

Declarations PT Board Form 17

About this Form:

- This form is required for all licence applications.
- This form must be signed by the **individual** (sole proprietor), **all partners** in the partnership, or the **president or sole director** of the corporation.
- By signing this form, you are making the declarations set out in A & below.

Applicant:

Legal Name: _____

PT Licence No. (if applicable): _____

A. Declaration: Liquor & Cannabis Laws

I DECLARE THAT:

- I understand that offences under the *Liquor Control and Licensing Act* include:
 - consuming alcohol in a public place, including motor vehicles;
 - operating a motor vehicle while there is liquor in the vehicle; and
 - permitting a minor to consume liquor in a place under your control.
- I understand that offences under the *Cannabis Control and Licensing Act* include:
 - consuming cannabis while operating a vehicle;
 - operating a vehicle knowing that another person is smoking or vaping cannabis in it;
 - operating a vehicle while in personal possession of cannabis contrary to the Act; and
 - operating a vehicle while cannabis is in it contrary to the Act.
- I understand that my passenger transportation licence may be suspended or cancelled if I commit an offence under either the *Liquor Control and Licensing Act* or *Cannabis Control and Licensing Act* related to the operation of a commercial passenger vehicle.
- I will educate my drivers and operators about their responsibilities and how to deal with passengers who consume alcoholic beverages or cannabis in my commercial passenger vehicles.

B. Declaration: Application Information

I DECLARE THAT:

- The statements and information contained in, attached to and submitted with this licence application package are true and correct.
- I understand that statements and information contained in, attached to and submitted with this licence application package may be verified.
- I understand that false or misleading representations could result in refusal of my application or cancellation of my licence, if my application is approved.

C. Signature(s) ! (Please insert electronic signature or print, sign and scan)

Full Name: _____ Title: _____

Signature: _____ Date: _____

Full Name: _____ Title: _____

Signature: _____ Date: _____

Full Name: _____ Title: _____

Signature: _____ Date: _____