UNIFORM INTERMODAL INTERCHANGE AND FACILITIES ACCESS AGREEMENT

(A Program of the Intermodal Association of North America)

Participating Party Agreement

The Party named below agrees that by executing the Uniform Intermodal Interchange and Facilities Access Agreement (UIIA) it will be bound by the provisions of the UIIA, and subsequent amendments and/or revisions of that Agreement, and any addendum thereto, that does not conflict with the terms of this Agreement, which govern the interchange and use of Equipment in intermodal interchange service. The Provider named below agrees that in its interchange activities with Motor Carrier participants who are signatories to the Agreement, this Agreement will be the only Agreement it will use and that this Agreement applies to all Interchanges of Equipment between the Parties, unless superseded in whole by a separate bilateral written equipment interchange agreement. [Revised 05/22/19]

This Agreement shall be effective unless cancelled in writing, by mutual consent of the Parties, or by any Party upon thirty (30) days prior Notice to the other Party. A copy of the required written Notice must be provided to the President of IANA at the time it is issued. **[Revised 08/01/14]**

OLON ATUBE:		FIT1 F.		
SIGNATURE:		IIILE:		
BUSINESS ADDRESS: (Mailing Address)				
(Mailing Address)	No.	Street	City	
State/Province Zip/Postal	Code Phone No.	Fax	E-Mail	
Indicate Nature of Busines	s: Motor (Carrier	Provider	
If Motor Carrier, please che	eck all that apply to yo	ur business ope	rations: ☐ Smartway Carrier	
□ For Hire □ Private	□ Interstate □ Intra	state □ Comme	ercial Zone/Terminal Area Operato	_
LI OI IIII LI FIIVALE	- Interstate - Intra		rolal Zorio, Formiliai 7 troa oporate)r
			rolal Zollo, Formillar / frod Operate	or
Standard Carrier Alpha Co	de (SCAC):			or
Standard Carrier Alpha Cod	de (SCAC): DOT Number:			or .
Standard Carrier Alpha Cod MC Number: Tax Identification No. or Ca The provisions of this agre	de (SCAC): DOT Number: anadian Business Num ement shall become e	nber:	 late accepted by the Associatio	
Standard Carrier Alpha Cod MC Number: Tax Identification No. or Ca	de (SCAC): DOT Number: anadian Business Num ement shall become e ublished in the list of	nber: ffective on the d subscribers or s	 late accepted by the Associatio	

[] I have read and accepted the IANA Privacy Policy: http://intermodal.org/privacy-policy

I I have read and provide consent to the use of my personal data: http://intermodal.org/forms/eu-gdpr

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COMPANY NAME:									
AUTHORIZED B	Y: (Print or Type)								
SIGNATURE:		TITLE:							
BUSINESS ADD	RESS:								
(Mailing Address	RESS: s)	No.	Street		City				
State/Province	Zip/Postal Code	Phone No.	Fax	E-Mail					
Indicate Nature of Business:		Motor Ca	arrier _	Provider					
If Motor Carrier,	please check all th	nat apply to you	r business o _l	perations:	□ Smartway C	arrier			
□ For Hire □	Private □ Inters	state □ Intrast	ate □ Comr	nercial Zone	/Terminal Area	Operator			
Standard Carrie	r Alpha Code (SCA	C):							
MC Number:		DOT Number: _							
Tax Identificatio	n Number or Cana	dian Business N	lumber:						
	of this agreement s errier and published					ociation of the			
Acceptance Date	:	В	. Deb	bie Ac	rsko				
But		A	Assistant Vice President Intermodal Information Services						

*NOTE: THIS COPY OF THE PARTICIPATING PARTY SIGNATURE PAGE SHOULD BE MAINTAINED BY YOUR COMPANY.