

A. Individual applicant

Legal Surname: _____

Legal Given Names: _____

B. Organization applicant

Name: _____

Please attach applicable copies of:

- Business licence
- Articles of incorporation listing corporate officers
- Partnership registration or driver licence numbers of all principals, if not incorporated

C. All applicants

Legal entity address

Mailing address (if different)

Telephone number(s) _____

Current fleet size (trucks, buses) _____

Proof of valid and adequate insurance supplied Yes No

The applicant certifies that the information contained in this application is true and acknowledges and accepts the responsibilities imposed by law on the applicant in relation to the operation of a commercial motor vehicle under the authority of the Safety Fitness Certificate (National Safety Code Number) to be issued pursuant to this application. Failure to comply with all the applicable Acts and Regulations may result in a change of the Safety Fitness Rating and/or cancellation of the Safety Fitness Certificate.

The applicant certifies that, to the best of his or her knowledge, neither the applicant, the applicant's partner(s), nor the shareholders or beneficial owners of the proposed motor vehicle carrier enterprise have at any time been subject to the withdrawal of the right to operate a motor carrier enterprise in any province or territory of Canada, or any state of the United States of America or Mexico. The applicant acknowledges that failure to disclose any such sanction will result in the immediate cancellation of the Safety Fitness Certificate issued pursuant to this application.

Name of Applicant (print)

Title

Signature of applicant

Date

This information is being collected under the authority of the Motor Vehicles Act, R.S.Y. 2002 c.153 the National Safety Code Regulation, OIC 2007/168 and Part C section 2 of Standard 14 of the National Safety Code. Your information will be used for administration of the Motor Vehicles Act, the National Safety Code Regulations and the National Safety Code. If you have questions about why your information is being collected you may contact Manager, National Safety Code, (867)667-5066, PO Box 2703 (W-18) Whitehorse, Yukon, Y1A 2C6.