

STATE ASSOCIATIONS ARE RESPONSIBLE FOR PAYMENT & REQUIRED TO SEND REGISTRATION FEES ON BEHALF OF THEIR COMPETING DRIVERS

DRIVERS WILL BE FOUND INELIGIBLE UNLESS A \$300.00 REGISTRATION FEE PER DRIVER IS ENCLOSED

Association Name: _____

Number of Drivers: _____

Total Amount Enclosed: _____
(# of drivers x \$300)

Check Number: _____

! REMEMBER:

- PAYMENT AND FORMS (TR-1 & TR-2) REQUIRED 2 WEEKS AFTER YOUR STDC
- PLEASE SEND ONE CHECK COVERING ALL OF YOUR DRIVERS. INDIVIDUAL CHECKS ARE NOT ACCEPTED

Registration will not be processed without payment, and payment cannot be taken over the phone, or by email.

Credit Card: American Express Master Card VISA

Name on Card: _____

Credit Card Number: _____ Expire Date: _____

Signature: _____

Checks made payable to: American Trucking Associations

Mail to:

Attn: NTDC/NSVDC
ATA Safety Management Council
950 N Glebe Road, Suite 210
Arlington, VA 22203

