



Office Use Only
PT Application#

For detailed information about application requirements (transferee), please refer to Section 9 of one of the following packages:

- General Authorization (GA) Application Package (Form PT5005); or
Special Authorization (SA) Application Form Package* (Form P5010).

*Note: For SA Transfer Applications – public need indicators for the service are not required.

PART A: TRANSFEROR (Current Passenger Transportation Licensee)

1. Legal Name of Transferor/Current Passenger Transportation Licensee (complete one of the following)

Form with three checkboxes: Full Name of Individual / Sole Proprietor, Full Name of Each Partner in a Partnership, Full Name of Legal Entity (i.e. Corporation).

Legal Name(s):

2. Identification and Contact Information

Form for identification and contact information including fields for trade names, safety certificate number, BC FR filing number, business mailing address, physical location of records, phone, cell, fax, email, and web site.

3. Type(s) of Authority(ies) Held By Transferor/Current Passenger Transportation Licensee

Please check the box, or boxes, that apply:

- Passenger-Directed Vehicle (PDV), Inter-City Bus (ICB), General Authorization (GA)

4. Declarations (to be completed by the TRANSFEROR/Current Passenger Transportation Licensee)

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the licence applied for. I am also confirming my commitment to safe operation as identified in the Passenger Transportation Act.

This section must be signed by the applicant (transferor), a principal of the corporation, all partners in the partnership or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Form for signatures and dates, including fields for Full Name, Title, Signature, and Date.

PART B: TRANSFeree (Proposed Licensee)

For detailed information about application requirements (**transferee**), please refer to Section 9 of one of the following packages:

- General Authorization (GA) Application Package (Form PT5005); or
- Special Authorization (SA) Application Form Package* (Form P5010).
- *Note: For SA Transfer Applications – public need indicators for the service are not required.

1. Legal Name of Transferee/Proposed Licensee (complete one of the following)

<input type="checkbox"/> Full Name of Individual / Sole Proprietor:	<input type="checkbox"/> Full Name of Each Partner in a Partnership:	<input type="checkbox"/> Full Name of Legal Entity (i.e. Corporation):
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Legal Name(s): _____

2. Identification and Contact Information

All trade names (i.e. "doing business as"): _____

Safety Certificate Number: _____ Base Jurisdiction: _____

BC "FR Filing Number" (BC Financial Responsibility Certificate letter issued by I.C.B.C.): _____

Business Mailing Address: _____

_____ Postal/Zip Code: _____

Physical Location of Records (if different): _____
_____ Postal/Zip Code: _____

Phone: _____ Cell : _____ Fax: _____

Email: _____ Web Site: _____

3. Declarations (to be completed by the Transferee/Proposed Licensee)

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the licence applied for. I am also confirming my commitment to safe operation as identified in the *Passenger Transportation Act*.

This section must be signed by the applicant (transferee), a principal of the corporation, all partners in the partnership or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Full Name: _____	Title: _____
Signature: _____	Date: _____
Full Name: _____	Title: _____
Signature: _____	Date: _____