



Submit Online at: www.nsbr.ca

Or by Mail to: PO Box 1529
Halifax, NS B3J 2Y4

Business Applicant Profile Information:

Business Name:

Legal Entity including Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry of Joint Stock Companies #: _____

Business Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country Postal Code

Business Mailing Address (If Different):

Street, P.O. Box, RR #, Site #, etc.

City/Town/County Province Country Postal Code

Business Address in Nova Scotia:

Street, P.O. Box, RR #, Site #, etc.

City/Town/County Province Country Postal Code

Business Contact Information:

Name Title

Primary Phone # Fax #

Please Note: The submission of an application with payment does not guarantee application approval

P.O. Box 1529
Halifax, NS
B3J 2Y4



Service Nova Scotia and Municipal Relations

Questions:
Call: (902) 424-5851 Or
1-800-898-7668
Fax: (902) 424-0772

Motor Vehicle Administration

Application for Recognized Authority Licence

Initial Application Fee: \$107.00 (1 year)

Please make cheque payable to Minister of Finance

Contact Information

Contact Name

Address (*If different from Business Applicant Profile Information*):

Street, P.O. Box, RR #, Site #, etc.

City/Town/County

Province

Country

Postal Code

Primary Phone #

Fax #

Organization Master Number

I hereby make application for Recognized Authority to issue Certificates of Competence for vehicles in Classes
(**check appropriate class(es)**) 1 2 3 School Bus 'b' endorsement while employed by

Name of Recognized Authority

The undersigned hereby applies for Recognized Authority and agrees to:

1. Meet all requirements in accordance with the Motor Vehicle Act Regulations; and,
2. Ensure the conduct of tests and procedures are in accordance with the requirements of the Motor Vehicle Act and Regulations.

NOTE: Making a false statement on any application form may result in automatic rejection and a penalty fee.

Name of Authorized Official (*Please Print*)

Title

Signature

Date (D/M/Y)
