

## REGISTRAR, PASSENGER TRANSPORTATION BRANCH

## LICENCE TRANSFER APPLICATION

Part 4, Passenger Transportation Act

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

TDANCEEDOD (C.

Special Authorization (SA) Application Form Package\* (Form P5010).

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

☐ 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):		
Identification and Contact Informati	on	
trade names (i.e. "doing business as")		
	•	
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afety Certificate Number:		Base Jurisdiction:
afety Certificate Number:  C "FR Filing Number" (BC Financial Rec		Base Jurisdiction:
afety Certificate Number:  C "FR Filing Number" (BC Financial Rec	sponsibility Certificate letter issued by I	Base Jurisdiction:
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afety Certificate Number:  C "FR Filing Number" (BC Financial Resusiness Mailing Address:  hysical Location of Records f different):  hone:	sponsibility Certificate letter issued by I	Base Jurisdiction:

## 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*.

☐ Inter-City Bus (ICB)

This section must be signed by the applicant <i>(transferor)</i> , 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:	

Ministry of Transportation
Passenger Transportation Branch

Please check the box, or boxes, that apply:

Passenger-Directed Vehicle

(PDV)

104 - 4240 Manor Street Burnaby BC V5G 1B2 Phone: (604) 453-4250 Fax: (604) 453-4253

General Authorization (GA)

Office Use Only	
PT Application#	

## 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.

Proprietor:	□ Full Name of Each Partner in a Partners	☐ Full Name of Legal Entity  hip: (i.e. Corporation):
Legal Name(s):		
Identification and Contact Inform	nation	
Il trade names (i.e. "doing business a	as"):	
afety Certificate Number: C "FR Filing Number" <i>(BC Financial</i> I	Responsibility Certificate letter issue	Base Jurisdiction:
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<u>-</u> -		Postal/Zip Code:
nysical Location of Records		
different):		Postal/7in Codo:
none:	Cell :	Postal/Zip Code: Fax:
mail:		Web Site:
Declarations (to be completed b	y the Transferee/Proposed Licen	see)
(we) declare that the statements and e true and correct; and I (we) u	d information contained in, attached understand that they are subject	d to and submitted with this licence application form to verification and that any false or misleading
(we) declare that the statements and term true and correct; and I (we) uspresentations could result in the ref	d information contained in, attached understand that they are subject fusal or cancellation of the licence	to and submitted with this licence application form to verification and that any false or misleading
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