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# National Safety Code Safety Certificate Application

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## COMPLETING YOUR NSC SAFETY CERTIFICATE APPLICATION

Before completing your National Safety Code application, read the *Carrier Safety Guide*.

This application package consists of several sections. Please complete all questions as completely and accurately as possible. This information is collected under authority given by the Motor Vehicle Transport Act, the Motor Vehicle Act, and the Transportation of Dangerous Goods Act. National Safety Code may verify any information you provide.

**You must include a \$200 non-refundable processing fee with your application. Payment may be made by cheque, money order, or bank draft, and is payable to the Minister of Finance. Alternatively, you may use the credit card remittance slip in this package to pay by Visa or Mastercard.**

To ensure that your application is processed as quickly as possible please complete each of the following steps.

### STEP 1

Answer all relevant questions on pages 1 and 2 of this application. These questions ask you to identify yourself and provide some information about your business.

### STEP 2

Complete the *Safety Plan* section. This section is intended to help you understand and ensure you will meet the requirements of the National Safety Code in British Columbia.

The *Safety Plan* is divided into the four areas of NSC obligation: Drivers, Vehicles, Hours of Service, and Dangerous Goods. For each area of obligation:

**Read Section 1: Introduction and Section 2: Setting Up Your Business Records of the *Carrier Safety Guide*.**

Section 1 will help you understand your obligations as a carrier whether you drive your own vehicle, hire drivers, or work with lease operators.

Section 2 will provide you with information and suggestions with regards to your record-keeping practices, as they pertain to driver records, hours of service, vehicle records, and special safety requirements.

### STEP 3

Provide the name of the person who will have overall responsibility for the NSC obligations of your business.

### STEP 4

Complete and sign the declaration found at the end of the application.

If your application is incomplete, it will be returned to you for additional information before it is processed which will result in a delay. You may contact us at:

**(250) 952-0576 (Tel)  
(250) 952-0578 (Fax)**

Once your application is approved, a copy of your NSC Safety Plan will be returned to you with your certification package. Please keep all of these documents for future reference and for your first on-site audit.

#### Reference Materials:

- Division 37 of the Motor Vehicle Act Regulations
- Transport of Dangerous Goods Regulation
- National Safety Code – Booklet #5
- Carrier Safety Guide

#### **Criteria for Evaluating Applications**

*Section 37.03(2) of the Motor Vehicle Act Regulations provides reasons that an application may be refused. Under Section 37.03(2)(c), an NSC application may be refused if the applicant does not demonstrate a satisfactory road history. In assessing an applicant's road history, it is unlikely that an NSC certificate will be granted if an applicant has:*

- 4 or more pointable offences in the last 24 months
- A motor vehicle-related criminal code conviction in the past 36 months

Mailing Address:

National Safety Code  
Commercial Vehicle Safety and Enforcement  
PO Box 9250 Stn Prov Govt  
2<sup>nd</sup> Floor – 1117 Wharf Street  
Victoria BC V8W 9J2



# Application for a National Safety Code Safety Certificate

INTERNAL USE ONLY
Application #
NSC#

Must be completed in ink and please print

## IDENTIFICATION

You must complete question 1a, or 1b

<b>1a</b>	<b>Individual or partner applicants complete this section with the name that appears on your driver's licence or birth certificate. Select one partner whose name will appear on the Safety Certificate.</b>		
<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 LICENCE #		ISSUING PROVINCE/STATE	

<b>1b</b>	<b>Corporate applicants complete this section.</b> Give the name of your organization as registered with the B.C. Registrar of Companies. <i>If you are a society, school etc., give your legal name and provide a copy of the certificate that confirms your legal entity status.</i>
LEGAL ORGANIZATION NAME	INCORPORATION NUMBER (B.C.)

<b>1c</b>	<b>Names of ALL principals, officers, directors and partners as shown on corporate registry.</b> (Complete this section if applicable). <i>Attach an extra list, if needed. Companies incorporated outside of British Columbia <b>must</b> provide a current listing of all principals, officers, and directors from their attorney or their home jurisdictions's corporate registry.</i>		
SURNAME	GIVEN NAME	TITLE	
DRIVER'S LICENCE#	ISSUING PROVINCE/STATE	DATE OF BIRTH	
SURNAME	GIVEN NAME	TITLE	
DRIVER'S LICENCE#	ISSUING PROVINCE/STATE	DATE OF BIRTH	

<b>1d</b>	<b>List all subsidiary trade/business names you or your business do business as.</b> <i>Doing-business-as (DBA) names are not legal entities and cannot be used on a Safety Certificate. NSC certification is given only to legal entities.</i>
_____	

<b>2a</b>	<b>Business mailing address (please provide B.C. address)</b>	
STREET		
CITY	PROVINCE	POSTAL CODE
PHONE ( )	FAX ( )	EMAIL

<b>2b</b>	<b>Location of business records (please provide B.C. address)</b>	
<i>The address given for the location of business records must be a physical street address (not a Post Office 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

<b>3a</b>	<b>Provide the name of any employers for you, or any partner, principal, director, or officer of your business for the past 24 months.</b> <i>Attach an extra page if necessary.</i>
Name of company(s): _____ Job Title(s): _____	

<b>3b</b>	<b>Check ( <input checked="" type="checkbox"/> ) all transportation services you plan to provide.</b>		
<input type="checkbox"/> Taxi	<input type="checkbox"/> Lumber	<input type="checkbox"/> Towing Service	<input type="checkbox"/> Petroleum
<input type="checkbox"/> Limousine	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Courier	<input type="checkbox"/> Dump Truck (describe use) _____
<input type="checkbox"/> School Bus	<input type="checkbox"/> Logs	<input type="checkbox"/> Farm Products	<input type="checkbox"/> Bulk (dry, liquid, gas - describe) _____
<input type="checkbox"/> Bus (describe use) _____	<input type="checkbox"/> Container	<input type="checkbox"/> Other _____	
If you plan to provide passenger service, please describe the type of service: <input type="checkbox"/> For hire (direct or indirect compensation) <input type="checkbox"/> Not for hire			

3c Do you plan to transport dangerous goods?  Yes  No

3d Do you transport small amounts of dangerous goods that are exempt from the Transport of Dangerous Goods Regulations?  
 Yes  No List Exemption \_\_\_\_\_

3e How many applicant-owned vehicles and lease operator vehicles will you use? Calculate the totals for each category.

	TRUCKS/VANS	TRACTORS	TRAILERS	BUSES	TAXIS/LIMOUSINES
Applicant-owned vehicles					
Lease operator vehicles					
Total					

3f Check () all transportation services you will provide.  
 Within BC  Extra-provincially within Canada  Outside of Canada

3g Provide the make, year, last six digits of the VIN/serial number and the registration number for each vehicle and trailer you have at this time or intend to use under your NSC. Attach your own sheet if needed. (If vehicle is not currently registered in BC, provide photocopy of vehicle registration documents.) **PROVIDE COPIES OF CURRENT CVIP INSPECTION FOR EACH VEHICLE.**

MAKE	YEAR	LAST 6 DIGITS OF VIN/SERIAL NUMBER	REGISTRATION NUMBER

3h Is your equipment kept at the same address as your NSC records?  Yes  No  
*If no, please provide an address, or other description, to advise where your equipment will be kept when it is not in use:*  
 \_\_\_\_\_

4 Identify your drivers. Attach a copy of the current driver abstract for any driver not licenced in BC. Attach your own sheet if needed.

NAME	DRIVER'S LICENCE NUMBER	JURISDICTION

5 List all NSC related safety certificates issued to you, or any partner, principal, director, or officer of your business.

JURISDICTION	TYPE (NSC SAFETY CERTIFICATE/ SAFETY FITNESS/US DOT)	CERTIFICATE NUMBER	NAME ASSOCIATED WITH THIS APPLICATION

6 Have any safety certificates been issued to you or to any partner, principal, director, or officer of a company involved with this application?  
 Yes  No

# SAFETY PLAN

This Safety Plan identifies your commitment to operating a business that meets the requirements of NSC certification.

All applicants must complete this section. For each statement complete column A. If you answer Yes, go onto the next statement. If you answer No, then complete column B.

Please be sure to provide the name of the person who will be supervising these NSC obligations (rows 7(e), 8(f), 9(f), and 10(d)).

DRIVERS PLAN (INCLUDING OWNER/OPERATORS)		COLUMN A		COLUMN B  Procedure is not applicable to me because (explain below):
		YES	NO	
7a	Do you have a procedure for periodically checking to confirm that each of your drivers has a valid licence, that the class is correct, and that driver records are filed on time?			
7b	Do you have a written policy requiring drivers to report driving violations, convictions and accident details to you within 15 days of the offence, conviction or occurrence?			
7c	Do you have a system to record driving violations, convictions, and accidents for each driver operating under your NSC certificate?			
7d	Do you have a monitoring process to ensure that drivers supply you with all required records?			
7e	Who will be responsible for supervising the above items?			
Name:		Title:		

VEHICLES PLAN		COLUMN A		COLUMN B  Procedure is not applicable to me because (explain below):
		YES	NO	
8a	Do you have a written schedule that indicates when mandatory inspections (CVIP) must be performed on all vehicles?			
8b	Do you have individual vehicle files that contain the results of maintenance inspections?			
8c	Do you have a monitoring system to ensure that your scheduled maintenance program requirements are being met?			
8d	Do you have a monitoring system to ensure that all reported mechanical defects are corrected?			
8e	Do you have a monitoring system to ensure that thorough pre-trip and post-trip inspections of each vehicle are completed and that, when required, written trip inspection reports are prepared and filed?			
8f	Who will be responsible for supervising the above items?			
Name:		Title:		

HOURS OF SERVICE PLAN		COLUMN A		COLUMN B  Procedure is not applicable to me because (explain below):
		YES	NO	
9a	Do you have a written policy stating that all drivers operating under your safety certificate must operate within the hours of service permitted by regulations?			
9b	Do you have a method of ensuring that drivers are aware of and operate within the hours of service permitted by regulations?			
9c	Do you have a monitoring system to ensure that drivers provide you with properly completed logs and all supporting documents within regulated time limits?			
9d	Do you have a monitoring and record keeping system to track on-duty hours for drivers who are exempt from log book requirements?			
9e	Do you have a system to ensure that records are kept for at least 6 months in separate files for each driver?			
9f	Who will be responsible for supervising the above items?			
Name:		Title:		

DANGEROUS GOODS PLAN (IF APPLICABLE)		COLUMN A		COLUMN B
		YES	NO	Procedure is not applicable to me because ( <i>explain below</i> ):
10a	Do you have a scheduling system to ensure that your drivers receive the required training and certification to transport dangerous goods?			
10b	Do you have a monitoring system to ensure that dangerous goods are transported in accordance with regulations?			
10c	Do you have a system to ensure that all drivers operating under your safety certificate record all incidents of spillage, leakage or other accidents involving dangerous goods?			
10d	Who will be responsible for supervising the above items? Name: _____ Title: _____			

**OVERALL NSC RESPONSIBILITY - THIS SECTION APPLIES TO ALL APPLICANTS**

11a Who will have overall responsibility for all your company's NSC obligations?

Name \_\_\_\_\_ Title \_\_\_\_\_

**DECLARATION - THIS SECTION APPLIES TO ALL APPLICANTS**

This declaration is made in support of an application by (name to appear on safety certificate) \_\_\_\_\_ (print applicant's full name as it appears on driver's licence, birth certificate or Certificate of Incorporation) to the Province of British Columbia for the issuance of a National Safety Code Safety Certificate.

**INITIAL EACH DECLARATION STATEMENT AND SIGN AS PROOF OF THE ENTIRE DECLARATION.  
(Authorized Signatory)**

- Initial Here  I declare that neither the applicant, nor any principal, director, officer, or partner of the applicant have had an NSC certificate in B.C. or any other province, territory or state, that has been deemed unsatisfactory.
- Initial Here  I declare that the information I have supplied in all parts of these forms is true and to the best of my ability is complete and accurate.
- Initial Here  I declare that I am knowledgeable in the rules and regulations governing commercial vehicle transport in British Columbia and that I understand my obligations under the National Safety Code. I further declare that I am committed to executing my carrier business in compliance and accordance with these rules, standards and regulations.

**Any person who makes a false declaration or provides false information is guilty of an offence under the Motor Vehicle Act Regulations, Section 37.36(2), and is liable to fines.**

**SIGN IN DECLARATION OF ALL OF THE ABOVE**  
An authorized signatory must sign this declaration. (If this is a Corporate application, authorized signatory refers to a person appearing on the corporate registry.)

Signed: \_\_\_\_\_ On this date: YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_

Print your name in block letters:  
\_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please ensure you have completed the declaration and answered all relevant questions in this application. A properly completed application will help you receive your Safety Certificate and number as soon as possible. **Also, please ensure that you retain a copy of this application for your records as the Carrier Safety Inspector will be reviewing your action plans during the audit.**

If you have any questions with regards to the application, call (250) 952-0576. NSC staff are available to answer your questions Monday to Friday, 8:30 a.m. to 4:30 p.m. (except statutory holidays).

Once your application is complete, mail it with any extra documents you are providing and a payment of \$200 made by cheque, money order or bank draft, payable to the Minister of Finance. Included in this package is a credit card remittance slip. If you prefer, you may use this to pay by Visa or Mastercard.

