

1 Give your business information

Registered Carrier Name: _____ Nova Scotia Master #: _____

2 Tell us who to contact if we have questions

Name: _____ Phone number (xxx-xxx-xxxx): _____

Fax number (xxx-xxx-xxxx): _____ Email: _____

3 Provide the tractor & trailer (if applicable) information

Plate #: _____ Commodity: _____ Counties travelled: _____

Unit #: _____ Year: _____ Make: _____ VIN: _____ Registered Weight: _____

of steer axles: _____ # of drive axles: _____ # of trailer axles: _____ Trailer axle spread (metres): _____

Plate #: _____ Commodity: _____ Counties travelled: _____

Unit #: _____ Year: _____ Make: _____ VIN: _____ Registered Weight: _____

of steer axles: _____ # of drive axles: _____ # of trailer axles: _____ Trailer axle spread (metres): _____

Plate #: _____ Commodity: _____ Counties travelled: _____

Unit #: _____ Year: _____ Make: _____ VIN: _____ Registered Weight: _____

of steer axles: _____ # of drive axles: _____ # of trailer axles: _____ Trailer axle spread (metres): _____

Plate #: _____ Commodity: _____ Counties travelled: _____

Unit #: _____ Year: _____ Make: _____ VIN: _____ Registered Weight: _____

of steer axles: _____ # of drive axles: _____ # of trailer axles: _____ Trailer axle spread (metres): _____

Plate #: _____ Commodity: _____ Counties travelled: _____

Unit #: _____ Year: _____ Make: _____ VIN: _____ Registered Weight: _____

of steer axles: _____ # of drive axles: _____ # of trailer axles: _____ Trailer axle spread (metres): _____

Plate #: _____ Commodity: _____ Counties travelled: _____

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Plate #: _____ Commodity: _____ Counties travelled: _____

Unit #: _____ Year: _____ Make: _____ VIN: _____ Registered Weight: _____

of steer axles: _____ # of drive axles: _____ # of trailer axles: _____ Trailer axle spread (metres): _____

4 Return the form

Service Nova Scotia
9N-1505 Barrington Street
Halifax, NS B3J 2Y3

Phone: 902-424-5536
Fax: 902-424-4633
Email: smp@novascotia.ca