

**For Office Use Only** Payment Type:  Cheque  Cash  Money Order  Debit Card  Credit Card  Bank Draft  
Amount of change to client \$ \_\_\_\_\_

## Identification

You must complete sections 1a, 1b or 1c.

- Charitable, Non-Profit or Religious Organization** - used exclusively for non-commercial transport of passengers  
(supporting letter from organization required to process application)

### 1a Individual applicants complete this section.

- Mr.  Mrs.  Ms.  Miss

Surname \_\_\_\_\_ Given name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(yyyy/mm/dd)

Driver's License # \_\_\_\_\_ Issuing Province \_\_\_\_\_ National Safety Code # \_\_\_\_\_

### 1b Partnership applicants complete this section. Partners, Registry of Joint Stocks Number.

- Mr.  Mrs.  Ms.  Miss

Surname \_\_\_\_\_ Given name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(yyyy/mm/dd)

Driver's License # \_\_\_\_\_ Issuing Province \_\_\_\_\_ National Safety Code # \_\_\_\_\_

### 1c Corporate applicants complete this section. Give the name of your corporation as registered with Registry of Joint Stocks of Service Nova Scotia. If you are a society, school, etc. give your legal name and provide your Registry of Joint Stocks Number. If not registered please provide proof of legal entity status.

Legal Organization Name \_\_\_\_\_

Registry of Joint Stocks # \_\_\_\_\_ National Safety Code # \_\_\_\_\_

### 1d Names of officers, directors, or partners. Complete this section if you have not supplied a Joint Stock Number.

Attach an extra list, if needed.

- Mr.  Mrs.  Ms.  Miss

Surname \_\_\_\_\_ Given name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(yyyy/mm/dd)

Driver's License # \_\_\_\_\_ Issuing Province \_\_\_\_\_ National Safety Code # \_\_\_\_\_

- Mr.  Mrs.  Ms.  Miss

Surname \_\_\_\_\_ Given name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(yyyy/mm/dd)

Driver's License # \_\_\_\_\_ Issuing Province \_\_\_\_\_ National Safety Code # \_\_\_\_\_

- Mr.  Mrs.  Ms.  Miss

Surname \_\_\_\_\_ Given name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(yyyy/mm/dd)

Driver's License # \_\_\_\_\_ Issuing Province \_\_\_\_\_ National Safety Code # \_\_\_\_\_

**2a Business mailing address and information.** Phone number is mandatory and must not be left blank.

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**2b Location of business records.** The address given for the location of business records must be a physical street address in Nova Scotia (not a PO box number.) This is the location where you will keep your business records, including driver and vehicle records.

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## Business Profile

**3a In the past 24 months have you, or any partner, principal, director, or officer of your business:**

Check (✓) all boxes that apply.

Been employed as a driver  Been an owner operator  Held a NSC Certificate: # \_\_\_\_\_ Province \_\_\_\_\_

Operated or hold an interest in a designated inspection facility. Inspection Station License # \_\_\_\_\_

For sections numbered 3b to 3d, answer according to the practices you expect your business will operate during the next 18 months.

**3b Check (✓) all transportation services you plan to provide.**

Lumber  Petroleum  Dump Truck  Bus  School bus  Towing Service

Courier  Heavy equipment  Farm products  Logs  Bulk (dry, liquid, gas)  Container

Other (describe) Attach an additional list is needed. \_\_\_\_\_

**3c Do you plan to transport dangerous goods?**

Yes  No If Yes, Check (✓) the classes of dangerous goods you plan to transport.

**Class Description - As defined in the Dangerous Goods Act**      **Class Description - As defined in the Dangerous Goods Act**

**1** Explosives

**5** Oxidizing substances; organic peroxides

**2** Gases

**6** Toxic and infectious substances

**3** Flammable and combustible liquids

**7** Radioactive materials

**4** Flammable solids; substances liable to spontaneous combustion and substances that on contact with water emit flammable gases

**8** Corrosives

**9** Miscellaneous products, substances or organisms.

**3d Check (✓) all transportation services you will provide.**

Wholly within NS  Extra-provincially within Canada  Outside of Canada (if applicable) US DOT# \_\_\_\_\_

For hire  Not for hire

Definitions: **For Hire:** providing a transportation service, goods and/or passengers, for direct or indirect compensation.

**Not for Hire:** transporting goods that are the property of the registered owner of the vehicle.

## Insurance Profile

Name of Insurance Company	Policy #	Amount of Coverage	Expiry Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Minimum Liability Requirements - \$1,000,000 (PL&PD) or if applicable Dangerous Goods \$2,000,000  
 Refer to Carriage of Freight by Vehicle Regulations (Sec. 3) under the Motor Vehicle Act.

## All Applicants Complete this Section

This declaration is made in support of an application by \_\_\_\_\_  
Applicant's name

to Service Nova Scotia to register as a commercial carrier in the Province of Nova Scotia and for the issuance of National Safety Code Safety Rating.

I have enclosed my Carrier Registration fee of \$66.00.  Yes  No

### Initial each declaration and sign as proof of the entire declaration.

1. a) Are you, or any partner, principal, director, or officer of your business: (Check all boxes that apply.)
  - a member of a carrier that has received an unsatisfactory rating in Nova Scotia?
  - a member of a carrier in any reciprocating jurisdiction that has received a rating equivalent to an unsatisfactory rating in Nova Scotia?
  
- b) Are you, or any partner, principal, director, or officer of your business, have been: (Check all boxes that apply.)
  - a member of another carrier that has or has had an unsatisfactory rating in Nova Scotia?
  - a member of another carrier in any reciprocating jurisdiction that has received a rating equivalent to an unsatisfactory rating in Nova Scotia?

If you have checked one or more boxes, attach a separate sheet providing the details of the unsatisfactory rating and any related documentation.

I declare that neither the applicant, nor any principal, director, officer, or partner of the applicant have had an NSC certificate in Nova Scotia or any other province, territory or state, that has been deemed unsatisfactory.

\_\_\_\_\_  
 Initial

2. Has your business ever had: (Check all boxes that apply.)
  - an application for a carrier safety fitness certificate or equivalent refused?
  - a carrier safety fitness certificate or equivalent revoked?

\_\_\_\_\_  
 Initial

\_\_\_\_\_  
 Initial

If you have checked one or more boxes, attach a separate sheet providing the details of the refusal or revocation and any related documentation.

3. Check all boxes that apply to your carrier:

- Have a safety fitness certificate or equivalent issued in a reciprocating jurisdiction
- Intends to move its operation to Nova Scotia

If you checked both boxes, attach a copy of carrier's government operating record from the reciprocating jurisdiction.

I declare that I am knowledgeable in the rules and regulations governing commercial vehicle transport in Nova Scotia and that I understand my obligations under the National Safety Code.

\_\_\_\_\_  
Initial

I further declare that I am committed to executing my carrier business in compliance and accordance with these rules, standards and regulations.

\_\_\_\_\_  
Initial

I declare that the information I have supplied in all parts of these forms is true and to the best of my ability is complete and accurate.

\_\_\_\_\_  
Initial

Any person who makes a false declaration or provides false information is guilty of an offence under the Motor Vehicle Act, and is liable to fines and penalties.

## Sign in Declaration of All of the Above

An authorized signatory must sign this declaration.

Signed \_\_\_\_\_ this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) in the year \_\_\_\_\_.

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

For additional information and fees visit [novascotia.ca/sns/paal/rmv/paal566.asp#price](http://novascotia.ca/sns/paal/rmv/paal566.asp#price)