

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

(PLEASE READ CAREFULLY, TO BE SUBMITTED PRIOR TO REGISTERING YOUR VEHICLE(S))

New

Renewal National Safety Code No. (NSC) MB _____
The NSC No. on the last certificate, also on your vehicle registration.

Safety Fitness Certificate Expiry Date: _____
The expiry date on the last certificate; usually aligns with the expiry of your vehicle registration.

Part I: APPLICANT INFORMATION

Applicant's name must match the name under which the vehicle(s) will be registered, complete either 1A or 1B only. Please print.

1A	Corporation, Limited Partnership, Organization, Municipality. <i>Articles of Corporation must be attached.</i>
Legal Name: _____ <i>As on the Corporate Registration (Trade name not acceptable)</i>	
1B	Individual Name
Name: _____ (last name) (first name) (initial)	
Individual's Driver's Licence No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (each box must contain a character)	
Operating/Trade Name: _____ <i>Business name registration required</i>	
Name(s) of Partner(s) if applicable:	
Name: _____ (last name) (first name) (initial)	
Name: _____ (last name) (first name) (initial)	

1C	Permanent Address or Principal Place of Business address. <i>As specified in Section 10 of the Vehicle Registration Regulation, (M.R. 57/2006), under the Manitoba Drivers & Vehicles Act, the permanent address must be a street or legal land location; it cannot be a box number.</i>
Street/Legal Land Location: _____ City/Town: _____ Postal Code: _____ Phone No.: _____ Cell No.: _____ Fax No.: _____ E-mail Address: _____ <i>By providing an e-mail address, the applicant acknowledges that future notifications and communications with Manitoba Infrastructure may be sent by e-mail. Should your company's principal e-mail address change, please notify this office.</i>	

1D	Mailing Address if different from permanent address.
Street/Box No.: _____ City/Town: _____ Postal Code: _____	

1E	Facility Address if applicable.
Street/Legal Land Location: _____ City/Town: _____ Postal Code: _____	

Part II: TYPE OF OPERATION

Check ✓ yes or no to the following.		
1	Will all vehicles be registered as "PERSONAL" use only? <i>Personal use is the transportation of one's own family and friends.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Will the applicant be operating a school bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Will the applicant be leasing motor vehicles to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Will the applicant be transporting goods or passengers for compensation? <i>If you receive payment for moving a load or people, you are receiving compensation.</i> If yes, to transporting goods or passengers for compensation, you are required to hold a minimum third party auto liability insurance, as specified in Section 3(1) of the Safety Fitness Criteria & Certificates Regulation (M.R. 93/2015) under the Manitoba Highway Traffic Act. Please submit a Certificate of Insurance form described in Schedule A of this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part III: SAFETY FITNESS INFORMATION

Check ✓ yes or no to the following.

1	Has the applicant been issued any other National Safety Code No., U.S. Department of Transportation No. (DOT), or other safety program number from Manitoba, any other Canadian province, United States or Mexico?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which province, state or country(s): _____ What is/are the identifying number(s) assigned: _____		
2A	Has the applicant's right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	Has any joint partner, shareholder or owner of the corporation right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 2A or 2B, which province, state or country(s): _____ What is/are the identifying number(s) withdrawn? _____ <i>You must attach details regarding the kind of penalties, including the Carrier Profile from the province, state or country.</i>		

Part IV: COMMODITY INFORMATION

1	Principal commodities transported by the applicant. Check ✓ all that apply.				
<input type="checkbox"/>	Building Material	<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 (for compensation)	<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	Transportation of Dangerous Goods. Check ✓ yes or no.	
2A	<p>Will the applicant be transporting dangerous goods?</p> <p>If yes, Complete the Schedule B – Transportation of Dangerous Goods form, and submit with the application.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	<p>Will the dangerous goods transported be of a kind or in a quantity, which requires an Emergency Response Assistance Plan (ERAP)? Part 7 of Canada’s Transportation of Dangerous Goods Regulations, SOR/2001-286, specifies when an ERAP is required.</p> <p>If yes, Complete and submit with application:</p> <ul style="list-style-type: none"> – Schedule B – Transportation of Dangerous Goods. – Schedule A – Certificate of Insurance. You are required to hold a minimum \$2 million third party auto liability insurance, as specified in Section 3(1) (a) of the Safety Fitness Criteria & Certificates Regulation (M.R. 93/2015) under the Manitoba Highway Traffic Act. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

3	<p>Where will the vehicle(s) be operating? Check ✓ all that apply.</p> <p>If operating outside the Province of Manitoba and/or your type of operation requires you to hold a minimum third party auto liability insurance, as specified in Section 3(1) of the Safety Fitness Criteria & Certificates Regulation (M.R. 93/2015) under the Manitoba Highway Traffic Act, submit a Certificate of Insurance form described in Schedule A of this application.</p>		
<input type="checkbox"/>	Within the 20 kilometre radius of your city	<input type="checkbox"/>	Outside Manitoba but within Canada
<input type="checkbox"/>	Within the 30 kilometre radius of your town	<input type="checkbox"/>	United States of America
<input type="checkbox"/>	Within Manitoba	<input type="checkbox"/>	Mexico

Part V: SAFETY AND MAINTENANCE OFFICERS
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Identify the officer(s) responsible for the compliance of the Manitoba Highway Traffic Act, its Regulations, and the National Safety Code standards.

The safety and maintenance officers must reside in Manitoba, as described under Manitoba Highway Traffic Act 318.5(2). If the applicant is an individual, it will be assumed the applicant is the safety and maintenance officers.

Safety Officer:	Maintenance Officer:
Name:	Name:

Driver's Licence. No.:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(each box must contain a character)	
Address:	
Telephone:	
Fax:	
E-mail:	

Driver's Licence. No.:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(each box must contain a character)	
Address:	
Telephone:	
Fax:	
E-mail:	

Part IV: 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 Manitoba Infrastructure 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: _____

CHECK LIST - *The following is completed and/or attached.*

- All questions have been answered.
- Driver's licence number provided – Individual applicant
- Articles of Incorporation or Business Name Registration attached – Corporate or Individual with trade name.
- Applicant's principal address or place of business is in Manitoba.
- Proof of required third party auto liability insurance – Certificate of Insurance - Schedule A attached.
- Hauling dangerous goods – completed Schedule B, Transportation of Dangerous Goods attached.
- Disclosed details and any other safety rating number(s) issued.
- The safety and maintenance officers are Manitoba residents.

Return the completed application to:

Safety Fitness Certificate Program, 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 the 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. Safety Fitness Certificate Program will verify the above information, which may take between 3 to 5 business days.
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. It is the responsibility of the applicant to notify Safety Fitness Certificate Program of any changes to their name, address, operation or insurance coverage.
8. Manitoba Infrastructure 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.
9. 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, Manitoba Infrastructure 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: MANITOBA INFRASTRUCTURE, PROVINCE OF MANITOBA, Winnipeg, Manitoba

This certificate is evidence of continuing insurance coverage for:

INSURED'S NAME: _____

ADDRESS: _____

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

Policy No. (not accepted: garage, commercial, general, or cargo only policies)	Type	Effective Date MM/DD/YY	Limits \$\$ PL & PD Coverage Amount (check amount)
Must have a policy no.	<input type="checkbox"/> Motor Vehicle Liability Personal Liability (PL) & Property Damage (PD).	EFFECTIVE DATE / / 20____ EXPIRY DATE / / 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

SPECIFIED policy (if vehicles are specified, **a list must be attached and must include 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 Manitoba Infrastructure a minimum of **15** days prior notice in the event of cancellation, lapse or policy change that may reduce coverage below legislated limits. Manitoba Highway Traffic Act, Regulation 93/2015 3(2).

NAME OF INSURER: (Name of Agency) _____

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: _____