



# APPLICATION FOR PARTICIPATION PREMIER CARRIER PROGRAM

Carrier Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(if different from above)

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ BCeID User ID: \_\_\_\_\_

\*National Safety Code Number(s): \_\_\_\_\_

Number of Company Drivers: \_\_\_\_\_ Number of Owner-Operator Drivers: \_\_\_\_\_

**\* Please include all NSC numbers held by: associated or commonly owned companies; the applicant or held by a company for which the applicant is a Director; companies that operate under the applicant's business logo or brand; or any carriers that are dispatched by the applicant. Note: All associated companies must qualify separately in order for the applicant to qualify.**

## PROGRAM REQUIREMENTS

The Premium Carrier Program is available to truck and bus operators that:

- have more than 20 BC base plated commercial motor vehicles in their fleets;
- have operated continuously in BC for at least three (3) years prior to application; and
- the applicant, and any carrier controlled by the applicant or its directors or officers, must have had a satisfactory or satisfactory-unaudited NSC Safety Rating for the past three (3) years

Successful applicants must have a valid BCeID and meet the following requirements:

- Overall NSC score better than the provincial median score,
- No vehicles have been qualified for the Enhanced Licence Plate Removal Program over the last 12 months, and
- Any two of the following criteria:
  - Certificate of Recognition (COR) issued by a recognized WorkSafeBC authorized safety association (copy must be provided),
  - Above average WCB safety record (most recent annual rate notification letter must be submitted),
  - ICBC discount of 50% or better (proof of discount must be provided)

**Note:** If more than one NSC number is referenced above, please include copies of all qualifying documentation for each of the companies.

Please note that failure to maintain program requirements may result in removal from the program.

Please email or mail your completed application and all applicable documentation to either:

[NSC@gov.bc.ca](mailto:NSC@gov.bc.ca) or NSC Premium Carrier Program  
Commercial Vehicle Safety and Enforcement  
PO Box 9250, Stn Prov Govt Victoria BC V8W 9J2

I give consent to the publication of the carrier's name and contact information on the CVSE website located at [www.cvse.ca](http://www.cvse.ca).

Please initial the appropriate box to indicate your response.

Yes

No

Carrier Name

\_\_\_\_\_  
Signature of Authorized Carrier Representative

\_\_\_\_\_  
Date (mmm/dd/yyyy)

\_\_\_\_\_  
Name of Authorized Carrier Representative (please print)

The personal information collected on this form is required to determine eligibility for the Premium Carrier Program, and is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of the information collected, contact the Manager, Premium Carrier Program, at (250) 952-0576. The information collected will be used for the purpose of processing your application and administering the premium carrier program, however, any information submitted during the application process which raises a concern about road safety may be used as a basis for further investigation by CVSE pursuant to Division 37 of the Motor Vehicle Act Regulations.

**MINISTRY OF  
TRANSPORTATION  
AND INFRASTRUCTURE**

Commercial Vehicle Safety  
and Enforcement

MAILING ADDRESS:  
PO Box 9250 Stn Prov Govt  
VICTORIA BC V8W 9J2

Telephone (250) 952-0576  
Facsimile (250) 952-0578  
Email: [NSC@gov.bc.ca](mailto:NSC@gov.bc.ca)  
Website: [www.cvse.ca](http://www.cvse.ca)