



## APPLICATION TO REPLACE CANCELLED IDENTIFIER (PLATE & DECAL) AND ACCOMPANYING VEHICLE IDENTIFICATION CERTIFICATE (VIC)

There is a \$100.00 identifier fee charge. If you are making application for more than one vehicle, please submit each request on a separate application form.

### CARRIER INFORMATION:

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

All trade names (I.E. "doing business as"): \_\_\_\_\_

Passenger Transportation Licence No.: \_\_\_\_\_ NSC No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_

### IDENTIFIER HOLDER AND VEHICLE INFORMATION:

Cancelled Identifier Holder (Plate) No.: \_\_\_\_\_ Identifier (Decal) No.: \_\_\_\_\_

OLD Vehicle's Registration No.: \_\_\_\_\_ VIN No.: \_\_\_\_\_

NEW Vehicle's Registration No.: \_\_\_\_\_ VIN No.: \_\_\_\_\_

#### IMPORTANT NOTICE:

The cancelled Identifier (plate & decal) and "original" accompanying Vehicle Identification Certificate (VIC) must be surrendered to the Passenger Transportation Branch before a replacement Identifier (plate & decal) and "original" accompanying Vehicle Identification Certificate (VIC) will be issued.

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*.

This form must be signed by the applicant or an authorized signatory, a principal of the corporation, or all partners in the partnership.

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

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

## INFORMATION SHEET

### APPLICATION TO REPLACE CANCELLED IDENTIFIER (PLATE & DECAL) AND ACCOMPANYING VEHICLE IDENTIFICATION CERTIFICATE (VIC)

Passenger Transportation No.: \_\_\_\_\_ NSC No.: \_\_\_\_\_

I am sending the following with this application (*only check the ones that are applicable*):

- identifier fee(s) in the amount of \$100.00 each identifier  
Please make cheque or money order payable to the Minister of Finance - **Canadian Funds Only** or by credit card remittance.
- photocopy(ies) of the vehicle registration for each vehicle.
- photocopy(ies) of the Commercial Vehicle Inspection Report(s); or equivalent mechanical inspection report(s) if vehicles are base plated outside British Columbia, which verifies the vehicle(s) has been inspected and passed by an approved vehicle inspection facility
- cancelled Identifier (plate and decal) and accompanying "original" Vehicle Identification Certificate (VIC)
- photocopy(ies) of your vehicle insurance proving that you have a valid liability policy for the type of commercial vehicle operation to be licensed under this Special Authorization; or photocopy(ies) of your BC Financial Responsibility (FR) Certificate letter issued by the Insurance Corporation of British Columbia (ICBC) if vehicles are base plated outside of British Columbia; if you do not have an FR letter, please provide us with a written explanation. For further information on FR please call (604) 443-4624 or toll free at 1 (800) 665-4336.
- a photocopy of your International Registration Plan (IRP) Apportioned Registration Cab Card documentation if vehicles are base plated outside of British Columbia; if you do not have this documentation, then please provide us with a written explanation. For further information on IRP please contact your local IRP office.

Upon completion of processing this application the plate, decal and Vehicle Identifier Certificate (VIC) will be forwarded to the carrier. This original VIC must be placed in the specified vehicle.



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