

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

**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)

Individual Applicant’s driver license number: \_\_\_\_\_

Operating / Trade Name: \_\_\_\_\_

Name(s) of partner(s) if applicable: \_\_\_\_\_

Principal Address or Principal Place of Business Address:  
\_\_\_\_\_  
(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: \_\_\_\_\_

Telephone (home/office/ cellular): \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

- 2. Will the applicant be operating a school bus?  No  Yes
- 3. Will the applicant be leasing vehicles to others?  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) Are any of the dangerous goods of a kind or in a quantity that 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 OR 5b**, the applicant must also complete Schedule B – Transportation of Dangerous Goods)

**Part II: SAFETY FITNESS INFORMATION** (must be completed)

1. Has the applicant\* ever had a National Safety Code (NSC) number or other safety program number in any jurisdiction in Canada, the United States or Mexico?

No  Yes

If yes, which jurisdiction(s): \_\_\_\_\_

What number(s) were issued? \_\_\_\_\_

2. Has the applicant's\* right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?

No  Yes

If yes, which jurisdiction(s): \_\_\_\_\_

What NSC or other safety program number(s) were cancelled or withdrawn?

\_\_\_\_\_

*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                       |   |  |

\_\_\_\_\_

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.

**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 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.*

***This application will be returned where the applicant has failed to fully complete all the questions and provide all required information.***

*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 Division, Unit C – 1695 Sargent Avenue, Winnipeg, MB, R3H 0C4, Phone: 204.945.5322, Fax: 204.948.2078.

### NOTE:

- \* This includes any partners, shareholders, co-owners, etc. of the applicant.
- 1. Operators of Regulated Vehicles (those with a RGVM of 4500 kg or more, or with a seating capacity of 11 or more persons including the driver, except personal use or farm trucks), require a Safety Fitness Certificate (SFC).
- 2. If the application is approved, a SFC will be issued to the applicant.
- 3. The SFC is valid for one year and must be renewed **before renewing** vehicle registrations.
- 4. A carrier requires only one SFC, regardless of the number of commercial vehicles registered to the carrier.
- 5. Applicant should keep copies of all forms for their own records.
- 6. Errors in completing this form and any required schedules may result in processing delays or denial of the application.
- 7. Information will be verified by Motor Carrier Division.
- 8. Falsification of any information may result in cancellation of vehicle registrations.
- 9. Additional may be obtained from the Department's website at [www.gov.mb.ca/mit/mcd/index.html](http://www.gov.mb.ca/mit/mcd/index.html)



Infrastructure and Transportation  
Motor Carrier Division  
Unit C – 1695 Sargent Avenue  
Winnipeg MB R3H 0C4  
Telephone 204.945.6748 Fax 204.948.2078  
<http://www.manitoba.ca/mit/mcd/mcs/index.html>

**SCHEDULE A**  
**CERTIFICATE OF INSURANCE**  
*(To be completed by Insurance Agent)*

**ISSUED TO:** MOTOR CARRIER DIVISION, Winnipeg, Manitoba

This certificate is evidence of continuing insurance coverage for:

**INSURED'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Policy No.	Type:	Effective Date MM/DD/YY	Limits Coverage
	<input type="checkbox"/> Motor Vehicle Liability (PL & PD)		

**Vehicles Covered -**  All

Specified **(if vehicles are specified, a list must be attached including year, make, and 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 **15** days prior notice in the event of cancellation, lapse or policy change that may reduce coverage below legislated limits.

**NAME OF INSURANCE COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_

**DATED THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, 20 \_\_\_\_\_ .

**NAME OF REPRESENTATIVE:** \_\_\_\_\_  
(Please type or print)

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



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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
- Class 2.2(5.1) oxygen and 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

### 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: \_\_\_\_\_