



GMTA Safety Council Application

Name: _____ Title: _____

(Please print or attach business card)

Company Name: _____

Company Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Business: _____

Is This Location Considered: Headquarters _____ Branch _____ Division _____ Remote Site _____

Number of Employees: This Location _____ Total Company Employees _____

Type and Number of Vehicles:

| <u>This Location</u> | <u>Company Total</u> |
|----------------------|----------------------|
|----------------------|----------------------|

| | |
|-------------------|-------|
| Commercial Trucks | _____ |
|-------------------|-------|

| | |
|--------------------------|-------|
| Pickup or Service Trucks | _____ |
|--------------------------|-------|

| | |
|------------------------|-------|
| Utility Trucks or Vans | _____ |
|------------------------|-------|

| | |
|------------------------|-------|
| Passenger Cars or Vans | _____ |
|------------------------|-------|

| | |
|-------------------------|-------|
| Other (please specify): | _____ |
|-------------------------|-------|

Safety Programs & Activities:

1. Does your organization have a safety belt policy? yes _____ no _____
2. Does your organization have a drug & alcohol policy? yes _____ no _____
3. Does your organization have regular safety meetings? yes _____ no _____
4. How often do you schedule safety meetings and classes? _____
5. What percent of your employees attend traffic safety programs? _____%

Please provide the information on the back and mail or fax your application and membership fee to:

GMTA Safety Management Council - 1800 Lake Park Drive - Suite 123 - Smyrna, GA 30080
Phone: (770) 444-9771 Fax: (770) 444-9442 Website: www.gmta.org