER WORK*	
1-10	\$750	1-15	\$300
11-25	\$950	16-40	\$500
26-50	\$1350	41-100	\$850
51-100	\$2600	101-500	\$1200
101+	\$3500	501-1000	\$2350
		1000+	\$3600

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

## FOR MORE INFORMATION, PLEASE CONTACT:

OMCA - Ontario Motor Coach Association  
 320 North Queen Street, Suite 210  
 Toronto, Ontario M9C 5K4  
 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)*



*\*Only those school buses involved in charter work (minimum of 10% of overall bus fleet).*

## 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 (*payable to OMCA*) or credit card and is to accompany application form.

Annual Fee \_\_\_\_\_

One-time initiation Fee + \$500.00

**Sub-Total** \_\_\_\_\_

Plus GST or HST depending on prevailing tax rates in province of residence.  
 (*U.S. domiciled companies are tax exempt*) \_\_\_\_\_

**Total Amount Due** \_\_\_\_\_

■ *By becoming a member, I consent to receive electronic communications from OMCA; I may unsubscribe at any time. (\*May result in a disruption of membership benefits.)*

**CONTINUED>**

# MEMBER PROFILE

Date Company Operations Commenced:

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Types of Services Offered (*check all that apply*):

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Regular Route (Scheduled Service) | <input type="checkbox"/> Contract   |
| <input type="checkbox"/> Parcels                           | <input type="checkbox"/> Charter    |
| <input type="checkbox"/> Transit/Commuter                  | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Other ( <i>please specify</i> ):  |                                     |

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Number of Vehicles

- |       |                                  |
|-------|----------------------------------|
| <hr/> | Motor coaches                    |
| <hr/> | Accessible motor coaches         |
| <hr/> | School buses/Activity Buses      |
| <hr/> | Other ( <i>please specify</i> ): |

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CVOR Number

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Name of Insurance Company & Policy Number

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Carrier Safety Rating (*if based in Ontario*):

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Do you hold U.S. DOT Authority?

- YES    NO

If yes, U.S. DOT Number 

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Names of company officers and directors

(*Attach separate sheet if necessary*)

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Names of persons or entities that have greater than 10% ownership in the company

(*Attach separate sheet if necessary*)

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Name of individual (*or company*) responsible for vehicle maintenance

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Address

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Name of individual in your organization responsible for safety

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## Promotional Description of Your Company/Services

(75 words or less for listing in OMCA Membership Directory)

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