



This form is to be completed by any dump truck owner who wishes to work for the Ministry of Transportation and Infrastructure. The completed form is to be submitted to the District Office.

NOTE: Those vehicles that fall under the CVIP Program MUST show current proof of certification before being hired.

District: _____ Date: _____
Registered Owner's Name: _____
Registered Company: _____
Address: _____ Postal Code: _____
Address where equipment is located: _____ Postal Code: _____
Telephone Number(s): _____ Fax Number: _____
Email: (optional) _____

TRUCK SPECIFICATIONS: [] Single Axle [] Tandem Axle [] Tridem Axle [] Pup [] Bellydump [] Rockbox [] Hi-lift Gate [] Water Truck
Make: _____ Year: _____
Model: _____ Serial Number: _____
License #: _____ Other Attachments: _____
Rear Axle Spacing: _____ Sealcoat Hitch [] Yes [] No Front Tire Size: _____

LEGAL CAPACITY CALCULATION and LICENSED CAPACITY CALCULATION tables with fields for Front Axle Capacity, Rear Axle Capacity, Total Axle Capacity, Tare Weight, Legal Load, Legal Capacity, Licensed G.V.W., Tare Weight, Licensed Load, Licensed Capacity, and Pup Tare Weight.

- Notes: 1. Licensed G.V.W. must not exceed the legal G.V.S. as determined by the Commercial Transport Act Regulations.
2. Rates will be based on the smallest value resulting from the three calculations, which, in most cases, will be the legal capacity.

- ATTACHMENTS REQUIRED:
1. A copy of the dump trucks proof of vehicle registered ownership (e.g. APV 1, APV 9 or APV 250 form) must be attached to verify ownership.
2. Weigh scale slip for unit (with and without trailers) as applicable must be attached to verify capacity.
3. Vehicle manufacturer's documentation or mechanical engineer's certification of front axle capacity must be attached to verify legal capacity.

Has your business resided in the local area for the past 12 months? [] Yes [] No
Have you registered this specific equipment before in this local area? [] Yes [] No
If yes, please identify the year you last registered it in this local area _____
Worker's Compensation Board of BC Registration Number _____

Note: To work for the Ministry or one of its contractors, the registered owner must be registered with the Workers' Compensation Board of BC at the time of hire. Years registered, WCB coverage and paid assessment are subject to verification.

I certify that the statements made by me on this registration form are true and correct. I understand that I can only have my equipment registered in one area in any one year and that seniority is not transferable between areas. I understand that, if any of these statements are found to be untrue, this registration form may be rejected and I may be excluded from this District's hiring list.

Signature of Registered Owner _____ Print Registered Owner's Name _____ Date _____

Owner/Equipment ID Code _____ Equipment Type Code _____ Local Area _____



1. Personal Info: Ensure that your legal company name is on the form.

2. Equipment Info: Ensure that you complete all fields as applicable (see below).

Truck Specifications

Table with 2 columns: Field Name and Description. Fields include Check Boxes, Make, Year, Model, Serial Number, License #, Other Attachments, Front Tire Size, and Rear Axle Spacing.

Legal Capacity:

Table with 2 columns: Field Name and Description. Fields include Front Axle Capacity, Tare Weight, Legal Load, Legal Capacity, and Pup Tare Weight.

Licensed Capacity:

Table with 2 columns: Field Name and Description. Fields include Licensed G.V.W., Tare Weight, Licensed Load, Licensed Capacity, and Pup Tare Weight.

Struck Capacity:

Table with 2 columns: Field Name and Description. Fields include Box Length, Box Width, Box Height, and Struck Capacity.

Attachments Required:

Table with 2 columns: Field Name and Description. Fields include Proof of Ownership, Tare Weight, and Front Axle Certification.

3. Owner/Equipment History: Complete all fields.

4. Signature/Date: The registered owner of the equipment must sign and date the form and then submit it to the local Ministry of Transportation District Office for processing.