**Nova Scotia Business Registry**

## Personal Applicant Profile Information:

**Name:**

_____
Title          First and Middle                          Last Name

## Civic Address  *(Not P.O. Box)*:

_____
Street #      Street Name                                    Unit/Suite/Apt #

_____
City/Town/County                          Province              Country

_____
Postal Code

## Mailing Address *(If Different)*:

_____
Street, P.O. Box, RR #, Site #, etc.

_____
City/Town/County                          Province              Country

_____
Postal Code

## Contact Information:

_____        _____
Home Phone #                                      Work Phone #

_____
Fax #

**Please Note:** The submission of an application with payment does not guarantee application approval

P.O. Box 1529
Halifax, NS
B3J 2Y4

**NOVA SCOTIA**

**Transportation and Infrastructure Renewal**

## Road Safety Program

## <u>Application for Signing Authority Licence</u>

### *Initial Application Fee: $66.00* (1 year)
**Please make cheque payable to Minister of Finance**

_____
Nova Scotia Driver's Licence Master Number                            # Years Driving Experience

_____
Nova Scotia Driver's Licence Class                                             Expiry Date

Is your Driver's Licence endorsed for the following:

Air Brakes              Yes        No
School Bus             Yes        No

I hereby make application for Signing Authority to issue Certificates of Competence in classes
(**check appropriate class(es)**)        1        2        3        School Bus 'b' Endorsement  while employed by

_____
        Name of Recognized Authority

I further certify that my Nova Scotia's Driver's Licence is not revoked, suspended or cancelled.

I, the undersigned, do solemnly declare that the above-mentioned statements and answers are true and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

**NOTE: Making a false statement on any application form may result in automatic rejection and a penalty fee.**

_____        _____
Signature of Applicant                                                          Date (D/M/Y)

| **Section To Be Completed By Recognized Authority** |
| --- |
| This is to certify that the above-mentioned applicant has provided a current driving abstract and I have verified that the record is in good standing.                                                                    Yes        No <br><br> _____        _____ <br>     **Signature (Recognized Authority Official)**                                          **Title** |