

## Ministry of Transportation and Infrastructure Preventative Maintenance Program Application COMMERCIAL VEHICLE SAFETY & ENERGEMENT **COMMERCIAL VEHICLE SAFETY & ENFORCEMENT**

Facility Legal Entity Information		Facility Location Information	
Legal Entity:		Facility Name:	<u> </u>
Address:		Address:	
City:		City:	
Province: Postal Code:		Province:	Postal Code:
Telephone:		Telephone:	
Fax:		Fax:	
Email:		Email:	
Incorporation Number:		NSC Number:	
Company Principals Address			Driver's Licence Number Telephone Number
Director:			
Director:			
Director:			
PM Manager:			
Authorized Inspector's Name  Authorized Vehicle Classes (1,2,A) Authorized Inspector's Number  Pressure Fuel Certificate Number			
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Please send additional information on a separate sheet if required.			
Classes of Vehicles  Is this a satellite location of a Preventative Maintenance Facility? If yes indicate PM Number:			
<ul><li>MV5500 kg &amp; under (Taxi)</li><li>MV5501 kg &amp; over</li></ul>	Taxi)		
☐ Trailers	The following information must be included with your application		
☐ Buses ☐ School Buses	\$150.00 Preventative Maintenance Application Fee (not applicable for satellite locations)		
Endorsements	☐ Copy of Trip Inspection Sheets		
☐ Air Brake	Check Sheets for A, B and C Maintenance and Maintenance Schedules		
Pressure Fuel	List of vehicles operating under your NSC number and trailers to be included in your PM Program		
I have read and fully understand and agree to abide by the Terms and Conditions of the Designated Inspection Facility requirements. I certify that the above information is complete and correct and accept responsibility for the Facility. Failure to abide by the Terms and Conditions may lead to cancellation or suspension of your PM Facility Licence.			
Owner Name		_ Telephone	Fax
Owner Signature		Email Address	
Title Date			
Cheques are payable to the Minister of Finance.  Credit Card Payment - Please do not email or fax your credit card number. If app and fax the form then phone CVSE to provide your credit Amount: \$150.00			Mailing Address:
		card number.	PO Box 9250 Stn Prov Govt Telephone: 250 952-0577 Victoria BC V8W 9J2 Fax: 250 952-0578
Amount: \$150.00         □ Visa         □ Mastercard         □ American E           Credit Card No.         □			Head Office Use Only
Card Holder Name		<del></del>	APPROVED Yes No Facility Number
Signature			Receipt Number DateInitial

The personal information on this form is collected under the authority of Section 26 of the Freedom of Information and Protection of Privacy Act and Motor Vehicle Act 217. The information collected will be used of disclosed only for the purpose of processing your application or in a manner consistent with that purpose. If you have any questions about the collection, use or discloser of this information, contact 250 952-0577.