



## Province of Newfoundland and Labrador

### Application for Motor Carrier Certificate

*The Motor Carrier Act* (the *Act*) applies to all road ambulance services, and, those public passenger bus services, excluding charter trips (see below) as defined in the *Act*, where the vehicle has a passenger capacity of 7 or more persons excluding the driver, and, where the bus travels on the Trans Canada Highway for all or part of the time to transport passengers originating **and** terminating at points within a 10 km band on either side of the Trans Canada Highway. For greater certainty as to the applicability of the *Act* to your operations please contact the Public Utilities Board as indicated below.

**Chartered Trip:** Section 2(c.1) of the *Act* defines a charter trip as, a trip where a person who is not the owner or operator of the bus agrees in writing with the owner or operator of the bus to pay a single fee for the transportation of a group of people.

Section 4 (2)(d) states a person does not require a certificate for a service carrying passengers on a chartered trip where the passengers travel as a group to the same destination and return to their departure point no more than 31 days after their departure.

Completed original applications with the necessary \$200.00 application fee may be dropped off at the nearest office of Motor Registration Division or may be mailed with your cheque or money order to:

**Registrar  
Motor Registration Division  
Dept. of Government Services  
P.O. Box 8710  
St. John's, NL  
A1B 4J5**

Completed original applications will be forwarded by MRD to the attention of the Board for further processing. Once reviewed for completeness and compliance with the *Act*, the applicant will be notified if the application has been provisionally approved or not. If provisionally approved, the applicant will be provided a Notice of Application with directions for publication in the Newfoundland and Labrador Gazette. If not provisionally approved, the applicant will be notified and advised of their options at that time in respect to a hearing before the Board.

Following final approval of the application and prior to the issuance of a certificate, the applicant will be required to provide proof of passenger liability insurance in the amount required under the *Highway Traffic Act*.

#### Contact information for the Public Utilities Board is:

Public Utilities Board  
P.O. Box 21040  
St. John's, NL  
A1A 5B2  
Web Site: [www.pub.nl.ca](http://www.pub.nl.ca)

Robert S. Byrne  
Director, Regulatory and Advisory Services  
Phone: 709-726-0742  
Fax: 709-726-9604  
Email: [rbyrne@pub.nl.ca](mailto:rbyrne@pub.nl.ca)

If applicant is an individual the completed application form is required along with a National Safety Code Safety rating report issued by Motor Registration Division.

If applicant is a corporation the completed application form is required along with a National Safety Code Safety rating report issued by Motor Registration Division and the following additional information, which must be provided at time of application:

- i. Completed Report of Share Distribution and Listing of Officers and Directors;
- ii. Copy of the Certificate of Incorporation as issued by the Registrar of Companies.

**PLEASE COMPLETE ALL SECTIONS AS APPROPRIATE,  
FOLLOWING THE DIRECTIONS PROVIDED.**

**1. Application Type.**

Identify the type of license sought by placing an X in the appropriate boxes.			
<b>Application is for ambulance services:</b>		<b>Application is for bus services utilizing the Trans Canada Highway</b>	
<b>Application for a new Certificate:</b>		<b>Application amending an existing Certificate:</b>	

**2. Applicant’s Legal Form of Business.**

Identify the form of business by placing an X in the appropriate box.			
<b>Applicant is a Corporation</b>		<b>Application is an individual</b>	

**3. Applicant’s Full Legal Name.**

This must be an individual’s name or a corporation name. Corporation name must appear here as it does on the Certificate of Incorporation issued by the Registrar of Companies and attached to this application.	
<b>Name:</b>	<b>Contact Person:</b>
<b>Mailing Address:</b>	<b>Telephone:</b>
<b>City/Town</b>	<b>Fax:</b>
<b>Prov/Terr/State:</b>	<b>Mobile:</b>
<b>Postal Code/Zip:</b>	<b>Email:</b>

**4. Proposed Operations/Services Sought.**

Provide a detailed description of the type of operations or services sought by way of this application. Include specific names of communities to be served, highway route numbers or other distinguishing geographic location. Attach additional sheet if necessary.

**5. Proposed Timetable and Fares.**

To be completed for bus services only. Attach additional sheet if necessary.

<b>Departure Point: (Community Name)</b>	<b>Departure Time:</b>	<b>Destination Point: (Community Name)</b>	<b>Arrival Time:</b>	<b>Rate One Way</b>	<b>Rate Return</b>

**7. Vehicle Information.**

Provide the following information if available at the time the application is made.

<b>Make</b>	<b>Model</b>	<b>Year of Manufacture</b>	<b>Plate Number</b>	<b>Seating Capacity (Buses Only)</b>

**8. Additional Information.**

Describe or attach any further additional information or documentation that you believe may be of assistance to the Board when considering this application.


**9. Applicant's Signature.**

To be completed by applicant or authorized agent.

<b>Signature</b>	<b>Position Held</b>	<b>Date</b>

Form: PUB MCC 2005, revised December 05, 2005  
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