



## APPLICATION FOR NATIONAL SAFETY CODE CERTIFICATION

*Carrier and Inspection Programs  
Road Licensing and Safety Division  
Department of Transportation*

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**THE FOLLOWING SUPPORTING DOCUMENTS MUST ACCOMPANY THIS  
APPLICATION IN ORDER TO RECEIVE NATIONAL SAFETY CODE CERTIFICATION  
FAILURE TO PROVIDE THIS INFORMATION/DOCUMENTATION  
WILL DELAY APPLICATION APPROVAL.**

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1. Fully complete application form.
  2. A complete list of company officers, directors and principal shareholders. A company, partnership or person utilizing trade names must be registered with the Northwest Territories Registrar of Companies and must attach a copy of a **Certificate of Status or Declaration of Proprietorship.** (For Incorporation/Registration information, call (867) 873-7492.)
  3. A complete list of equipment owned, operated and leased by the applicant, including year, make, type, serial number, licence plate number and licenced weight of each public service vehicle or commercial vehicle with a registered weight of 4500 kg and over. Copies of current vehicle registration documents are acceptable.
  4. If commodities transported are classified as dangerous goods under the Dangerous Goods Regulations, please provide the names of employees who have completed dangerous goods training.
  5. Verification of sufficient insurance, a minimum of \$200,000.00 liability and those carriers who are required to have an ERP shall show insurance of \$5,000,000.00.
- \* **For assistance with completing this application please call (867) 920-8015 or fax to (867) 873-0120.**

## **IMPORTANT INFORMATION, PLEASE READ CAREFULLY**

### **CONDITIONS OF MAINTAINING A NATIONAL SAFETY CODE (NSC) RATING**

In addition to completing the application form an applicant must meet certain requirements in order to maintain an NSC rating. The conditions are as follows:

1. A minimum of one vehicle, 4500 kg or over must be registered for the current year. Failure to maintain vehicle registration could result in cancellation and/or non-issuance of an “NSC” rating.
2. Obtain driver abstracts every 12 months and review them to confirm that each driver:
  - Is maintaining a satisfactory level of driving behavior based on reports of accidents, hours of service, vehicle inspections, and driving convictions;
  - Holds a valid drivers licence for the class(es) of vehicles being operated;
  - Obtains medical examinations as required at intervals set out by regulation for specific classes of driver’s licences.
3. Maintain Drivers Profiles as required and make the records available for inspection.
4. Train and certify all drivers responsible for handling or transporting dangerous goods.
5. Ensure that each vehicle is in safe operating condition.
6. Maintain and make available upon request vehicle maintenance and inspection records.
7. Every driver is required to conduct daily inspections and report, in writing, any safety-related defects on each vehicle operated.
8. Maintain valid insurance, which provides the required liability coverage.
9. Maintain copies of driver’s hours of service log books, filed at your business location in the Northwest Territories or at a location approved by the NSC Director, for all drivers operating beyond 160 km of base location. Hours of service for drivers operating within 160 km of the carrier base must be recorded and maintained by the carrier.
10. Ensure all required NSC documents are maintained for all leased vehicles.

**NOTE: Carriers will be subject to audits to verify compliance to NSC Standards.**



# APPLICATION FOR NATIONAL SAFETY CODE CERTIFICATION

Please answer all questions fully, Answer yes, no, or not applicable (N/A), or explain as the case may require. Incomplete applications may be returned or result in delays in processing. Applications must be completed in block letters or type.

Name of Carrier (Operating Name)		Client No. (if known)
Business Address	No./Street	City/Town
Terr/Prov/State		Postal/Zip Code
Primary Operating Location	No./Street	City/Town
Terr/Prov/State		Postal/Zip Code
		OR Same As Above <input type="checkbox"/>
Surname of Owner, Company President or Chief Executive Officer		Given Name(s)
Surname of Safety Officer		Given Name(s)
Surname of Contact Person		Given Name(s)
		Telephone Number
		Telephone Number
		Telephone Number

Type of Carrier	<input type="checkbox"/> Public Service (For Hire)	<input type="checkbox"/> Commercial (Carry your own goods)
Scope of Operation	<input type="checkbox"/> Bus	<input type="checkbox"/> Truck
	<input type="checkbox"/> Intra-Territorial	<input type="checkbox"/> Extra-Territorial
Dangerous Goods		<input type="checkbox"/> Yes <input type="checkbox"/> No

Cargo Class		
1. General Freight <input type="checkbox"/> 2. Tank Vehicle <input style="width: 50px;" type="text"/> % <input type="checkbox"/> 3. Household Goods <input style="width: 50px;" type="text"/>	<input type="checkbox"/> 4. Bulk <input style="width: 50px;" type="text"/> <input type="checkbox"/> 5. Heavy and Specialized <input style="width: 50px;" type="text"/> <input type="checkbox"/> 6. Named Commodity <input style="width: 50px;" type="text"/>	<input type="checkbox"/> 7. Passenger <input style="width: 50px;" type="text"/> <input type="checkbox"/> 8. Other: <input style="width: 50px;" type="text"/> ..... <input type="checkbox"/> 9. Other: <input style="width: 50px;" type="text"/> % .....

**Equipment Status**

Status	Trucks	Trailers	Buses	School Buses	Total Number of Drivers
Owned					
Driver/Owned					
Leased					

**General**

1. Do you have an operations terminal in the Northwest Territories? <input type="checkbox"/> No <input type="checkbox"/> Yes, Location(s): _____
2. Do you hold a National Safety Code Certificate in another jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes, Jurisdiction: _____
3. Have you been denied a National Safety Code Rating or have you had a National Safety Code Rating Cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes, Jurisdiction: _____

**Contact**

Who do you wish us to contact regarding this application?

- 1.  Your firm only:  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_
  
- 2.  Person acting for you:  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_

**Certification**

I hereby certify that, to the best of my knowledge, information and belief, I have supplied true, accurate and complete information to all questions in this document and attachments.

Signature \_\_\_\_\_ Name in Print \_\_\_\_\_  
Title \_\_\_\_\_ Firm \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date \_\_\_\_\_  
At \_\_\_\_\_

**Document Check List**

- Certificate of Status/Declaration of Proprietorship     Equipment List     Dangerous Goods Trained Employees

**Return Completed Form To:**

Road Licensing and Safety Division  
Department of Transportation  
Government of the Northwest Territories  
1st Floor Highways Building  
4510 Franklin Avenue  
P.O. Box 1320  
Yellowknife NT  
X1A 2L9  
Phone: (867) 873-7406  
Fax: (867) 873-0120

**If Incorporated Company, Please Seal Here:**

