

**TEMPORARY OPERATING PERMIT (TOP)**  
**Substitute Special Authorization Vehicle**  
**Passenger Directed Vehicle (PDV) or Inter-city Bus (ICB)**  
*Part 4, Passenger Transportation Act*

Office Use Only

PT Application # \_\_\_\_\_

**1. Licensee Information:**

Licensee Name: \_\_\_\_\_

Passenger Transportation Licence Number: \_\_\_\_\_

☐ **FAX** my TOP      ☐ **EMAIL** my TOP      ☐ Call when my TOP is ready for **PICK UP**

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Permit Request Details:**

I am requesting a TOP to operate a substitute Special Authorization Vehicle (PDV or ICB) because of:

☐ **Mechanical / Electrical / Structural Repairs or Installation** (e.g. repair engine, brakes, windshield, seating, doors or installation of wheelchair lift or flip seat)☐ **Motor Vehicle Accident**Requested Start Date: \_\_\_\_\_  
MM DD YYRequested Expiry Date: \_\_\_\_\_  
MM DD YY**3. Plate & Decal and Vehicle Information (for the vehicle that is incapable of operating):**PT Plate No: **8** \_\_\_\_\_ ☐ Current PT plate and/or VIC are NOT available

OLD Vehicle Registration Number: \_\_\_\_\_

If from outside BC, OLD VIN Number: \_\_\_\_\_

Check the box(es) that apply to **OLD** vehicle:

<input type="checkbox"/> Wheelchair Accessible	<input type="checkbox"/> Flip Seat	<input type="checkbox"/> Eco-friendly
<input type="checkbox"/> Sedan Limousine (3-5 passengers)	<input type="checkbox"/> Limousine (6-11 passengers)	<input type="checkbox"/> Perimeter Seating Bus (12 passengers or more)

**4. Substitute Vehicle Information (complete the applicable check box(es):**☐ I have already purchased or leased or rented a substitute vehicle. I have attached the required vehicle documents.  
(Refer to TIPS FOR COMPLETING YOUR SUBSTITUTE VEHICLE TOP APPLICATION in this package for instructions)**NEW** Vehicle Registration Number: \_\_\_\_\_If from outside BC, **NEW** VIN Number: \_\_\_\_\_☐ I have NOT yet purchased or leased or rented the substitute vehicle. I will submit the required vehicle documents on approval. (Refer to TIPS FOR COMPLETING YOUR SUBSTITUTE VEHICLE TOP APPLICATION in this package for instructions)

Check the box(es) that apply (will apply for **NEW** or **PROPOSED** vehicle):

<input type="checkbox"/> Wheelchair Accessible	<input type="checkbox"/> Flip Seat	<input type="checkbox"/> Eco-friendly
<input type="checkbox"/> Sedan Limousine (3-5 passengers)	<input type="checkbox"/> Limousine (6-11 passengers)	<input type="checkbox"/> Perimeter Seating Bus (12 passengers or more)

☐ The substitute vehicle has (will have) a seating capacity that exceeds a driver and 11 passengers – I have attached (will submit) the attached the Commercial Vehicle Safety Compliance Declaration (Form PTR 5005B) included in this package.



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**5. Incident Details (for the vehicle incapable of operating described in Section 3):**

Date & time vehicle taken out of service: \_\_\_\_\_ at \_\_\_\_\_ ☐ AM ☐ PM  
MM/DD/YY

Describe the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe repair/installation needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Repair Facility: \_\_\_\_\_

Repair Facility Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

*(Attach additional pages if needed)*

**6. Declaration(s)**

I (we) declare that the statements and information contained in, attached to and submitted with this TOP 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 application and/or TOP.

I (we) also confirm my (our) commitment to safe operation as identified in the *Passenger Transportation Act*.

**This declaration must be signed by the licensee – an individual (sole proprietor), all partners in the partnership, a principal of the legal entity (i.e. corporation, LLC, society, city) or a person with delegated signing authority as filed with the Passenger Transportation Branch.**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ABOUT THE SUBSTITUTE VEHICLE TOP APPLICATION PROCESS:

### When do I need to file an application for a substitute vehicle TOP?

File a substitute vehicle TOP application when you want to temporarily replace a vehicle in your fleet that cannot operate due to a mechanical breakdown and/or accident related damage (damaged vehicle must have a current, valid plat & decal).

### What is the cost for a substitute vehicle TOP?

The non-refundable application fee is payable to the Minister of Finance in Canadian funds only:

<u>TOP Duration</u>	<u>TOP Application Fee</u>
1 – 14 days	<b>\$25</b> for <i>each</i> vehicle requested
15 – 30 days	<b>\$50</b> for <i>each</i> vehicle requested
31 – 60 days	<b>\$75</b> for <i>each</i> vehicle requested
61 – 92 days	<b>\$100</b> for <i>each</i> vehicle requested

If using a credit card, do not send your credit card information with your application. Branch staff will call and request your credit card information and authorization when we receive your application.

### How long will it take to process my substitute vehicle TOP application?

The processing timeline for a TOP is between 1 and 3 business days. Actual processing timelines may vary depending on Passenger Transportation Branch workload volumes at the time of receipt. Estimated timelines are based on the assumption that the application is received at the Branch along with all the required supporting information and/or documentation.

### What happens when I submit my substitute vehicle TOP application?

- TOP application materials are sent to the Passenger Transportation (PT) Branch and are processed during business hours – Monday through Friday, excluding statutory holidays, between 08:30 and 16:30 hours.
- The Registrar makes decisions to approve or refuse substitute vehicle TOP applications. Branch staff will notify applicants of the application decision.

### If my TOP application is approved, what happens next?

- Branch staff will contact you to request the required vehicle documents. After all safety requirements are met your TOP will be sent to you.
- Before operating the substitute (NEW) vehicle, remove the plate & decal from the OLD vehicle, mount it on the NEW vehicle and carry the Vehicle Identification Certificate (VIC) in the NEW vehicle along with a copy of the TOP and your current Passenger Transportation Licence.

*The Passenger Transportation Act and Regulation apply to holders of passenger transportation licences and TOPs.*

A person commits an offence if he or she does not carry a valid copy of the TOP in the vehicle while it is being operated as a commercial passenger vehicle.

- **After the TOP expires**, the licensee must return the plate & decal and VIC to the original vehicle. If a permanent replacement vehicle is needed the licensee must submit the Move Plate to Alternate (PTA) Vehicle (PTR 5019) application (forms are available on the Registrar's website at <http://www.th.gov.bc.ca/forms/results.aspx?group=21>).

## TIPS FOR COMPLETING YOUR SUBSTITUTE VEHICLE TOP APPLICATION:

Follow these guidelines to ensure you have included all the required documents and information:

### **Submit a separate application form for each vehicle.**

If the plate & decal and VIC are not available (*i.e. impounded/towed with the break-down vehicle*), the Licensee must check the appropriate box in the "Plate & Decal and Vehicle Information" section of the application form.

### **Sending documents for the substitute vehicle:**

#### Vehicle(s) base plated in BC

- A copy of the current vehicle registration (Owner's Certificate of Insurance and Licence/**Vehicle Registration**) that shows the vehicle is licensed/registered in the correct I.C.B.C. insurance "vehicle use" category and displays the correct seating capacity.
- A copy of the Commercial Vehicle Inspection Report (CVIP), Form MV3104 that verifies the vehicle has been inspected and passed by an approved vehicle inspection facility (semi-annual inspections are a requirement unless your operation is part of a preventative maintenance program).
- For a wheelchair accessible vehicle – Include a copy of the Vehicle Inspection Report (CVSA), Form MV3110, of the British Columbia Commercial Vehicle Inspection Program (CVSE).

#### **OR**

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

- A copy of the current vehicle insurance that shows the vehicle is properly licensed and insured as a commercial passenger vehicle and displays the correct seating capacity.
- A copy of the mechanical inspection report that verifies the vehicle has been inspected and passed by an approved vehicle inspection facility (semi-annual inspections are a requirement in BC).
- For a wheelchair accessible vehicle – Include a copy of the Vehicle Inspection Report (CVSA), Form MV3110 of the British Columbia Commercial Vehicle Inspection Program (CVSE); **OR**

Equivalent document from your base jurisdiction; **OR**

A clear photograph of the secondary manufacturer's label(s) showing the vehicle conforms to Canadian Motor Vehicle Safety Standards (CMVSS) or United States Federal Motor Vehicle Safety Standards (FMVSS).

- A copy of the apportioned cab card showing proof that the vehicle is licensed under the International Registration Plan (IRP) to operate in British Columbia;

#### OR

If the vehicle is not registered with IRP, a written statement to explain how you intend to pay British Columbia vehicle licensing fees. For example, prior to entering British Columbia you will contact the Provincial Permit Centre (PPC) to purchase a non-resident single commercial vehicle permit (NRSCV) or a non-resident quarterly commercial vehicle permit (NRQCV). For further information on IRP please call your local IRP office.

#### Vehicle(s) base plated outside BC (cont'd)

- Photocopy of a valid BC Insurance Filing letter issued by the Insurance Corporation of British Columbia; OR

If you do not have a BC Insurance Filing letter issued by the Insurance Corporation of British Columbia, attach a written statement to explain how you intend to meet motor vehicle liability insurance requirements. For example, prior to entering British Columbia you will contact the Provincial Permit Centre to purchase a non-resident single commercial vehicle permit (NRSCV) or a non-resident quarterly commercial vehicle permit (NRQCV) that includes insurance. For further information on British Columbia Financial Responsibility (BC Insurance Filing) please call 604-443-4624 or Toll Free 1-800-665-4336.

#### Contact the PPC:

1-800-559-9688 or  
[http://www.th.gov.bc.ca/cvse/permit\\_centre.htm](http://www.th.gov.bc.ca/cvse/permit_centre.htm)

**! Incomplete forms or missing documents may delay processing of your application.**

#### SUBMIT YOUR APPLICATION:

Submit your application by fax or email, post or courier or in person to:

Registrar of Passenger Transportation  
Ministry of Transportation and Infrastructure  
Passenger Transportation Branch  
Suite 200 - 1500 Woolridge Street  
Coquitlam, BC V3K 0B8

#### QUESTIONS?

Contact the Branch at:  
Phone: 604-527-2198  
BC residents can call toll free through Enquiry BC:  
Victoria callers: 250-387-6121  
Elsewhere in BC: 1-800-663-7867  
Fax: 604-527-2205  
Email: [passengertransportationbr@gov.bc.ca](mailto:passengertransportationbr@gov.bc.ca)

#### Collection of Personal Information

Personal information is collected by the Ministry of Transportation and Infrastructure – Passenger Transportation Branch under section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) for administering and enforcing the Passenger Transportation Act and Passenger Transportation Regulation. Should you have any questions about the collection of this personal information please contact: Registrar, Passenger Transportation Branch, 200 – 1500 Woolridge St. Coquitlam BC, 604-527-2198, [passengertransportationbr@gov.bc.ca](mailto:passengertransportationbr@gov.bc.ca)

#### IMPORTANT APPLICANT ADVISORY:

The filing of an application does not give any authority to the applicant to operate a substitute SA (PDV or ICB) vehicle. Applicants are advised to delay the purchase or lease or rental of a vehicle until approval is obtained from the Registrar of Passenger Transportation.

Branch staff will contact applicants and request the required vehicle documents before a TOP can be issued. The Registrar of Passenger Transportation (Registrar) must be satisfied that a vehicle has met safety requirements before it can be operated as a commercial passenger vehicle.

In British Columbia, commercial passenger vehicles must be in compliance with provincial regulations as specified under Section 29 (Special Authorization) of the *Passenger Transportation Act*.

Download the Act at on the Registrar's website at: [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/I D/freeside/00\\_04039\\_01](http://www.bclaws.ca/EPLibraries/bclaws_new/document/I D/freeside/00_04039_01)).

Division 10 of the provincial Motor Vehicle Act Regulation (MVAR) sets out the regulations governing commercial passenger vehicles and requires compliance with Canada Motor Vehicle Safety Standards (CMVSS) under the mandate of Transport Canada.

Prior to the purchase or lease or rental of vehicles, applicants are advised to learn about the provincial and federal regulations for commercial passenger vehicles.

The *Commercial Vehicle Safety & Importation Information Sheet* (Form PTR 5005A) is available on the Registrar's website at <http://www.th.gov.bc.ca/rpt/> or by request at the PT Branch.

MVAR Division 10 can be viewed in full on the Commercial Vehicle Safety and Enforcement (CVSE) Branch website at [http://www.th.gov.bc.ca/cvse/safety\\_and\\_standards.htm](http://www.th.gov.bc.ca/cvse/safety_and_standards.htm). Vehicle Safety and Standards Notices and Bulletins are also posted on this website. If you have questions regarding CMVSS compliance standards you can contact the CVSE Branch at:

Phone: 250-952-0577

Fax: 250-952-0578

Email: [Vehicle.Safety.Standards@gov.bc.ca](mailto:Vehicle.Safety.Standards@gov.bc.ca)

REGISTRAR, PASSENGER TRANSPORTATION BRANCH  
**COMMERCIAL VEHICLE SAFETY  
COMPLIANCE DECLARATION**

Applicant/Licensee Name: \_\_\_\_\_ Application/Licence #: \_\_\_\_\_

- ✓ Before completing this form, please read the **Industry Notice "Introduction of Vehicle Safety Compliance Declaration Requirement"**, posted June 15, 2011, on the Industry Notices page of the Registrar, Passenger Transportation Branch website ([http://www.th.gov.bc.ca/rpt/industry\\_notices/RPT\\_110615-01\\_PTR5005B.htm](http://www.th.gov.bc.ca/rpt/industry_notices/RPT_110615-01_PTR5005B.htm)).

**Applicants are advised to delay the purchase, lease, or rental of vehicle(s) until after approval is obtained from the Registrar of Passenger Transportation or the Passenger Transportation Board.**

**1. LIST VEHICLES TO BE OPERATED:**

Year	Make/Model	Vehicle Identification Number (VIN) #	BC Registration # (if applicable)	Seating Capacity (including driver)

Attach additional pages if needed.

**2. DISCLOSE VEHICLE(S) SEATING ARRANGEMENT AND POST FACTORY MODIFICATIONS (if applicable):**

- i. Do all vehicle(s) listed in 1 (above) have forward facing passenger seats?  
**If you answered "no"**, identify which vehicle(s) do not have forward facing seats (below) ☐ Yes ☐ No  
 and describe their seating arrangement(s).

- ii. Do any vehicles listed in 1 (above) have post factory modifications?  
**If you answered "yes"**, identify which vehicle(s) are modified (below) and describe the ☐ Yes ☐ No  
 modifications.

Attach additional pages if needed.

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**This declaration must be signed by the applicant/licensee – an individual (sole proprietor), all partners in the partnership, a principal of the legal entity (i.e. corporation, LLC, society, city) or a person with delegated signing authority as filed with the Passenger Transportation Branch.**

I (we) declare that the above listed vehicle(s) comply with the Canada Motor Vehicle Safety Standards (CMVSS) or, if imported, the vehicle(s) comply with the *Canada Motor Vehicle Safety Act* which requires that all vehicles imported into Canada be in compliance with the Canada Motor Vehicle Safety Regulations and associated Canada Motor Vehicle Safety Standards (CMVSS). I (we) understand that this declaration is subject to verification and that any false or misleading representations could result in the refusal or cancellation of the application and/or licence.

**I (we) understand it is an ongoing obligation to operate only vehicles that are in compliance with CMVSS.**

Full Name: _____	Title: _____
Signature: _____	Date: _____
Full Name: _____	Title: _____
Signature: _____	Date: _____

Passenger Transportation Branch  
Suite 200 – 1500 Woolridge Street  
Coquitlam, BC V3K 0B8

Phone: 604-527-2198  
Fax: 604-527-2205

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