


**BRITISH
COLUMBIA**

 Ministry of Transportation
and Transit

**APPLICATION FOR PARTICIPATION
PREMIUM CARRIER PROGRAM**

Carrier Name: _____	Application Date: _____		
Mailing Address: _____	City: _____	Prov.: _____	Postal Code: _____
Street Address: _____			
(if different from above) _____	City: _____	Prov.: _____	Postal Code: _____
Contact Name: _____	Email: _____		
Phone Number: _____	Fax Number: _____		
*National Safety Code Number(s): _____	BCeID User ID: _____		
Number of Company Drivers: _____	Number of Owner-Operator Drivers: _____		

*** Please include all NSC numbers held by: associated or commonly owned companies; the applicant or held by a company for which the applicant is a Director; companies that operate under the applicant's business logo or brand; or any carriers that are dispatched by the applicant. Note: All associated companies must qualify separately in order for the applicant to qualify.**

PROGRAM REQUIREMENTS

The Premium Carrier Program is available to truck and bus operators that:

- have more than 20 BC base plated commercial motor vehicles in their fleets;
- have operated continuously in BC for at least three (3) years prior to application; and
- the applicant, and any carrier controlled by the applicant or its directors or officers, must have had a satisfactory or satisfactory-unaudited NSC Safety Rating for the past three (3) years

Successful applicants must have a valid BCeID and meet the following requirements:

- Overall NSC score better than the provincial median score, and
- Any two of the following criteria:
 - Certificate of Recognition (COR) issued by a recognized WorkSafeBC authorized safety association (copy must be provided),
 - Above average WCB safety record (submit most recent annual rate notification letter),
 - ICBC discount of 50% or better (proof of discount must be provided)

Note: In addition, none of the vehicles have qualified for the Enhanced Licence Plate Removal Program over the last 12 months.

Please note that failure to maintain program requirements may result in removal from the program.

Please mail your completed application and all applicable documentation to:

Pam McDermid
Manager, Premier Carrier Program
Commercial Vehicle Safety and Enforcement
PO Box 9250
Stn Prov Govt
Victoria, BC V8W 9J2



The personal information collected on this form is required to determine eligibility for the Premium Carrier Program, and is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of the information collected, contact the Manager, Premium Carrier Program, at (250) 952-0576. The information collected will be used for the purpose of processing your application and administering the premium carrier program, however, any information submitted during the application process which raises a concern about road safety may be used as a basis for further investigation by CVSE pursuant to Division 37 of the Motor Vehicle Act Regulations.

I give consent to the publication of the carrier's name and contact information on the CVSE website located at www.cvse.ca.

Please initial the appropriate box to indicate your response.

☐

Yes

☐

No

Carrier Name _____

Signature of Authorized Carrier Representative

Date:

Name of Authorized Carrier Representative (please print)