



APPLICATION FOR NATIONAL SAFETY CODE CERTIFICATION

*Carrier and Inspection Programs
Road Licensing and Safety Division
Department of Transportation*

**THE FOLLOWING SUPPORTING DOCUMENTS MUST ACCOMPANY THIS
APPLICATION IN ORDER TO RECEIVE NATIONAL SAFETY CODE CERTIFICATION
FAILURE TO PROVIDE THIS INFORMATION/DOCUMENTATION
WILL DELAY APPLICATION APPROVAL.**

1. Fully complete application form.
 2. A complete list of company officers, directors and principal shareholders. A company, partnership or person utilizing trade names must be registered with the Northwest Territories Registrar of Companies and must attach a copy of a **Certificate of Status or Declaration of Proprietorship**. (For Incorporation/Registration information, call (867) 873-7492.)
 3. A complete list of equipment owned, operated and leased by the applicant, including year, make, type, serial number, licence plate number and licenced weight of each vehicle with a registered gross weight greater than 4500 kg or buses with a seating capacity greater than 10 passengers, including the driver. Copies of current vehicle registration documents are acceptable.
 4. If commodities transported are classified as dangerous goods under the Dangerous Goods Regulations, please provide the names of employees who have completed dangerous goods training and have been issued a certificate to the driver by their employer.
 5. **Verification of Sufficient Insurance**
 - For carriers who operate in an Intra-Territorial undertaking, a minimum of \$200,000.00 liability coverage is required. Proof is established by providing a valid insurance slip with the name of the Applicant as declared on this application form.
 - For carriers who operate in an Extra-Territorial undertaking, a minimum of \$1,000,000.00 liability coverage is required or \$2,000,000.00 for carriers who are transporting dangerous goods, under **“Column 2 of Schedule 1 – Column 6, “Explosives”** or in accordance to Part 7 - **Emergency Response Assistance Plan (ERAP)**. Proof is established by the carrier providing a copy of this coverage on the liability insurance form provided by their insurance company.
- * **For assistance with completing this application please call (867) 873-7406 or fax (867) 873-0120.**

IMPORTANT INFORMATION, PLEASE READ CAREFULLY

CONDITIONS OF MAINTAINING A NATIONAL SAFETY CODE (NSC) RATING

In addition to completing the application form an applicant must meet certain requirements in order to maintain an NSC rating. The conditions are as follows:

1. A minimum of one vehicle, exceeding 4500 kg or a bus with a seating capacity greater than 10, including the driver seat must be registered for the current year. Failure to maintain vehicle registration could result in cancellation and/or non-issuance of a National Safety Code Certificate.
2. Obtain driver abstracts every 12 months and review them to confirm that each driver:
 - Is maintaining a satisfactory level of driving behavior based on reports of accidents, hours of service, vehicle inspections, and convictions;
 - Holds a valid drivers licence for the class(es) of vehicles being operated;
 - Obtains medical examinations as required at intervals set out by regulation for specific classes of driver's licences.
3. Maintain Drivers Profiles as required and make the records available for inspection.
4. Train and certify all drivers responsible for handling or transporting dangerous goods.
5. Ensure that each vehicle is in safe operating condition.
6. Maintain and make available upon request vehicle maintenance and inspection records.
7. Every driver is required to conduct daily inspections and report, in writing, any safety-related defects on each vehicle operated.
8. Maintain valid insurance, which provides the required liability coverage.
9. Maintain copies of driver's hours of service log books, filed at your business location in the Northwest Territories or at a location approved by the NSC Director, for all drivers operating beyond 160 km of base location. Hours of service for drivers operating within 160 km of the carrier base must be recorded and maintained by the carrier.
10. Ensure all required NSC documents are maintained for all leased vehicles.

NOTE: Carriers will be subject to audits to verify compliance to NSC Standards and Territorial legislation.



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Please answer all questions fully, Answer yes, no, or not applicable (N/A), or explain as the case may require. Incomplete applications may be returned or result in delays in processing. Applications must be completed in block letters or type.

Name of Carrier <i>(ex. 123 Company Ltd. Or Doe, John o/a 123 Company)</i>		NSC No. NT-
		Client No. (if known)
Email address of Carrier		Telephone Number
Business Address	No./Street/P.O. Box	Facsimile Number
City/Town	Terr/Prov/State	Postal/Zip Code
Primary Operating Location		OR Same As Above <input type="checkbox"/>
City/Town	Terr/Prov/State	
Surname of Owner, Company President or Chief Executive Officer		Given Name(s)
Telephone Number		
Surname of Safety Officer		Given Name(s)
Telephone Number		
Surname of Contact Person		Given Name(s)
Telephone Number		

Scope of Operation <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Intra-Territorial <input type="checkbox"/> Extra-Territorial		Dangerous Goods <input type="checkbox"/> Yes <input type="checkbox"/> No
Cargo Class <input type="checkbox"/> For Hire <input type="checkbox"/> Carry your own goods		
1. General Freight	4. Bulk <input type="text"/> %	7. Passenger <input type="text"/> %
2. Tank Vehicle <input type="text"/> %	5. Heavy and Specialized <input type="text"/> %	8. Other: <input type="text"/> %
3. Household Goods <input type="text"/> %	6. Named Commodity <input type="text"/> %	9. Other: <input type="text"/> %

Equipment Status

Status	Trucks	Trailers	Buses	School Buses	Total Number of Drivers
Owned					
Driver/Owned					
Leased					

General

1. Do you have an operations terminal in the Northwest Territories? <input type="checkbox"/> No <input type="checkbox"/> Yes, Location(s): _____
2. Do you hold a National Safety Code Certificate in another jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes, Jurisdiction: _____
3. Have you been denied a National Safety Code Rating or have you had a National Safety Code Rating Cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes, Jurisdiction: _____

Contact

Who do you wish us to contact regarding this application?

1. Your firm only:
Name _____ Telephone Number _____

2. Person acting for you:
Name _____ Telephone Number _____
Address _____

Declaration

I hereby certify that, to the best of my knowledge, information and belief, I have supplied true, accurate and complete information to all questions in this document and attachments. I accept the responsibilities relating to the operation of commercial vehicles imposed by law on a motor carrier. I acknowledge that the submission of false information as part of the application process may result in the revocation of the issued safety fitness certificate issued.

Signature _____ Name in Print _____
Title _____ Firm _____
Telephone Number _____ Date _____
At _____

Document Check List

Certificate of Status/Declaration of Proprietorship Equipment List Dangerous Goods Trained Employees
 Proof of Insurance (insurance slip or liability form, depending on situation)

Return Completed Form To:

Road Licensing and Safety Division
Department of Transportation
Government of the Northwest Territories
1st Floor Highways Building
4510 Franklin Avenue
P.O. Box 1320
Yellowknife NT
X1A 2L9
Phone: (867) 873-7406
Fax: (867) 873-0120

If Incorporated Company, Please Seal Here:

[Empty box for seal]