



Commercial Carrier Registration Program National Safety Code

FOR OFFICE USE ONLY

Payment Type

- Cheque Cash Money Order
 Debit Card Credit Card Bank Draft

Amount of change to client \$ _____

Identification

You must complete questions 1a, 1b or 1c.

- Charitable, Non-Profit or Religious Organization - used exclusively for non-commercial transport of passengers
 (supporting letter from organization required to process application)

05/2005

1a Individual applicants complete this section.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Surname	Given name	
Date of Birth (YY/MM/DD)	Driver's License #	Issuing Province	National Safety Code #
1b Partnership applicants complete this section. Partners, Registry of Joint Stocks No.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Surname	Given name	
Date of Birth (YY/MM/DD)	Driver's License #	Issuing Province	National Safety Code #
1c Corporate applicants complete this section. Give the name of your corporation as registered with Registry of Joint Stocks of Service Nova Scotia & Municipal Relations. If you are a society, school, etc. give your legal name and provide your Registry of Joint Stocks number. If not registered please provide proof of legal entity status.			
Legal Organization Name		Registry of Joint Stocks No.	National Safety Code No.
1d Names of officers, directors, or partners. (Complete this section if you have not supplied a joint stock no.) Attach an extra list, if needed.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Surname	Given name	Title
Date of Birth (YY/MM/DD)	Driver's License Number	Issuing Province	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Surname	Given name	Title
Date of Birth (YY/MM/DD)	Driver's License Number	Issuing Province	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Surname	Given name	Title
Date of Birth (YY/MM/DD)	Driver's License Number	Issuing Province	

2a Business mailing address.			
Street: _____			
City: _____	Province _____	Postal Code _____	
Phone: _____	Fax: _____	E-mail _____	
2b Location of business records. The address given for the location of business records must be a physical street address (not a PO box number.) This is the location where you will keep your business records, including driver and vehicle records.			
Street: _____			
City: _____	Province _____	Postal Code _____	

Business Profile

3a Check (✓) all boxes that apply. In the past 24 months have you, or any partner, principal, director, or officer of your business:

- Been employed as a driver Been an owner operator Held a NSC Certificate (provide number & Prov. _____)
 Operated or hold an interest in a designated inspection facility. Insp. Station License No. _____

For questions number 3b to 3d, answer according to the practices you expect your business will operate during the next 18 months.

3b Check (✓) all transportation services you plan to provide.

- | | | | | | |
|---|--|---|--|--|---|
| <input type="checkbox"/> Lumber
<input type="checkbox"/> Courier | <input type="checkbox"/> Petroleum
<input type="checkbox"/> Heavy equipment | <input type="checkbox"/> Dump Truck
<input type="checkbox"/> Farm products | <input type="checkbox"/> Logs
<input type="checkbox"/> Towing Service | <input type="checkbox"/> Bus
<input type="checkbox"/> Bulk (dry, liquid, gas) | <input type="checkbox"/> School bus
<input type="checkbox"/> Container |
|---|--|---|--|--|---|

- Other (describe) Attach an additional list is needed. _____

3c Do you plan to transport dangerous goods? Yes No

If Yes, Check (✓) the classes of dangerous goods you plan to transport.

Class Description - As defined in the Dangerous Goods Act

- Class 1 Explosives
 Class 2 Gases
 Class 3 Flammable and combustible liquids
 Class 4 Flammable solids; substances liable to spontaneous combustion and substances that on contact with water emit flammable gases
 Class 5 Oxidizing substances; organic peroxides
 Class 6 Toxic and infectious substances
 Class 7 Radioactive materials
 Class 8 Corrosives
 Class 9 Miscellaneous products, substances or organisms.

3d Check (✓) all transportation services you will provide.

- Wholly within NS Extra-provincially within Canada Outside of Canada (if applicable) US DOT# _____
 For hire Not for hire

Definitions: For Hire: providing a transportation service, goods and/or passengers, for direct or indirect compensation.
 Not for Hire: transporting goods that are the property of the registered owner of the vehicle.

Insurance Profile

Name of Insurance Company	Policy No.	Amount of Coverage	Expiry Date

*Minimum Liability Requirements - \$1,000,000 (PL&PD) or if applicable Dangerous Goods \$2,000,000

*Refer to Carriage of Freight by Vehicle Regulations (Sec. 3) under the Motor Vehicle Act.

DECLARATION**ALL APPLICANTS COMPLETE THIS SECTION**

This declaration is made in support of an application by _____ (print applicant's name) to Service Nova Scotia & Municipal Relations to register as a commercial carrier in the Province of Nova Scotia and for the issuance of National Safety Code Safety Rating.

I have enclosed my Carrier Registration fee of \$53.00 - yes _____ No _____

INITIAL EACH DECLARATION AND SIGN AS PROOF OF THE ENTIRE DECLARATION.

_____ I declare that neither the applicant, nor any principal, director, officer, or partner of the applicant have had an NSC certificate in NS. or any other province, territory or state, that has been deemed unsatisfactory.

_____ I declare that the information I have supplied in all parts of these forms is true and to the best of my ability is complete and accurate.

_____ I declare that I am knowledgeable in the rules and regulations governing commercial vehicle transport in Nova Scotia and that I understand my obligations under the National Safety Code. I further declare that I am committed to executing my carrier business in compliance and accordance with these rules, standards and regulations.

Any person who makes a false declaration or provides false information is guilty of an offence under the Motor Vehicle Act , and is liable to fines and penalties.

SIGN IN DECLARATION OF ALL OF THE ABOVE

An authorized signatory must sign this declaration.

SIGNED _____ THIS _____

(DAY) OF _____ (MONTH) IN THE YEAR _____.

PRINT YOUR NAME IN BLOCK LETTERS

_____		_____
Name		Title
_____	_____	_____
Phone	Fax	E-mail