

# REGISTRAR OF PASSENGER TRANSPORTATION MINISTRY OF TRANSPORTATION

## **GENERAL AUTHORIZATION**

Application for Addition of Motor Vehicle(s) (plate and decal)

General Passenger Vehicle (GPV)

Application forms and guidelines are available at the Passenger Transportation Branch and are posted on the Passenger Transportation 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: <u>passengertransportationbr@gov.bc.ca</u>

Web: <a href="http://www.th.gov.bc.ca/rpt">http://www.th.gov.bc.ca/rpt</a>

#### REGISTRAR, PASSENGER TRANSPORTATION BRANCH

# GENERAL AUTHORIZATION APPLICATION FORM for ADDITION of MOTOR VEHICLE(S) – IDENTIFIER(S) [plate and decal]

Part 4, Passenger Transportation Act

|  |  |                       |                                  |                  | Office Use Only<br>PT Application#                   |  |
|--|--|-----------------------|----------------------------------|------------------|--|--|
| 1. Legal Nan   | ne of Applicant <i>(co</i>                   | mplete one of the     | following)                       |                  |  |  |
|  | ual / Sole Proprietor:                       |                       | Partnership (name each partner): |                  | Legal Entity (i.e. Corporation, LLP, Society, City): |  |
| Legal Name(s   | s):  |                       |                                  |                  |  |  |
|  |  |                       |                                  |                  |  |  |
|  |  |                       |                                  |                  |  |  |
|  | tion and Contact In                          |                       |                                  |                  |  |  |
| All trade names (i.e. "doing business as"):  Safety Certificate Number: Home Jurisdiction:   |  |                       |                                  |                  |  |  |
| PO "FD F": N   1 " /PO F"  |  |                       |                                  |                  |  |  |
| Business Mai   | •  | ciai Nesponsibility ( | Seruncate letter issu            | ea by 1.C.B.C.). |  |  |
| Buomicoo mar   |  |                       |                                  |                  |  |  |
|  | _  | Postal/Zip Code:      |                                  |                  |  |  |
| Physical Loca  | tion of Records                              |                       |                                  |                  |  |  |
| (if different):  |  |                       |                                  |                  |  |  |
|  | _  |                       |                                  | Postal/Zip Cod   | de:  |  |
| Phone:   |  | Cell :                |                                  | Fa               | ax:  |  |
| Email:   |  |                       | Web Site:                        |                  |  |  |
| 3. Number o  | f Identifier(s) (plate                       | and decal)            |                                  |                  |  |  |
| Add Identifier(s) (plate and decal) to Passenger Transportation Licence number   |  |                       |                                  |                  |  |  |
|  | _  | ,                     |                                  |                  |  |  |
| 4. Declaration   | ons  |                       |                                  |                  |  |  |
| 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 <i>Passenger Transportation Act</i> . |  |                       |                                  |                  |  |  |
|  | ist be signed by the<br>gning authority as f |                       |                                  |                  | in the partnership or a person with                  |  |
| Full Name:   |  |                       |                                  | Title:           |  |  |
| Signature:   |  |                       |                                  | Date:            |  |  |
| Full Name:   |  |                       |                                  | Title:           |  |  |
| Signature:   |  |                       |                                  | Date:            |  |  |
|  |  |                       |                                  |                  |  |  |

Please note: Upon the issuance of the respective identifier(s) (plate and decal), any outstanding identifier(s) not issued on this application will be considered null and void. The application file will be closed. The licensee will be required to file another application for addition of motor vehicle identifiers. There is no fee to file this application. An identifier fee in the amount of \$100 per motor vehicle (plate and decal) is applicable.

Ministry of Transportation
Passenger Transportation Branch

104 – 4240 Manor Street Burnaby BC V5G 1B2 Telephone (604) 453-4250 Facsimile (604) 453-4253

#### Information Requirements – Application for Addition of GPV Motor Vehicle(s) – Form PT5021

#### **Basic Information Requirements**

- a) General Authorization Application Form for Addition of Motor Vehicle(s) (Form PT5021 is included in this application package);
- b) Brief description of the service proposed for the additional motor vehicle;
- c) Brief description of the type, model and passenger carrying capacity (excluding the driver) of the proposed vehicle(s) to be utilized; and
- d) Signing Authority (Form PT5002)

This requirement is not applicable if there are no changes to your Signing Authority Form on file with the Branch.

If there are changes to the Signing Authority form you have on file with the Branch, blank forms are available on the Registrar's web site <a href="http://www.th.gov.bc.ca/rpt">http://www.th.gov.bc.ca/rpt</a> or by contacting the Passenger Transportation Branch at (604) 453-4250 or toll free at (888) 453-4280.

#### Vehicle(s) Information

The filing of this application does not confer any permission or authority to operate the additional motor vehicle(s) under your General Authorization Licence. Applicants are advised to delay the purchase or lease of vehicles until approval is obtained from the Registrar of Passenger Transportation.

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

#### If vehicle(s) have been purchased, you have included:

Vehicle(s) base plated in BC

- a) \$100 for each identifier (plate and decal) requested (cheques, money orders, Visa and MasterCard payable to the Minister of Finance, in Canadian funds only, are accepted)
- b) Photocopy(ies) of current vehicle registration(s) "Owner's Certificate(s) of Insurance and Licence/Vehicle Registration" that:
  - show the vehicle(s) to be licensed/registered in the correct I.C.B.C. insurance category;
  - ii) show the vehicle(s) to be classified as "commercial type"; and
  - iii) display the correct seating capacity.
- c) Photocopy(ies) of the Commercial Vehicle Inspection Report(s) (CVIP), Form MV3104, that verify the vehicle(s) have been inspected and passed by an approved vehicle inspection facility (Please note, inspections are required to be performed on a semi-annual basis unless your operation is part of a preventative maintenance program).

#### Vehicle(s) base plated outside of BC

- a) \$100 for each identifier (plate and decal) requested (cheques, money orders, Visa and MasterCard payable to the Minister of Finance, in Canadian funds only, are accepted)
- b) Photocopy(ies) of current vehicle insurance showing the vehicle(s) have been properly licensed, insured as commercial passenger vehicles and displaying the correct seating capacity.
- c) Photocopy(ies) of a mechanical inspection report(s) that verify the vehicle(s) have been inspected and passed by an approved vehicle inspection facility. (Please note that semi-annual inspections are a requirement in BC).
- d) If you hold a valid **BC Financial Responsibility (FR) Certificate** letter, issued by the Insurance Corporation of British Columbia (ICBC), please *enter the FR filing number on your application form in the space provided in Section 2*.
  - If you do not have a FR letter, please provide us with a written explanation e.g. do you purchase financial responsibility (via Non Resident Quarterly Permits) at the Weigh Scales? For further information on FR please call (604) 443-4624 or Toll Free 1 (800) 665-4336.
- e) Photocopy(ies) of your apportioned cab showing proof that your vehicle is registered with the **International Registration Plan (IRP)**.

If you are not registered with IRP, please provide us with a written explanation – e.g. do you purchase Non Resident Quarterly Permits (NRQP) at the Weigh Scales? For further information on IRP please call your local IRP office.



## **CREDIT CARD REMITTANCE SLIP**

| 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  |  |  |  |  |  |
| USA VISA  |  |  |  |  |  |
| VISA  |  |  |  |  |  |
|   |  |  |  |  |  |
| Master Card   |  |  |  |  |  |
|   |  |  |  |  |  |
| 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