



APPLICATION FOR SAFETY FITNESS CERTIFICATE (SFC)



Motor Carrier Division
Unit C – 1695 Sargent Ave.
Winnipeg MB R3H 0C4
Telephone 204.945.5322 Fax 204.948.2078
<http://www.manitoba.ca/mit/mcd/mcs/index.html>

APPLICATION FORM

MANITOBA SAFETY FITNESS CERTIFICATE (SFC)

Part I: APPLICANT INFORMATION

The applicant is (check one): Individual Partnership Corporation
(Complete section 1 or 2 below, whichever is applicable to your situation)

1. Individual / Partnership Applicant

Name (as appears on drivers licence): _____
Mailing Address: _____
City / Town: _____ Postal Code: _____
Business Address: (if applicable – MR 26/95 8.2) _____
City / Town: _____ Postal Code: _____
Facility Address: (if applicable) _____
City / Town: _____ Postal Code: _____
Driver license number(s): _____
Operating / Trade Name: _____
Telephone: _____ Facsimile: _____ E-mail: _____
Name(s) of partner(s) if applicable: _____

2. Corporate Applicant (attach articles of incorporation)

Legal Corporation Name: _____
Mailing Address: _____
City / Town: _____ Postal Code: _____
Business Address: (if applicable – MR 26/95 8.2) _____
City / Town: _____ Postal Code: _____
Facility Address: (if applicable) _____
City / Town: _____ Postal Code: _____
Operating/Trade Name: _____
Telephone: _____ Facsimile: _____ E-mail: _____

3. Will the applicant be leasing motor vehicles to others? No Yes
4. Will the applicant be operating a school bus? No Yes
5. Will the applicant be engaging in commerce? No Yes
 See Note 8 under signature on Declaration
6. Will the applicant be transporting goods or passengers for compensation ("for hire")?
 If yes, complete Schedule A - Certificate of Insurance. No Yes
7. Will the applicant be transporting dangerous goods or any kind or in a quantity that requires an **ERAP?** – Emergency Response Assistance Plan? No Yes

Part II: SAFETY FITNESS INFORMATION

1. Has Manitoba or another jurisdiction issued a safety rating to the applicant? No Yes
2. 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)? _____

3. 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"/> Gravel, sand, mud/soil, concrete | <input type="checkbox"/> Passengers |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Groceries/ pharmaceuticals | <input type="checkbox"/> Petroleum products |
| <input type="checkbox"/> Construction/industrial equipment | <input type="checkbox"/> Livestock | <input type="checkbox"/> Primary forest products |
| <input type="checkbox"/> Courier/small parcels | <input type="checkbox"/> Mail | <input type="checkbox"/> Pulp/Paper products |
| <input type="checkbox"/> Dairy products | <input type="checkbox"/> Meat/fish | <input type="checkbox"/> Refuse, waste, sewage, etc. |
| <input type="checkbox"/> Dry bulk commodities | <input type="checkbox"/> Metal products | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Erected buildings/structures | <input type="checkbox"/> Metallic ores | <input type="checkbox"/> Transportation equipment |
| <input type="checkbox"/> Farm products | <input type="checkbox"/> Miscellaneous manufactured articles | <input type="checkbox"/> Used household goods |
| <input type="checkbox"/> Farm supplies/equipment | <input type="checkbox"/> Other – Specify: _____ | <input type="checkbox"/> Vehicles |

2. Will the applicant be transporting dangerous goods? No Yes
If yes, complete Schedule B - Transportation of Dangerous Goods

3. Where will the applicant be transporting goods or passengers? (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Intra-Provincially (within Manitoba) | <input type="checkbox"/> United States of America |
| <input type="checkbox"/> Extra-Provincially (outside Manitoba) | <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 1)

Safety Officer

Name: _____
Address: _____
Telephone: _____
Facsimile: _____
Email: _____

Maintenance Officer

Name: _____
Address: _____
Telephone: _____
Facsimile: _____
Email: _____

Part V: DECLARATIONS

The applicant certifies to the best of the applicant's knowledge, information and belief, that true, accurate and complete information to all foregoing questions in this document and the attached applicable Schedules A and B has been supplied. The applicant further 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 has a comprehensive knowledge of and 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.

Applicant Name (Please Print): _____

Signature of Applicant: _____

Title or Position: _____ Date: _____

Return the completed application by mail or fax to: **Motor Carrier Division, Unit C – 1695 Sargent Ave., Winnipeg, MB. R3H 0C4, Phone 204.945.5322, Fax 204.948.2078.**

NOTE:

1. Operators of CT and PSV-plated vehicles with a registered GVW of 4,500 kgs. or higher, or with a seating capacity of more than 10 passengers including driver, require a Safety Fitness Certificate (SFC) effective **January 1, 2004**. 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 PSV and/or CT-plated 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 result in Motor Carrier Division returning this application unprocessed.
4. Motor Carrier Division will verify the above information.
5. If the applicant is found "satisfactory" as provided in the Manitoba Highway Traffic Act and its corresponding regulations, the Motor Vehicle Transport Act (Canada) and its regulations, the Transportation of Dangerous Goods Act (if applicable), and the National Safety Code, 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 4500 kg or higher GVW or any vehicle with seating capacity of more than 10 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 will cancel the vehicle registration(s).
7. The Department maintains a web site at www.manitoba.ca/mit/mcd/mcs/index.html that provides additional information on the requirements of operators of commercial vehicles. If you do not have access to the Internet, a paper copy of our Commercial Operators Regulatory Education (C.O.R.E.) Program can be picked up at our office.
8. If any vehicles described in note one (1) are used for profit business, mark "yes".



Infrastructure and Transportation

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**SCHEDULE A
INSURANCE CERTIFICATE**

ISSUED TO: Motor Carrier Division, Winnipeg, Manitoba

This certificate is evidence of continuing insurance coverage for:

INSURED NAME: _____

ADDRESS: _____

Policy No.	Type	Effective Date MM/DD/YY	Limits Coverage
	<input type="checkbox"/> MOTOR VEHICLE LIABILITY		

Vehicles Covered: ALL
 SPECIFIED (If vehicles are specified, a list must be attached and must include year, make, 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 10 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: _____
(Authorized Representative of Insurance Company)

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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
- 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 – affecting animals only
- Class 6.2 infectious substances – affecting humans

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: _____