

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

(MUST BE SUBMITTED PRIOR TO REGISTERING YOUR VEHICLE(S))

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)

Operating / Trade Name: _____

Principal Address or Principal Place of Business Address: (if applicable – Regulation 57/2006 10)

(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: _____

Individual Applicant’s driver license number: _____

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

E-mail: _____

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

- 2. Will “ALL” your vehicles be registered for “PERSONAL” use only? No Yes
- 3. Will the applicant be operating a school bus? 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? No Yes
- b) Will the dangerous goods being transported be of a kind or in a quantity which 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 AND 5b**, the applicant must also complete Schedule B – Transportation of Dangerous Goods)

Part II: SAFETY FITNESS INFORMATION

1. Has a National Safety Code (NSC), US Department of Transportation (DOT) or other safety program number been issued by Manitoba or another jurisdiction to identify the applicant as a motor carrier in Canada, the United States or Mexico?

No Yes

If yes, which jurisdiction(s): _____

What identifying number was assigned in the above jurisdiction(s)? _____

2. At any time has the applicant (including any joint partner, the shareholders or beneficial owners of the proposed motor carrier enterprise or corporation) been subject to the withdrawal of the right to operate a motor carrier business in Manitoba or any other jurisdiction?

No Yes

If yes, which jurisdiction(s): _____

What identifying number was assigned in the above jurisdiction(s)? _____

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 - Specify:
_____ | | |

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)

- | | |
|-------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Within Manitoba | <input type="checkbox"/> United States of America |
| <input type="checkbox"/> Outside Manitoba but within Canada | <input type="checkbox"/> 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. (Complete the following if different from Part I)

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 authorizes Motor Carrier 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 sign, fully complete all questions, provide required information and submit accompanying supporting documents.

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, Unit C – 1695 Sargent Avenue, Winnipeg, MB, R3H 0C4, Phone: 204.945.5322,
Fax: 204.948.2078, E-mail: SFC@gov.mb.ca

NOTE:

- 1 Operators of commercial vehicles with a registered GVW of 4,500 kgs or greater, or with a seating capacity of 11 or more passengers including driver, require a Safety Fitness Certificate (SFC). The SFC's are valid for one year and tied to the carrier's registration cycle. Only one SFC is required per carrier regardless of the number of commercial vehicles registered to the carrier.
2. The applicant should keep a copy of all forms submitted for their records.
3. Failure to complete this form and its relevant schedules as applicable in their entirety will suspend processing of application and will result in no issuance of a Safety Fitness Certificate (SFC).
4. Motor Carrier will verify the above information.
5. If the applicant is approved, the applicant will be issued a Safety Fitness Certificate (SFC), which will be renewable annually.
6. No person may register or operate a commercial vehicle 4,500 kgs or greater GVW, or any vehicle with a seating capacity of 11 or more passengers (including the driver) if prohibited from doing so by the Province of Manitoba or any other jurisdiction. If the applicant is found to have such sanctions during the course of verifying the information contained in this application, the Registrar of Motor Vehicles may cancel the vehicle registration(s).
7. Motor Carrier maintains a web site at www.gov.mb.ca/mit/mcd/index.html that provides additional information on the requirements of operators of commercial vehicles.
8. It is the responsibility of operators of regulated vehicles and drivers to know and comply with all applicable safety regulations. In an effort to assist you in your safety management practices, Motor Carrier has developed a Guide to Transportation Safety that may be viewed at: www.gov.mb.ca/mit/mcd/carriers_drivers/safetyguide.html.

**SCHEDULE A
CERTIFICATE OF INSURANCE**

(To be completed by Insurance Agent)

ISSUED TO: MOTOR CARRIER, Winnipeg, Manitoba This

certificate is evidence of continuing insurance coverage for:

INSURED NAME: _____

ADDRESS: _____

CITY/TOWN: _____ **MPI CUSTOMER NO:** _____

Policy No. (not accepted, Garage, Commercial, General, cargo only)	Type	Effective & Expiry Date MM/DD/YY	Limits \$\$ PL & PD Minimum Coverage Amount Please check amount
Must have a Policy No.	<input type="checkbox"/> Motor Vehicle Liability (PL & PD) only	Eff. / / 20__ Exp / / 20__	<input type="checkbox"/> \$ 800,000 <input type="checkbox"/> \$ 1,000,000 <input type="checkbox"/> \$ 1,800,000 <input type="checkbox"/> \$ 2,000,000 <input type="checkbox"/> \$ _____

Vehicles Covered - **Blanket policy** covering "All"
(Check one)

Specified (if vehicles are specified, a list must be attached
and including year, make, and entire VIN - 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 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 INSURER: _____

ADDRESS: _____

TELEPHONE: _____ **FACSIMILE:** _____

DATED THIS _____ **DAY OF** _____, 20 _____.

NAME OF REPRESENTATIVE: _____
(Please type or print)

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

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 2.2(5.1) oxygen and oxidizing gases
 - Class 2.3 toxic 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: _____