



**Application for Motor Carrier License to  
Furnish Specialty School Bus Service**

To the Nova Scotia Regulatory and Appeals Board, 1601 Lower Water Street, Suite 300, or Postal Unit M, P.O. Box 1692, Halifax, Nova Scotia B3J 3S3.

The application of \_\_\_\_\_  
*Name*

of \_\_\_\_\_  
*City, Town, and Municipality*

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

states as follows:

1. The full name and address of the applicant is

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2. The applicant applies for a license as a Motor Carrier to furnish school bus service as follows:

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3. The following are brief particulars of contracts or arrangements made by the applicant with School Boards, School Trustees or other school authorities:

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4. The following is a list showing the kind, year of manufacture, maker's name, serial number and maximum seating capacity (excluding the driver's seat) of each vehicle to be operated by the applicant to furnish school bus service:

Kind	Seating Capacity	Maker's Name	Serial Number	GVWR

**Note:** If above space is insufficient to contain all vehicles, prepare list on paper of identical width and paste on.

5. The vehicles listed above to be operated by the applicant to furnish school bus service meet the standards prescribed by the regulations made under the Motor Carrier Act.
6. If the within application is granted, the applicant, prior to the issuance of a license under the Motor Carrier Act will:
- (a) obtain motor vehicle liability insurance policies satisfactory to the Board; and
  - (b) file with the Board a certificate of the insurers certifying that the insurance required by the Motor Carrier Act and the regulations made thereunder has been placed or effected in respect to each motor vehicle.

**Dated at** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20**\_\_\_\_\_

**County of** \_\_\_\_\_, **Province of** \_\_\_\_\_

*Signature of applicant*

## Declaration

### In the matter of the Motor Carrier Act

I, \_\_\_\_\_ of \_\_\_\_\_

in the County of \_\_\_\_\_, Province of \_\_\_\_\_, make oath and say

- a) that I am the \_\_\_\_\_ and have knowledge of the matters herein set out  
*Applicant, or agent, officer, or solicitor of the applicant*
- b) that the statements set out in the foregoing application are true and correct

Sworn to at \_\_\_\_\_

in the County of \_\_\_\_\_

Province of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_ before me

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\_\_\_\_\_  
*Notary Public or Commissioner*

\_\_\_\_\_  
*Signature of Applicant*

**Submit to:**

Completed forms can be securely sent to us through our “Send Files to the Board” feature of our website at **TitanFile Secure Submit**.

Forms can also be printed and sent by regular mail to the following address:

**Nova Scotia Regulatory and Appeals Board**

1601 Lower Water Street, Suite 300 PO Box 1692, Unit “M”

Halifax, Nova Scotia B3J 3S3

If you require assistance you can contact the board at:

Tel: **902-424-1333**

Fax: **902-424-3919**

Email: **[board@novascotia.ca](mailto:board@novascotia.ca)**