



**In the Matter of the Motor Carrier Act**  
**Application for a Commercial Van License**

Subsection 42B(2) of the Board Public Passenger Motor Carrier Act Regulation

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.

1. Applicant's (company) name: \_\_\_\_\_

2. Contact person(s): \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

3. Contact information: Telephone \_\_\_\_\_ Cell \_\_\_\_\_

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

4. Applicant's mailing address: \_\_\_\_\_

5. Applicant's operation address: \_\_\_\_\_

6. The applicant is an ☐ individual, ☐ partnership or ☐ corporation: (Check applicable box.)

7. Attached hereto and marked "A" is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If applicant is an individual, Section 7 is not applicable. If applicant is a partnership, a copy of the declaration of partnership filed in the office of the Registrar of Partnerships must be attached. **If the applicant is a corporation, a copy of its certificate of incorporation must be attached.**

8. Listing of the commercial vans requested to be licensed, indicating which commercial vans are rental vans:

| Year | Make | Model | Serial Number | Seating Capacity<br>(excluding driver) |
|------|------|-------|---------------|--|
|      |      |       |               |  |
|      |      |       |               |  |
|      |      |       |               |  |
|      |      |       |               |  |
|      |      |       |               |  |
|      |      |       |               |  |

9. General description of the service to be offered, including which communities are to be served, the **general routing**, and the days and frequency of service. Also indicate whether the service is **regularly scheduled** or it is a **charter or tour service**, and if the service is to/from another province.

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10. The applicant agrees to comply with the following requirements prior to the issuance of a commercial van license:

- (a) to obtain a motor vehicle liability policy of insurance satisfactory to the Board in such sums as are prescribed by the *Board of Public Passenger Motor Carrier Act Regulations*;
- (b) to file with the Board a certificate of the insurer certifying that the required insurance has been placed or effected in respect to each commercial van;
- (c) to have each commercial van listed under Schedule 8, other than any rental vans, inspected for mechanical fitness by a certified mechanic who is appointed as inspector under the *Motor Carrier Act*, who is a certified Bus/Truck and Transport Mechanic; and
- (d) to file copies of all rental van lease agreements with the Board.

11. The applicant also agrees to:

- (a) comply with all the requirements of the *Motor Carrier Act and Regulations* applicable to the operation of a commercial van;
- (b) maintain the required motor vehicle liability insurance, and
- (c) advise the Board of any changes in the approved list of vehicles or to the service being offered at least 15 days prior to the changes coming into effect.

12. The undersigned has received a copy of the *Motor Carrier Act and Regulations*, and other material supplied by the Board, and has read and understands the information therein.

**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

\_\_\_\_\_  
*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**