

# Idaho Trucking Association Membership Application

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

Primary Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Website: \_\_\_\_\_

DOT Number \_\_\_\_\_

## Motor Carrier Membership

### Owner-Operator (0-3 Power Units) \$ 205

#### 4+ Power Units

Mileage at <500,000 .0013426 not less than \$ 545

Mileage at 500,000 .0013462

Plus mileage at 2nd 500,000 .0011124

Plus mileage for next 2,000,000 .0008785

Plus mileage > 3,000,000 .000595 not to exceed \$ 5,557

### Idaho Miles:

\_\_\_\_\_

Number of drivers based in Idaho: \_\_\_\_\_ Number of drivers with HazMat Endorsements: \_\_\_\_\_

Legislative District: \_\_\_\_\_

To find your legislative district: <https://legislature.idaho.gov/legislators/whosmylegislator/>

Operate Longer Combination Vehicle's (LCV):  Yes  No

Check one conference that most closely fits your company:

Highway Carrier  Resource Transporter  Specialized Transport Services

### Chief Officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Safety Director:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Terminal Manager:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby apply for membership in the **Idaho Trucking Association** and agree to abide by the Association by-laws.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

We will invoice you for the amount due; we accept all credit cards over the phone.

Mail completed application to:  
3405 East Overland Road/Suite 175, Meridian, ID 83642  
or Email to: [office@idtrucking.org](mailto:office@idtrucking.org)