



**REGISTRAR OF PASSENGER TRANSPORTATION**

**MINISTRY OF TRANSPORTATION**

**SPECIAL AUTHORIZATION**

**LICENCE TRANSFER APPLICATION PACKAGE**

**Passenger Directed Vehicle (PDV)**

**And**

**Inter-City Bus (ICB)**

Application forms and guidelines are available at the Passenger Transportation Branch and are posted on the Registrar's web site. Please submit all applications to:

*Registrar of Passenger Transportation*  
Passenger Transportation Branch  
Ministry of Transportation  
104 – 4240 Manor Street  
Burnaby BC V5G 1B2

**Contact Information:**  
Phone: 604-453-4250  
Toll Free: 888-453-4280  
Fax: 604-453-4253  
Email: [passengertransportationbr@gov.bc.ca](mailto:passengertransportationbr@gov.bc.ca)  
Web: <http://www.th.gov.bc.ca/rpt>

## Collection, Use and Disclosure of Information

The personal information requested on this form is collected under the authority of, and used for the purpose of, administering and enforcing the *Passenger Transportation Act* and Passenger Transportation Regulation. The collected information may be disclosed to such other public bodies or individuals as authorized by the *Passenger Transportation Act*, Passenger Transportation Regulation and/or the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of personal information, contact the Passenger Transportation Branch at (604) 453-4250.

## Use this application package (PT5025) to apply for:

- ✓ **Transfer of a Special Authorization (SA) Licence for Passenger Directed Vehicle (PDV) and Inter-City Bus (ICB)**

Please note: If a licence holder (transferor) also holds a General Authorization (GA) on their Passenger Transportation licence, a transfer of their General Authorization is also required. To obtain the transfer application package for General Authorization licence, please refer to the Registrar's web site or contact the Passenger Transportation Branch.

## Consideration for the Transfer of a Special Authorization Licence

Passenger Transportation Board (Board) may approve a transfer application if the Board considers that the applicant (transferee) is a fit and proper person to provide the service and is capable of providing service under the terms and conditions of the licence.

Please refer to Section 3.4 of the Application Handbook for more information regarding applicant fitness.

The transferor must maintain ***care and control*** over the operations under the passenger transportation licence until a decision is made and, if approved, a new licence is issued by the Registrar.

## Application Filing Fee

The application filing fee is non-refundable once an application is accepted by the Passenger Transportation Branch:

- \$200.00 – Payable to the Minister of Finance (Canadian funds only)
- Payable by cheque, money order, Visa or MasterCard (*credit card remittance slip attached*)
- If applying to transfer a licence that includes both Special & General Authorizations (hybrid) only 1 application filing fee is required if the two transfer applications (SA and GA) are filed concurrently.



SA LICENCE TRANSFER APPLICATION

Part 4, Passenger Transportation Act

Office Use Only

PT Application# \_\_\_\_\_

For detailed information about Transferee's application requirements, please refer to Appendix D of Application Handbook.

PART A: TRANSFEROR (Current Passenger Transportation Licensee)

1. Legal Name of Transferor/Current Passenger Transportation Licensee (complete one of the following)

Full Name of Individual / Sole Proprietor:

Full Name of Each Partner in a Partnership:

Full Name of Legal Entity (i.e. Corporation, LLC, Society, City):

Legal Name(s): \_\_\_\_\_

2. Identification and Contact Information

All trade names (i.e. "doing business as"): \_\_\_\_\_

Safety Certificate Number: \_\_\_\_\_ Base Jurisdiction: \_\_\_\_\_

Passenger Transportation Licence Number: \_\_\_\_\_

BC Insurance Filing Number (BC Financial Responsibility Certificate letter issued by I.C.B.C.): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Physical Location of Records \_\_\_\_\_

(if different): \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

3. Type(s) of Authority(ies) Held By Transferor/Current Passenger Transportation Licensee

Please check the box, or boxes, that apply:

Passenger-Directed Vehicle (PDV)

Inter-City Bus (ICB)

4. Declarations (to be completed by the TRANSFEROR/Current Passenger Transportation Licensee)

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the licence applied for. The Transferor must maintain care and control over the operations under the passenger transportation licence until a decision is made and, if approved, a new licence is issued to by the Registrar.

This section must be signed by the applicant (transferor), a principal of the corporation, all partners in the partnership or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART B: TRANSFEEE (Proposed Licensee)

For detailed information about transferee's application requirements, please refer to Appendix D of Application Handbook.

### 1. Legal Name of Transferee/Proposed Licensee (complete one of the following)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Full Name of Individual / Sole Proprietor: | <input type="checkbox"/> Full Name of Each Partner in a Partnership: | <input type="checkbox"/> Full Name of Legal Entity (i.e. Corporation LLC, Society, City): |
|---|--|---|

Legal Name(s): \_\_\_\_\_  
\_\_\_\_\_

### 2. Identification and Contact Information

All trade names (i.e. "doing business as"): \_\_\_\_\_

Safety Certificate Number: \_\_\_\_\_ Base Jurisdiction: \_\_\_\_\_

BC Insurance Filing Number (BC Financial Responsibility Certificate letter issued by I.C.B.C.): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Physical Location of Records (if different): \_\_\_\_\_  
\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

### 3. Declarations (to be completed by the Transferee/Proposed Licensee)

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the licence applied for. I am also confirming my commitment to safe operation as identified in the *Passenger Transportation Act*. The Transferor must maintain **care and control** over the operations under the passenger transportation licence until a decision is made and, if approved, a new licence is issued to by the Registrar.

**This section must be signed by the applicant (transferee), a principal of the corporation, all partners in the partnership or a person with delegated signing authority as filed with the Passenger Transportation Branch.**

Full Name: _____	Title: _____
Signature: _____	Date: _____
Full Name: _____	Title: _____
Signature: _____	Date: _____



Submit this Signing Authority form to the Registrar, Passenger Transportation Branch with new applications, transfer applications, and any time there is a change in signing authority (including changes in the principals of a corporation and changes in delegated signing authority). **This form cancels and supersedes all previous Signing Authority forms.**

**1. Legal Name of Applicant (complete one of the following)**

<input type="checkbox"/> Individual / Sole Proprietor:	<input type="checkbox"/> Partnership (Name each partner):	<input type="checkbox"/> Full Name of Legal Entity (i.e. Corporation, LLC, Society, City):
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Legal Name(s): \_\_\_\_\_  
\_\_\_\_\_

**2. Identification and Contact Information**

All trade names (i.e. "doing business as"): \_\_\_\_\_

Passenger Transportation Licence Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Physical Location of Records (if different): \_\_\_\_\_  
\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

**3. Persons with Delegated Signing Authority (Optional)**

Full Name (Print)	Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4 Principal Owner(s)**

This form must be signed by the applicant, a principal of the corporation, or all partners in the partnership. Any delegation of signing authority to persons named in section 3 does not relinquish or diminish the authority of applicants, partners or principals to sign for and bind the carrier on matters under the *Passenger Transportation Act*. **I (we) authorize persons named in section 3 above to act on behalf of the carrier in all matters relating to the *Passenger Transportation Act*, Passenger Transportation Act Regulation and policies and orders of the Passenger Transportation Board.**

**It is the responsibility of the applicant, a principal of the corporation, or all partners in the partnership to formally advise the Passenger Transportation Branch of any changes to the delegation of authority.**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Registrar of Passenger Transportation Information Requirements

**The filing of an application does not confer any permission or authority to operate a passenger transportation service. Applicants are advised to delay the purchase or lease of vehicles until approval is obtained from the Passenger Transportation Board.**

Before a licence can be issued the Branch will contact you to request that you submit the required vehicle documents and identifier (plate and decal) fees.

1. **Basic Application Requirements – all applicants (**transferees**) are required to submit the following (if applicable):**

a) SA Licence Transfer Application – Part A and Part B (included in this application package)

b) Signing Authority (Form PT5002 is included in this application package)

The Branch requires specimen signatures for all signatories and for all persons who will be in contact with the Branch regarding Passenger Transportation matters.

*This requirement does not apply if you currently hold a Passenger Transportation Licence and there are no changes to your Signing Authority Form on file with the Branch.*

c) Agent Letter of Authorization

If you have hired an agent to prepare your application, the Branch requires a signed letter from the applicant that authorizes the agent to act on your behalf.

d) Application Filing Fee

Applications received without submission of the filing fee will be returned, unprocessed, to the applicant. Please refer to Page 2 of this application package for information about the application filing fee.

1. **If your business or organization is located in BC the following is required:**

- You have entered your National Safety Code Certificate (NSC) number on the application form in the space provided in section 2.

*Applicants must obtain a National Safety Code certificate before making application for a Passenger Transportation Licence. The NSC certificate must bear the legal name of the applicant.*

Applications received from applicants who have not yet been issued a NSC certificate will be returned, unprocessed, to the applicant.

To apply for a NSC certificate please call National Safety Code Applications at (250) 952-0576 or visit their web site: [http://www.th.gov.bc.ca/cvse/national\\_safety\\_code.htm](http://www.th.gov.bc.ca/cvse/national_safety_code.htm).

2. If your business or organization is located outside BC the following is required:

**Please ensure that all submitted documents bear the full legal name of the applicant.**

a) You have included identification documents:

1. If you are applying as an **individual**, you have included a legible photocopy of your current driver's licence.
2. If you are applying as a **partnership**, you have included a legible photocopy of all partners' current driver's licence(s).
3. If you are applying as a **corporation, limited liability company or society** you have included:
  - i) a photocopy of your Company's certificate of incorporation/articles of incorporation issued by your home jurisdiction, and a list of directors and officers; **AND**
  - ii) a photocopy of your Company's BC Certificate of Incorporation (issued by BC Registrar of Companies and showing registration in BC as an extra-provincial company), **OR**  
  
a signed letter declaring that your Company is exempt, from being a BC registered company, under the Business Corporations Act, SBC2002 Chapter 57 – Part 11, Section 375.

*To find out how to register your Company in BC, or if your Company is exempt from registering in BC, please visit the BC Corporate Registry web site at <http://www.fin.gov.bc.ca/registries/corppg/>.*

- b) You have included a photocopy of the safety certificate issued by your home jurisdiction with a satisfactory rating.
- c) You have included a photocopy of your extra-provincial or inter-state operating authority, issued by your home jurisdiction, indicating that you are authorized by your home jurisdiction to operate as a commercial passenger carrier beyond the boundaries of your home province/state.
- d) You have entered your British Columbia Financial Responsibility Certificate (BC Insurance Filing) number on your application form, in the space provided in Section 2, if your vehicle(s) are base plated outside of British Columbia and you hold a valid BC Insurance Filing letter issued by the Insurance Corporation of British Columbia (ICBC); **OR**

If you do not have a BC Insurance Filing number, you have included a written explanation on how you are intending to meet your motor vehicle liability insurance requirements (e.g. you will purchase a non-resident single commercial vehicle permit (NRSCV) or a non-resident quarterly commercial vehicle permit (NRQCV), that includes an insurance certificate, from the Provincial Permit Center's toll-free vehicle permit line: 1-800-559-9688 or at an inspection station, formerly known as a weigh scale, when entering British Columbia).

(For further information on British Columbia Financial Responsibility Certificate (BC Insurance Filing) please call (604) 443-4624 or Toll Free 1 (800) 665-4336).

- e) If vehicle(s) have been purchased or leased, and are base plated outside of British Columbia, you have included a copy of your apportioned cab card showing proof that your vehicle is registered in British Columbia with the International Registration Plan (IRP); **OR**

If you are not registered with IRP, you have included a written explanation on how you are intending to pay your British Columbia vehicle licensing fees (e.g. you will purchase a non-resident single commercial vehicle permit (NRSCV) or a non-resident quarterly commercial vehicle permit (NRQCV) from the Provincial Permit Center's toll-free vehicle permit line: 1-800-559-9688 or at an inspection station, formerly known as a weigh scale, when entering British Columbia).

(For further information on IRP please call your local IRP office)

## Application Handbook/Passenger Transportation Board Information Requirements

Applicants (transferees) must also provide information required by the Passenger Transportation Board. This information is required so that the Board can assess applications in terms of its mandate. This information is explained in **Appendix D and F** of the Board's "Application Handbook".

**Application Handbook and Board "Sample Forms" package are available on the Registrar's web site or at the Passenger Transportation Branch.**

*The Board may refuse applications that do not meet Board informational requirements.*

## Other Information

### Legislation and Regulations

The Passenger Transportation legislation and regulations referred to in this application package are subject to amendment and to judicial interpretation.

Unofficial versions of this legislation are available on the Passenger Transportation Registrar's web site at <http://www.th.gov.bc.ca/rpt>. This application package may not reflect recent amendments to the legislation and should not be relied upon as an accurate statement of the existing law. It is a guide only. An official version of the legislation (and regulations) may be obtained from:

Crown Publications  
521 Fort Street Victoria BC V8W 1E7  
Telephone: (250) 386-4636; or  
<http://www.crownpub.bc.ca>

### Rules of Practice and Procedure and Policy Guidelines

#### a) *Registrar of Passenger Transportation (the Registrar)*

The Registrar is responsible for accepting all applications, verifying safety requirements and issuing all licences. The Registrar's *Rules of Practice and Procedure* can be viewed on the Registrar's web site: <http://www.th.gov.bc.ca/rpt> or a copy can be requested from the Passenger Transportation Branch.

#### b) *Passenger Transportation Board (the Board)*

The Board is responsible for determining whether applications for inter-city buses or passenger directed vehicles should be approved. The Board's *Rules of Practice and Procedure* and *Policy Guidelines* can be viewed on the Board's web site: <http://www.ptboard.bc.ca> or copies can be requested from the Passenger Transportation Board.



1. Passenger Carrier Client Information

Legal Name: \_\_\_\_\_

Trade Name (doing business as): \_\_\_\_\_

British Columbia Passenger Transportation Reference or Client Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

2. Credit Card Information

Payment Amount (Canadian dollars): \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry (mm/yyyy): \_\_\_\_ / \_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_

3. Processing Information (OFFICE USE ONLY)

Information Quoted:  Yes  No

Information: \_\_\_\_\_

Operator ID: \_\_\_\_\_

Transaction No.: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Revised August 2006