

# AFFILIATE REGISTRATION FORM

## COMPANY INFORMATION

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

Company Address \_\_\_\_\_  
(Street Address)

(Suite #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Company Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company Website \_\_\_\_\_

Company E-mail \_\_\_\_\_

## POINT OF CONTACT INFORMATION

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Contact Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact E-mail \_\_\_\_\_

## FLEET/VEHICLE INFORMATION

Types of Vehicles in Fleet *(check all that apply)*

Sedans

SUVs

Limousines

Party Buses

Vans

Mini Buses

Coach Buses

Tour Buses

U.S. DOT Number  
\_\_\_\_\_

MD PSC Number  
\_\_\_\_\_

WMATC Number  
\_\_\_\_\_

VA DMV Carrier Number  
\_\_\_\_\_