

Company Name *(IACO A Use Only)*

APPLICATION
FOR
— REGULAR MEMBERSHIP —



THE
INDEPENDENT
ARMORED CAR OPERATORS
ASSOCIATION, INC.

(IACO A Use Only)

Date Received: _____

Check Number: _____

International Members:

Wire Transfer Confirmation # _____

Amount Received: _____

Insurance Cert Received? Yes

Check & Applicant Info Sent to Secretary?

Board of Directors Meeting Date: _____

Submit to General Membership

Declined

Date of General Membership Vote: _____

Approved for Membership

Declined

Approved Appl. Received by Secretary? Yes

Plaque Presented to Member? Yes

Membership Status Updated in db? Yes



The Independent Armored Car Operators Association, Inc.

REGULAR MEMBER APPLICATION

– please print clearly –

A. COMPANY PROFILE

1. Company Name _____
2. Street Address _____
City _____ State or Province _____
Postal or Zip Code _____ Country _____
3. Mail Address if Different _____
City _____ State or Province _____
Postal or Zip Code _____ Country _____
4. U.S./Canada Telephone # (_____) _____ - _____
Fax # (_____) _____ - _____
International Telephone # 011- _____ - _____ - _____
Country Area Code Telephone #
International Facsimile # 011- _____ - _____ - _____
Country Area Code Facsimile #
5. Web Site Address: _____
6. Company Ownership Corporation Partnership Sole Proprietorship LLC LLP
List major stockholders, officers, or partners _____

7. Primary contact: Name _____ Title: _____
Telephone # (_____) _____ - _____ E-Mail _____
If you would like others within your organization to receive IACOA information, there is a slight additional annual membership charge Yes
Second contact: Name _____ Title: _____
Third contact: Name _____ Title: _____
Additional contact(s) phone, fax, e-mail addresses same as above Yes No (*attach additional information*)
8. Year business established _____
9. Date your business began offering armored services _____

B. COMPANY OPERATIONS

1. Types and Number of Vehicles Operated

- Armored Trucks under 26,001 lb # _____
- Armored Trucks (2-axle) over 26,001 lb # _____
- Armored Tandems or Tractors # _____
- Total Number of Armored Vehicles # _____
- Courier Vehicles # _____
- Airplanes # _____
- Surveillance Vehicles # _____

Are all vehicles used in the transportation of valuables fully armored? Yes No *(explain)*

2. Crew Profile

Total Number of Employees Utilized in All Armored Operations _____

Crew Complements Utilized in Armored **Route** Operations *(check all that apply)*

One Person	Two Person	Three Person	Escort Vehicle	Are All Personnel Armed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Crew Complements Utilized in Armored **ATM** Operations *(check all that apply)*

One Person	Two Person	Three Person	Escort Vehicle	Are All Personnel Armed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Crew Complements Utilized in **ATM First Line Maintenance** Operations *(check all that apply)*

One Person	Two Person	Are FLM Personnel Armed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to "One Person" crews or No to "Are All Personnel Armed?" please explain below

3. Applicant/Employee Background Screening *(check all that apply)*

- Motor Vehicle Driver's Record
- Past Employment Verification
- Credit Check
- Criminal History
- Residence Verification
- Polygraph
- Medical Exam
- Drug Testing
- Education Verification
- Social Security Number Verification

4. Services Offered *(check all that apply)*

- Armored Transportation
- Vaulting
- Currency Processing
- Coin Processing
- Coin Wrapping
- Armored ATM Services
- ATM First Line Maintenance
- ATM Second Line Maintenance
- Air Courier
- Air/Ground Support
- Security Guard

4. Services Offered, *continued*

- Cash Vault Mobile Check Cashing Courier/Mail Prisoner Transportation
- Check Encoding Alarm Monitoring/Installation Data Storage Parking Meters
- Access Control Device Sales Other _____

5. Customer Profile (*check all that apply*)

- Federal Reserve Bank Bank Cash Vaults Banks/Savings & Loans/Credit Unions
- School Districts Federal Government State Government County Government
- City Government Retail Restaurants Airports Festivals Theme Parks
- Gas Stations Tollways/Bridges Check Cashers Another Armored Car Company
- Other _____

6. Geographical Areas Served

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Branch Terminal Locations (*list all branches by City & State*)

_____	_____	_____
_____	_____	_____

C. ADDITIONAL INFORMATION

1. Insurance

Name of All Risk Cargo Insurance Broker _____

Address _____ City _____ State _____

Telephone # (_____) _____ - _____ Fax # (_____) _____ - _____

Name of All Risk Cargo Insurance Carrier _____

All Risk Cargo Insurance Transit Limit \$ _____ Vault Limit \$ _____

Pavement Limit \$ _____ Deductible Amount \$ _____

1. **Insurance, *continued***

Does Your Policy Contain any Warranties other than the Standard War, Nuclear Fusion, and Acts of God?

Yes No If yes, what are they? _____

Have You ever Suffered a Loss Not Covered by Insurance? Yes No If yes, explain the loss

2. **Licensing**

List Licenses Required and Issued by Local, State and Federal Governments

PUC # _____ ICC # _____ Motor Carrier # _____

Other _____ # _____ Other _____ # _____

3. **Affiliations & Associations**

ASIS ESTA

_____ _____ _____

How Did You Hear about the Independent Armored Car Operators Association, Inc.?

4. **Do You Have an IACOA Regular Member Sponsor?**

Name: _____

Company: _____

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. If accepted for membership, our firm will operate in a manner that upholds the bylaws of the Independent Armored Car Operators Association, Inc. I understand that violation of these bylaws may result in termination of our Membership.

Company Name _____

Print Your Name _____

Title _____

Signature _____ Date _____

Thank you for your interest in joining the
INDEPENDENT ARMORED CAR OPERATORS ASSOC., INC (IACOA)

To start your Regular Membership Application process, please return the following items:

1. A completed Application Form
2. An Insurance Certificate proving evidence of all risk cargo insurance currently in effect
3. A nonrefundable application fee in the amount of \$325.00. *(once your company is approved for membership in IACOA, you will be billed a prorated dues amount based upon annual dues of \$500)*

PAYMENT: Pay by Check, Money Order, Wire Transfer or complete the Credit Card Authorization

CHECK MONEY ORDER WIRE TRANSFER MC VISA AmEx

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Credit Card Number

Exp Date

Name as it appears on the Credit Card (please print)

Signature required for all Credit Card payments

Complete Billing Address for the Credit Card Including Zip Code (please print)

Amex: (4) digits from front of card

MC or Visa: (3) digits from back of card

• **International Payments by Wire Transfer:** International applicants are required to make the appropriate payment of fees by U.S. credit card or wire transfer and **not by check**. Your cooperation is appreciated. If you choose to wire funds, please complete the sending bank information below and wire the funds to:

Wells Fargo Bank; Routing #12200247; Account #0372-832923; Telephone: 800/869-9557

The completed Application Form and your Payment should be sent to:

John Margaritis, Administrator
Independent Armored Car Operators Association, Inc.
8000 Research Forest Drive, Suite 115-155
The Woodlands, TX 77382-1504

Telephone: 281/292-8208
e-mail: jmiacoa@yahoo.com
fax: 281/292-9308

• IACOA currently maintains a web site at www.iacoa.com. The information you provide in this Membership Application will in part be used to describe your company on the IACOA Web Site. The IACOA Web Site is updated free of charge once per year at the time of Membership renewal. If you request any changes other than at renewal time, there may be a nominal charge for which you will be invoiced.