



**Service Nova Scotia
and Municipal Relations**

NATIONAL SAFETY CODE CARRIER REGISTRATION

FOR OFFICE USE ONLY		
Payment Type		
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Bank Draft
Amount of change to client \$ _____		

Identification

You must complete questions 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)

10/2008

1a Individual applicants complete this section.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Surname	
		Given name	
Date of Birth (YYYY/MM/DD)	Driver's License #	Issuing Province	National Safety Code #
1b Partnership applicants complete this section. <i>Partners, Registry of Joint Stocks No.</i>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Surname	
		Given name	
Date of Birth (YYYY/MM/DD)	Driver's License #	Issuing Province	National Safety Code #
1c Corporate applicants complete this section. <i>Give the name of your corporation as registered with Registry of Joint Stocks of Service Nova Scotia & Municipal Relations. 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.</i>			
Legal Organization Name		Registry of Joint Stocks No.	National Safety Code No.
1d Names of officers, directors, or partners . (Complete this section if you have not supplied a joint stock no.) Attach an extra list, if needed.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Surname	
		Given name	
		Title	
Date of Birth (YYYY/MM/DD)	Driver's License Number	Issuing Province	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Surname	
		Given name	
		Title	
Date of Birth (YYYY/MM/DD)	Driver's License Number	Issuing Province	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Surname	
		Given name	
		Title	
Date of Birth (YYYY/MM/DD)	Driver's License Number	Issuing Province	
2a Business mailing address .			
Street: _____			
City: _____		Province _____	Postal Code _____
Phone : _____		Fax: _____	E-mail _____
2b Location of business records . <i>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.</i>			
Street: _____			
City: _____		Province _____	Postal Code _____

Business Profile

3a Check (✓) all boxes that apply. In the past 24 months have you, or any partner, principal, director, or officer of your business:

- Been employed as a driver
 Been an owner operator
 Held a NSC Certificate (provide number & Prov. _____)
 Operated or hold an interest in a designated inspection facility. Insp. Station License No. _____

For questions number 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.

<input type="checkbox"/> Lumber <input type="checkbox"/> Courier	<input type="checkbox"/> Petroleum <input type="checkbox"/> Heavy equipment	<input type="checkbox"/> Dump Truck <input type="checkbox"/> Farm products	<input type="checkbox"/> Logs <input type="checkbox"/> Towing Service	<input type="checkbox"/> Bus <input type="checkbox"/> Bulk (dry, liquid, gas)	<input type="checkbox"/> School bus <input type="checkbox"/> Container
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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 1 Explosives
 Class 2 Gases
 Class 3 Flammable and combustible liquids
 Class 4 Flammable solids; substances liable to spontaneous combustion and substances that on contact with water emit flammable gases
 Class 5 Oxidizing substances; organic peroxides
 Class 6 Toxic and infectious substances
 Class 7 Radioactive materials
 Class 8 Corrosives
 Class 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 No.	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.

