



Utah Trucking Association

CARRIER MEMBERSHIP APPLICATION*

4181 W. 2100 S. West Valley, Utah 84120

Ph: (801) 973-9370 sarah@utahtrucking.com



DATE _____

COMPANY NAME _____ DBA (IF APPLICABLE) _____

Key Contact Name _____ Title _____

Mailing Address: _____ Physical Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Web Address _____ E-mail _____

Phone _____ Fax _____ 800 # _____

Safety Supervisor Name: _____ Email: _____

Accounts Payable Contact: _____ Email: _____

Investment Due Levels:

- 1st Year \$200
- 1-25 Units \$350
- 26-50 Units \$600
- 51-75 Units \$750
- 76 or More \$10 per Unit

Number of Tractor/ Power Units _____

Authorized By _____ Title _____

Signature _____ E-mail _____

**** Upon signing this application, this gives Utah Trucking Association the expressed permission to fax and/or email information to key contacts in your company, as per the Telephone Consumer Protection Act ****

* Subject to review and approval by UTA Board of Directors