



**APPLICATION**  
 For Extension of Hours under the  
**HOURS of SERVICE REGULATIONS R-001-92**  
**MOTOR VEHICLES ACT R.S.N.W.T. 1988,c.M-16**

Road Licensing and Safety Division,  
 Department of Transportation  
 Government of the Northwest Territories  
 P.O. Box 1320, Yellowknife NT X1A 2L9  
 Phone (867) 920-8015 Fax (867) 873-0120

Company Name	NSC Number	Date
Company Head Office Address	Company Northwest Territories Address (If applicable)	
Street One	Street One	
Street Two	Street Two	
City, Prov/Terr	City, Prov/Terr	
Postal Code	Postal Code	
Phone	Phone	Fax
Fax		
Contact Person	Safety Officer	
Area of Operations	Scope of Operations	
Commodity Transported	Period for Which the Permit is Requested	
Driver Licence Number and Name of Each Driver This Permit Would Apply		
Has a Labour Standards Permit Been Issued? (If yes, please explain the hours granted and attach a copy of the permit to this application.)		
Describe the hours desired to undertake this task.		
Describe your operation in detail, verifying how your request will not compromise safety in any way; how the issuance of this permit will increase road safety; and why you cannot comply with the number of hours prescribed by Regulation(s).		
Use additional sheet if required		
We hereby apply for an extension of hours as defined under Section 10 Of the Hours of Service Regulations.		
Authorized Company Representative		
Position		Signature

**OFFICIAL USE ONLY**

Received	Processed
Approved	Denied
Permit Issued	
File	
Name	