

ICB Forms Package

Use this package to apply to the Passenger Transportation Board for special authorization to operate inter-city buses (ICBs) in British Columbia.

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Updated July 2019

ICB Application Summary PT Board Form 7

About this form: Submit this form when you are applying:

- ✓ for a new ICB special authorization
- ✓ to reduce minimum route frequencies or eliminate a route
- ✓ to change your terms and conditions of licence

If you want to add vehicles to your fleet, you only need to complete the Passenger Transportation Branch form: "Special Authorization Application for Addition of Motor Vehicle(s) Inter-City Bus (ICB) (plate and decal)" <http://www.th.gov.bc.ca/forms/results.aspx?group=21>

Applicant

Legal Name: _____

Current PT Licence:

What types of authorization do you now have on your BC passenger transportation licence? (Check all that apply)	<input type="checkbox"/>	No licence
	<input type="checkbox"/>	General Authorization (to operate general passenger vehicles)
	<input type="checkbox"/>	Special Authorization (to operate passenger directed vehicles)
	<input type="checkbox"/>	Special Authorization (to operate inter-city buses)

Type of ICB Application

What are you applying for? (Check any that apply).

- New Special Authorization: ICB
- Minimum Route Frequency Reduction or Route Elimination
- Other Amendment to Terms and Conditions of Licence

Nature of ICB Application

- Add a New Route

How many routes do you want to add? _____

What routes or route points do you want to eliminate?

! Note: Complete an ICB Route Worksheet for each new route. (See Board Form 8)

Reduce Minimum Route Frequency (MRF)

On what routes do you want to reduce frequency of service? _____

! Note: Complete an ICB Route Worksheet for MRF reduction. (See Board Form 8)

Eliminate an Existing Route or Route Point

How many routes or route points do you want to eliminate? _____

What routes or route points do you want to eliminate? _____

! Note: Complete an ICB Route Worksheet for each route point elimination. (See Board Form 8)

Make any other change to your terms and conditions of licence

Please explain:

! Note: Complete an ICB Route Worksheet for any route that is being changed. (See Board Form 8)

Include or add "Engaged Carrier" authorization to operate Inter-city buses for another ICB operator.

! Note Application Requirement: Include a letter from one or more ICB licensees that want to "engage" your services under their ICB licence.

Other ICB Information

Use the space below if you want to make any other requests regarding ICB operations. Is there something you want the Board to know about your planned operations?

Public Explanation of Application

! Note: Information in this section will be published as part of your application summary. The summary will state: "This explanation has been prepared solely by the applicant for public information."

ICB Authorizations

Please check the appropriate box if you are asking for any of the following terms and conditions. Your application package should explain why you require these authorizations

<input type="checkbox"/>	I want to carry standees on this route. Standard Wording: <ul style="list-style-type: none">• Transportation of standees is authorized only when all of the following conditions are met:• The licence holder has current and proper insurance coverage for the transportation of standees,• Passengers are not permitted to stand for a period that is longer than 30 minutes or for a distance that exceeds 30 road kilometres, and• Freight and passenger baggage is not carried in the passenger compartment when standees are being transported.
<input type="checkbox"/>	I want to accept passengers who hail the bus from the street.
<input type="checkbox"/>	I want to cross a British Columbia border on this route.

Operations

- I want to operate this route year round, **or**
 I want to operate this route from _____ to _____ each year.

Notes (optional): _____

- I want to propose a limited pick up and drop off of passengers on this route as follows:

Passengers may be picked up along the route as follows:

Passengers may be dropped along the route as follows:

! Note: *Limited pick up and drop offs are usually used where the ICB is going providing a "niche service" such as transportation to a ski hill or a resort.*

Other Terms and Conditions

If you want any other specific terms and conditions linked to your route, describe them below.

Disclosure of Unlawful Activity & Bankruptcy PT Board Form 5

About This Form

This form must be completed by one or more people, depending on your organization. See question 1 for details. The information you give will be used by the Board as part of its deliberations in assessing if you are a fit and proper person as required by the *Passenger Transportation Act*. The Board may need more information depending on your answers to these questions. In assessing if you are a fit and proper person, the Board may consider, among other matters:

- *What were the circumstances of any charges, convictions or findings of guilt and any sentence imposed?*
- *How much time has passed between the charge, conviction or finding of guilt and this application?*
- *Does the behavior for which the charges were laid or convictions or finding of guilt, indicate a pattern of poor conduct and character, lack of financial integrity or a threat to the public?*
- *What, if any, corrective or remedial activities have you undertaken in relation to any charges or convictions?*

You must provide truthful answers. If you do not, and it becomes known to the Board, the Board may refuse the application or, if a licence is approved, attach conditions, suspend or cancel the licence.

Name of person completing form: _____ | Year of Birth: _____

1. What type of licensee do you represent? Please check:

- Sole Proprietorship
- Partnership (each partner must complete this form)
- Incorporated Private Company (each director and officer must complete this form)
- Public Company (the President, Secretary and CEO must complete this form)
- Society (each director of the society must complete this form)

2. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder

- a) been charged with or convicted of an offence under the Criminal Code of Canada? Yes No
- b) been charged with or convicted of an offence under the Controlled Drugs and Substances Act or the Income Tax Act? Yes No

If you answered yes to any of the above questions, please provide the following details for **each conviction** or **finding of guilt** (attach a separate sheet if needed).

- i. Description of conviction or finding of guilt _____
- ii. Date of conviction or finding of guilt _____
- iii. Description of sentence _____
- iv. Name and location of court _____
- v. Court file number (if known) _____

3. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder ever,

- a) filed for bankruptcy protection or receivership; been petitioned into bankruptcy or receivership; or made a proposal under any bankruptcy, insolvency or similar law, or had any similar action taken against you, in any jurisdiction? Yes No
- b) been denied or refused bankruptcy protection or reorganization under any bankruptcy or insolvency law in any jurisdiction? Yes No

If you answered "Yes" to 3(a), you **must** give the following information for **each** proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable) _____
- ii. Name and address of filing party _____
- iii. Date petition filed _____
- iv. Name and address of Court _____
- v. Name and address of trustee _____
- vi. Disposition or outcome _____

Note: Please enclose a copy of any discharge.

If you answered "Yes" to 3(b) above, you **must** include the following for each proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable) _____
- ii. Name and address of filing party _____
- iii. Date petition filed _____
- iv. Name and address of Court _____
- v. Name and address of Trustee _____
- vi. Disposition or outcome _____

Name and Signature

Name of person completing this form: _____

Position with the applicant: _____

Name of Applicant Company or Partnership or sole proprietor: _____

! (Please insert electronic signature or print, sign and scan)

Signature: _____

Date: _____

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: _____