

**APPLICATION FORM
MANITOBA SAFETY FITNESS CERTIFICATE (SFC)
for Regulated Vehicles**

New Renewal - NSC Number: MB _____

Part I: APPLICANT INFORMATION

The applicant is (check **one** only): Individual Partnership Corporation
Corporate Applicant (attach articles of incorporation)

1. Name OR Legal Corporation Name: _____
(as appears on drivers licence) "OR" (as name appears on vehicle registration)

Individual Applicant's driver license number: _____

Operating / Trade Name: _____

Name(s) of partner(s) if applicable: _____

Principal Address or Principal Place of Business Address:

(must be a street address or legal land location, not a box number)

City / Town: _____ Postal Code: _____

Mailing Address (if different from above): _____

City / Town: _____ Postal Code: _____

Telephone (home/office/ cellular): _____ Facsimile: _____

E-mail: _____

2. Will the applicant be operating a school bus? No Yes
3. Will the applicant be leasing vehicles to others? No Yes
4. Will the applicant be transporting goods or passengers for compensation ("for hire")? No Yes
5. a) Will the applicant be transporting dangerous goods?
- b) Are any of the dangerous goods of a kind or in a quantity that requires ERAP – Emergency Response Assistance Plan? No Yes

(If YES to questions 4 OR 5b please have your insurance agent complete Schedule A – Certificate of Insurance)

(If YES to question 5a OR 5b, the applicant must also complete Schedule B – Transportation of Dangerous Goods)

Part II: SAFETY FITNESS INFORMATION (must be completed)

1. Has the applicant* ever had a National Safety Code (NSC) number or other safety program number in any jurisdiction in Canada, the United States or Mexico?

No Yes

If yes, which jurisdiction(s): _____

What number(s) were issued? _____

2. Has the applicant's* right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?

No Yes

If yes, which jurisdiction(s): _____

What NSC or other safety program number(s) were cancelled or withdrawn?

Applicant must attach details regarding the nature of the sanctions, including the Carrier Profile from the other jurisdiction(s).

Part III: COMMODITY INFORMATION

1. Principal commodities being transported by the applicant include: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Construction/Industrial Equipment |
| <input type="checkbox"/> Courier/Small Parcels | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Dry Bulk Commodities |
| <input type="checkbox"/> Erected Building/Structures | <input type="checkbox"/> Farm Products | <input type="checkbox"/> Farm Supplies/Equipment |
| <input type="checkbox"/> General Freight/LTL | <input type="checkbox"/> Gravel,Sand,Mud/Soil, Concrete | <input type="checkbox"/> Groceries/ Pharmaceuticals |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Mail | <input type="checkbox"/> Meat/Fish |
| <input type="checkbox"/> Metal Products | <input type="checkbox"/> Metal Ores | <input type="checkbox"/> Miscellaneous Manufactured Articles |
| <input type="checkbox"/> Passengers | <input type="checkbox"/> Petroleum Products | <input type="checkbox"/> Primary Forest Products |
| <input type="checkbox"/> Pulp/Paper Products | <input type="checkbox"/> Refuse,Waste,Sewage,Etc. | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Transportation Equipment | <input type="checkbox"/> Used Household Goods | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Other _____ | | |

2. Where will the vehicle(s) be operating? (Check all that apply. If operating outside the Province of Manitoba please have your insurance agent complete **Schedule A – Certificate of Insurance**)

Within Manitoba United States of America
 Outside Manitoba but within Canada Mexico

Part IV: SAFETY AND MAINTENANCE OFFICERS

Identify the officer(s) responsible for compliance with Highway Traffic Act, its Regulations, and the National Safety Code standards.

Safety Officer

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Maintenance Officer

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Part V: DECLARATION

The applicant acknowledges that failure to disclose any current or previously imposed sanction, suspension or prohibition may result in the immediate cancellation of a Safety Fitness Certificate issued pursuant to this application.

The applicant is in compliance with the laws and regulations relating to highway safety and insurance as prescribed in the Motor Vehicle Transport Act (Canada). The applicant acknowledges that failure to comply with the laws and regulations governing the operation of motor vehicles while operating in any jurisdiction may result in the suspension of a Safety Fitness Certificate issued pursuant to this application.

The applicant authorises Motor Carrier Division to verify any information provided in this application and acknowledges that relevant safety fitness information will be published in the Carrier Profile and Carrier Snapshots (C-SNAP) Internet web pages maintained by the Department.

This application will be returned where the applicant has failed to fully complete all the questions and provide all required information.

I certify that the information contained in this application is, to the best of my knowledge, true, accurate and complete.

Applicant Name (Please Print): _____

Signature of Applicant: _____

Title or Position: _____ Date: _____

Return the completed application to: Motor Carrier Division, Unit C – 1695 Sargent Avenue, Winnipeg, MB, R3H 0C4, Phone: 204.945.5322, Fax: 204.948.2078.

NOTE:

- * This includes any partners, shareholders, co-owners, etc. of the applicant.
- 1. Operators of Regulated Vehicles (those with a RGWW of 4500 kg or more, or with a seating capacity of 11 or more persons including the driver, except personal use or farm trucks), require a Safety Fitness Certificate (SFC).
- 2. If the application is approved, a SFC will be issued to the applicant.
- 3. The SFC is valid for one year and must be renewed **before renewing** vehicle registrations.
- 4. A carrier requires only one SFC, regardless of the number of commercial vehicles registered to the carrier.
- 5. Applicant should keep copies of all forms for their own records.
- 6. Errors in completing this form and any required schedules may result in processing delays or denial of the application.
- 7. Information will be verified by Motor Carrier Division.
- 8. Falsification of any information may result in cancellation of vehicle registrations.
- 9. Additional may be obtained from the Department's website at www.gov.mb.ca/mit/mcd/index.html



Infrastructure and Transportation
Motor Carrier Division
Unit C - 1695 Sargent Avenue
Winnipeg MB R3H 0C4
Telephone 204.945.6748 Fax 204.948.2078
<http://www.manitoba.ca/mit/mcd/mcs/index.html>

SCHEDULE A
CERTIFICATE OF INSURANCE
(To be completed by Insurance Agent)

ISSUED TO: MOTOR CARRIER DIVISION, Winnipeg, Manitoba

This certificate is evidence of continuing insurance coverage for:

INSURED'S NAME: _____

ADDRESS: _____

Policy No.	Type:	Effective Date MM/DD/YY	Limits Coverage
	<input type="checkbox"/> Motor Vehicle Liability (PL & PD)		

Vehicles Covered - All

Specified (if vehicles are specified, a list must be attached
including year, make, and serial number)

I hereby certify that all insurance policies listed herein are valid and subsisting and contain an endorsement under which the insurer agrees to give Motor Carrier Division a minimum of 15 days prior notice in the event of cancellation, lapse or policy change that may reduce coverage below legislated limits.

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ FACSIMILE: _____

DATED THIS _____ DAY OF _____, 20 _____

NAME OF REPRESENTATIVE: _____
(Please type or print)

SIGNATURE: _____ AGENT TELEPHONE NO. _____
(Authorized Representative of Insurer)



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SCHEDULE B - TRANSPORTATION OF DANGEROUS GOODS

Please indicate all classes/divisions of Dangerous Goods transported:

Class 1 Explosives

- Class 1.1 mass explosion hazard
- Class 1.2 projection hazard but not mass explosion hazard
- Class 1.3 fire hazard either a minor blast hazard or a minor projection hazard or both
- Class 1.4 no significant hazard beyond package
- Class 1.5 very insensitive substances with mass explosion hazard
- Class 1.6 extremely insensitive articles with no mass explosion hazard

Class 2

Gases

- Class 2.1 flammable gases
- Class 2.2 non-flammable and non-toxic gases
- Class 2.3 toxic gases
- Class 2.2(5.1) oxygen and oxidizing gases

Class 3 Flammable Liquids

- Class 3 flammable liquids

Class 4

Flammable Solids

- Class 4.1 flammable solids
- Class 4.2 spontaneously combustible substances
- Class 4.3 water reactive substances

Class 5

Oxidizing Substances and Organic Peroxides

- Class 5.1 oxidizing substances
- Class 5.2 organic peroxides

Class 6

Toxic and Infectious Substances

- Class 6.1 toxic substances
- Class 6.2 infectious substances

Class 7 Radioactive Materials

- Class 7 radioactive materials

Class 8 Corrosive Substances

- Class 8 corrosive substances

Class 9 Miscellaneous Products, Substances or Organisms

- Class 9 miscellaneous products, substances or organisms

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

Applicant Name: _____ Date: _____
(Please Print)

Applicant Signature: _____