

MANITOBA SAFETY FITNESS CERTIFICATE (SFC) APPLICATION

(SFC MUST BE IN PLACE AND/OR RENEWED PRIOR TO VEHICLE REGISTRATION)

- Operators of commercial vehicles with a registered GVW of 4,500 kgs or greater, or with a seating capacity of 11 or more passengers including the driver, require a Safety Fitness Certificate (SFC).
- SFC's are valid for one year and are tied to the carrier's vehicle registration cycle.
- Only one SFC is required per carrier regardless of the number of commercial vehicles registered to the carrier.
- The applicant should keep a copy of all forms submitted for their records.
- Failure to complete this form and its relevant schedules as applicable in their entirety may delay processing of application.
- If the applicant is approved, the applicant will be issued a Safety Fitness Certificate (SFC), which must be renewed annually.
- It is the responsibility of the applicant to notify Safety Fitness Certificate Program of any changes to their name, address, operation or insurance coverage.
- Manitoba Transportation and Infrastructure maintains a web site at www.gov.mb.ca/mit/mcd/safety_monitoring/sfc/index.html that provides additional information on the requirements of operators of commercial vehicles.
- It is the responsibility of operators of regulated vehicles and drivers to know and comply with all applicable safety regulations. In an effort to assist you in your safety management practices, Manitoba Transportation and Infrastructure has developed A Guide to Transportation Safety that may be viewed at: www.gov.mb.ca/mit/mcd/carriers_drivers/safetyguide.html.

MANITOBA SAFETY FITNESS CERTIFICATE (SFC) APPLICATION

New Applicant

Renewal National Safety Code (NSC) No. MB _____

The NSC No. on the Safety Fitness Certificate, also on your vehicle registration.

Safety Fitness Certificate (SFC) Expiry Date: _____

The expiry date on the Safety Fitness Certificate usually aligns with the expiry of your vehicle registration.

If you have questions about this application, contact our office at 204-945-5322 or email SFC@gov.mb.ca.

Part 1. APPLICATION INFORMATION

Applicant name provided here will appear on your Safety Fitness Certificate and must match the: Registered To:/Insured By: name on the vehicle registration documents.

Complete 1A or 1B (NOT BOTH). Please Print

1A Incorporated, Limited Organization, Organization, or Municipality	1B Individual
<p>Entity Name: _____ <i>(As on the Certificate of Incorporation (Trade name not acceptable))</i></p> <p>Name of all directors, officers, and shareholders (attach an extra list if needed)</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p>	<p>Name: _____</p> <p>Individual Driver's License No:</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>Operating/Trade Name: _____</p> <p><i>(As registered with the Manitoba Companies Office)</i></p> <p>Name of Partner(s) if applicable: (attach an extra list if needed)</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p>

1C	Permanent Address or Principal Place of Business in Manitoba. <i>The location where business records are kept including driver and vehicle records. Must be a physical address (street address or legal land description).</i> CANNOT BE A BOX NUMBER.
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Physical Address
 (Street/Legal Land Description): _____

City/Town: _____ Postal Code: _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

E-mail Address: _____
Should your e-mail address change please notify this office

1D	Mailing Address if different from permanent address above.
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Street/Legal Land Location: _____

City/Town: _____ Postal Code: _____

1E	Facility Address if different from permanent address above. <i>Vehicle(s) operate from this location.</i>
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Street/Legal Land Location: _____

City/Town: _____ Postal Code: _____

Part 2. SAFETY FITNESS INFORMATION

2A	Safety Fitness Certificate From Another Administrative Authority
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Do you hold or have you held a Commercial Vehicle Operating Registration (CVOR), National Safety Code number or a Safety Fitness Certificate issued by another Canadian Province, or a registration number issued by the United States or Mexico?

No Yes, indicate the number below:

Certificate Number:
 Alberta _____, British Columbia _____, New Brunswick _____
 Newfoundland and Labrador _____, Northwest Territories _____,
 Nova Scotia _____, Nunavut _____, Ontario _____,
 Prince Edward Island _____, Quebec _____, Saskatchewan _____,
 Yukon _____

Registration Number:
 United States (DOT) _____ Mexico _____

2B	Has the applicant's right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2C	Has any joint partner, shareholder or owner of the corporation's right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes to 2B or 2C:</p> <p>Which province, territory, state, country: _____</p> <p>List the certificate number(s), registration number(s) withdrawn: _____</p>		

Part 3: TYPE OF OPERATION

Check ✓ yes or no to the following.		
3A	Will all vehicles be registered as "PERSONAL" use only? <i>Personal use is the transportation of one's own family and friends.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3B	Will the applicant be operating a school bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3C	Will the applicant be leasing motor vehicles to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3D	Will the applicant be transporting goods or passengers for compensation? <i>Compensation: Payment for moving goods and/or passengers.</i> If Yes, to transporting goods or passengers for compensation, you are required to hold a minimum third party auto liability insurance, as specified in Section 3(1) of the Safety Fitness Criteria & Certificates Regulation (M.R. 93/2015) under the Manitoba Highway Traffic Act. Submit Schedule A - Certificate of Insurance with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check ✓ all that apply.		
3E	Where will the vehicle(s) be operating? Schedule A - Certificate of Insurance If operating outside the Province of Manitoba and/or your type of operation requires you to hold a minimum third party auto liability insurance, as specified in Section 3(1) of the Safety Fitness Criteria & Certificates Regulation (M.R. 93/2015) under the Manitoba Highway Traffic Act, submit Schedule A - Certificate of Insurance .	
	Limited Use - Within 20 kilometre radius of the City of Winnipeg (if the place of business of the registered owner is in Winnipeg)	Outside Manitoba but within Canada
	Limited Use - Within 30 kilometre radius of an Urban location other than Winnipeg (if the place of business of the registered owner is in an urban municipality, or urban location)	United States of America
	Within Manitoba	Mexico

Part 4: KILOMETRIC TRAVEL

For vehicles registered in Manitoba, please provide the following fleet information for the previous 12 months.

_____ Fleet Size (power units registered in Manitoba)

Total Kilometres travelled (or estimated) including kilometres travelled outside of Manitoba _____ km

Total kilometres travelled in Manitoba _____ km

Part 5: COMMODITY INFORMATION

5A Principal commodities transported by the applicant. Check <input checked="" type="checkbox"/> all that apply.			
Building Material		Chemicals	Construction/Industrial Equipment
Courier/Small Parcels		Dairy Products	Dry Bulk Commodities
Erected Building/Structures		Farm Products	Farm Supplies/Equipment
General Freight/LTL		Gravel, Sand, Mud/Soil, Concrete	Groceries/Pharmaceuticals
Livestock		Mail	Meat/Fish
Metal Products		Metal Ores	Miscellaneous Manufactured Articles
Passengers		Petroleum Products	Primary Forest Products
Pulp/Paper Products		Refuse, Waste, Sewage, Etc.	Textiles
Transportation Equipment		Used Household Goods	Vehicles
Other – specify:			
5B Transportation of Dangerous Goods. Check <input checked="" type="checkbox"/> yes or no.			
<p>5B If Yes, submit Schedule A - Certificate of Insurance. You are required to hold a minimum \$1 million and if transporting in a quantity requiring (ERAP) \$2 million third party auto liability insurance, as specified in Section 3(1) (a) of the Safety Fitness Criteria & Certificates Regulation (M.R. 93/2015) under the Manitoba Highway Traffic Act.</p>			
<p>Will the applicant be transporting dangerous goods?</p> <p>If yes, Complete Schedule B – Transportation of Dangerous Goods, and submit with this application.</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will the dangerous goods transported be of a kind or in a quantity, which requires an Emergency Response Assistance Plan (ERAP)? Part 7 of Canada's Transportation of Dangerous Goods Regulations, SOR/2001-286, specifies when an ERAP is required.</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 6: COMPLIANCE AND MAINTENANCE OFFICERS

Identify the officers responsible for the compliance of the Manitoba Highway Traffic Act, its Regulations, and the National Safety Code standards.

<p align="center">Compliance Officer: <i>The compliance officer must reside in Manitoba, as described under Manitoba Highway Traffic Act 318.5(2).</i></p>		<p align="center">Maintenance Officer</p>	
Print Name:		Print Name:	

<p>Driver's License. No.:</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p align="center">(each box must contain a character)</p>			
Home Address:		Telephone:	
Telephone:		E-mail:	
E-mail:			

Part 7: PERIODIC MANDATORY VEHICLE INSPECTION (PMVI)

The PMVI, also known as a "Safety," is required for all regulated vehicles under the Periodic Mandatory Vehicle Inspection regulation. These inspections are only conducted by shops certified to inspect commercial vehicles. If, upon completing the inspection, the inspecting mechanic is satisfied that the condition of the vehicle is in compliance, the mechanic will complete and issue a certificate and affix the PMVI inspection decal to the vehicle. No regulated vehicle may be driven on a highway without a valid inspection decal. The operator must maintain a copy of the current PMVI certificate in the vehicle maintenance file, and one in the vehicle.

Provide a copy of a valid PMVI for each regulated vehicle you have registered, or you plan to register with this application.

If 10 or more regulated vehicles in your fleet, your compliance officer or a person who has signing authority for the company can attest Schedule C - Attestation of Compliance, to confirm that your vehicles comply with the Manitoba PMVI Regulation at the time of this application.

Part 8: ADD A CARRIER REPRESENTATIVE

Yes No

If Yes, please complete Schedule D – Carrier Representative Authorization and return with this application.

Part 9: DECLARATION

**** This declaration and application must be submitted by an individual whose name will appear on the Safety Fitness Certificate (SFC) OR a person who has signing authority for the company.**

This declaration is made in support of a Safety Fitness Certificate (SFC) application by:

_____ to Manitoba Transportation and Infrastructure for the issuance of a

(print incorporated, organization or individual name)

Safety Fitness Certificate.

INITIAL EACH DECLARATION/AUTHORIZATION BELOW AND SIGN AS PROOF OF THE ENTIRE APPLICATION

_____ I declare that neither the applicant nor any principal, director, officer or partner of the applicant have had an SFC
(initial) certificate in Manitoba or any other province, territory or state that has been deemed unsatisfactory.

_____ I declare that the information I have submitted in all parts of these forms is true and to the best of my ability is
(initial) complete and accurate.

_____ I declare that I am knowledgeable in the rules and regulations governing commercial vehicle transport in Manitoba
(initial) and that I understand my obligations under the National Safety Code. I further declare that I am committed to execute my carrier business in compliance and accordance with these rules, standards and regulations.

_____ I authorize Manitoba Transportation and Infrastructure to verify any information provided in this application and
(initial) acknowledge that relevant safety fitness information will be published in the Carrier Profile and Carrier Snapshots (C-SNAP) Internet web pages maintained by the Department.

_____ I understand that incomplete or inaccurate information provided on this application form may result in the
(initial) immediate suspension or revocation of the Safety Fitness Certificate pursuant to s.322.1(3) of the Highway Traffic Act.

“Any person who makes a false statement of fact on this application form is guilty of an offence under s. 224(1) of the Highway Traffic Act and is liable on summary conviction to a fine of not more than \$5000.”

Sign in declaration of all of the above.

**Authorized Signature: _____

Date: _____

Print Name: _____

Print Title: _____

CHECK LIST - The following is completed and/or attached.

- All questions have been answered.
- Driver's licence number provided – Individual applicant
- Driver's licence number provided – Compliance Officer
- For new Applicants, provide Articles of Incorporation or Business Name Registration from the Manitoba Companies Office
- For Corporate or Individual applicants, provide Business Name or Operating/Trade Name Registration or file summary from the Manitoba Companies Office
- Proof of required third party auto liability insurance – Certificate of Insurance - Schedule A attached.
- Hauling dangerous goods attach – Schedule B, Transportation of Dangerous Goods
- Include Periodic Mandatory Vehicle Inspection (PMVI) certificate(s) or attach Schedule C - Attestation, if more than 10 vehicles
- Include Carrier Representative Authorization – attach Schedule D – if adding a representative
- Disclosed details and any other safety rating number(s) issued.

Return the completed application and additional documentation to:

Manitoba Transportation and Infrastructure

Motor Carrier Safety & Permits, Safety Program

Unit C – 1695 Sargent Avenue, Winnipeg, MB, R3H 0C4, Phone:
204.945.5322, Fax: 204.948.2078

E-mail: SFC@gov.mb.ca

Safety Fitness Certificate Application SCHEDULE A - CERTIFICATE OF INSURANCE

(To be completed by Insurance Agent/Broker)

ISSUED TO: MANITOBA TRANSPORTATION AND INFRASTRUCTURE, PROVINCE OF MANITOBA, Winnipeg, MB

This certificate is evidence of continuing insurance coverage for:

INSURED'S NAME (Carrier Name): _____

ADDRESS: _____ **CITY/TOWN:** _____

NSC #: _____ **MPI CUSTOMER #:** _____

Policy No. (not accepted: garage, commercial, general, or cargo only policies)	Type	Effective Date MM/DD/YY	Limits \$\$ PL & PD Coverage Amount (check amount)
Must have a policy no.	<input type="checkbox"/> Motor Vehicle Liability Personal Liability (PL) & Property Damage (PD).	EFFECTIVE DATE / / 20____ EXPIRY DATE / / 20____	<input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$ 1,000,000 <input type="checkbox"/> \$ 1,500,000 <input type="checkbox"/> \$ 2,000,000 <input type="checkbox"/> \$ _____

VEHICLES COVERED:

- BLANKET** policy
- SPECIFIED** policy *(if vehicles are specified, a list **must be attached and must include year, make, and serial number**)*

I hereby certify that all insurance policies listed herein are valid and subsisting and contain an endorsement under which the insurer agrees to give Manitoba Transportation and Infrastructure a minimum of **15** days prior notice in the event of cancellation, lapse or policy change that may reduce coverage below legislated limits. Manitoba Highway Traffic Act, Regulation 93/2015 3(2).

NAME OF INSURER (Insurance Provider): _____

ADDRESS: _____

TELEPHONE: _____ **FACSIMILE:** _____

DATED THIS _____ **DAY OF** _____, 20____

AGENCY NAME: _____

NAME OF AGENCY REPRESENTATIVE: _____

(Please type or print)

SIGNATURE: _____

TELEPHONE NO.: _____

(Authorized Representative of Agency)

Safety Fitness Certificate Application SCHEDULE B - TRANSPORTATION OF DANGEROUS GOODS

Please indicate all classes/divisions of Dangerous Goods transported:

- Class 1 Explosives
- Class 1.1 mass explosion hazard
 - Class 1.2 projection hazard but not mass explosion hazard
 - Class 1.3 fire hazard either a minor blast hazard or a minor projection hazard or both
 - Class 1.4 no significant hazard beyond package
 - Class 1.5 very insensitive substances with mass explosion hazard
 - Class 1.6 extremely insensitive articles with no mass explosion hazard
- Class 2 Gases
- Class 2.1 flammable gases
 - Class 2.2 non-flammable and non-toxic gases
 - Class 2.2(5.1) oxygen and oxidizing gases
 - Class 2.3 toxic gases
- Class 3 Flammable Liquids
- Class 3 flammable liquids
- Class 4 Flammable Solids
- Class 4.1 flammable solids
 - Class 4.2 spontaneously combustible substances
 - Class 4.3 water reactive substances
- Class 5 Oxidizing Substances and Organic Peroxides
- Class 5.1 oxidizing substances
 - Class 5.2 organic peroxides
- Class 6 Toxic and Infectious Substances
- Class 6.1 toxic substances
 - Class 6.2 infectious substances
- Class 7 Radioactive Materials
- Class 7 radioactive materials
- Class 8 Corrosive Substances
- Class 8 corrosive substances
- Class 9 Miscellaneous Products, Substances or Organisms
- Class 9 miscellaneous products, substances or organisms

***This Schedule must be signed by the individual whose name will appear on the Safety Fitness Certificate OR a person who has signing authority for the company OR the named Compliance Officer (as listed in Part 6 of the Safety Fitness Certificate Application).*

Carrier Name: _____ Date: _____
(Please Print)

**Signature: _____

Safety Fitness Certificate Application
SCHEDULE C - Periodic Mandatory Vehicle Inspection (PMVI)
Attestation
(IF 10 OR MORE REGULATED VEHICLES IN YOUR FLEET)

Section 3(1) of the Periodic Mandatory Vehicle Inspection Regulation, under the Highway Traffic Act, requires that all vehicles be inspected within an applicable period. For commercially plated vehicles with a registered gross vehicle weight of 4,500 kg or more, the prescribed schedule for a periodic mandatory vehicle inspection (PMVI) is once every 12 months. For buses, the prescribed schedule for a periodic mandatory vehicle inspection (PMVI) is once every 6 months

***This Attestation must be completed and signed by the individual whose name will appear on the Safety Fitness Certificate OR a person who has signing authority for the company/organization OR the named Compliance Officer (as listed in Part 6 of the Safety Fitness Certificate Application).*

I, _____, attest that _____
(Name) (Carrier name)
is in compliance with Section 3(1) of the Periodic Mandatory Vehicle Inspection Regulation, under The Highway Traffic Act.

I further attest that all registered vehicles in the _____ fleet have a valid Periodic
(Carrier name)
Mandatory Vehicle Inspection (PMVI) Certificate at the time of this application.

Carrier Name: _____

**Signature: _____ Title: _____

Date of Attestation: _____

Safety Fitness Certificate Application SCHEDULE D – CARRIER REPRESENTATIVE AUTHORIZATION

Carrier may use this form to provide Manitoba Transportation and Infrastructure (MTI) with approval to release their company information to a third party, or to allow a third party to interact with MTI on their behalf.

Carrier Information

Carrier (Legal Name): _____
Operating as: _____
NSC Number: _____

I _____ is authorizing _____
(individual or person who has signing authority for the carrier) (Third Party Agency Name)
to act on behalf of _____ in interactions with Manitoba
(Carrier Name)

Transportation and Infrastructure's Safety Program with respect to the following (Check all that apply):

- User id and password to access the named carrier's safety records in the Manitoba's carrier profile system
- submission of the named carrier's safety fitness certificate application
- inquiries with respect to the named carrier's safety records
- inquiries and responses related to support the named carrier's safety fitness certificate application
- inquiries and responses related the carrier's safety fitness rating
- inquiries and responses related to the named carrier's performance thresholds

Third Party Agency Information

Third Party Agency (Legal Name): _____
Name of Agency Staff Authorized to access named Carrier's information:
Name _____ Position: _____
Name _____ Position: _____
Name _____ Position: _____

I hereby certify that I have the authority to sign this Carrier Representative Authorization on behalf of _____ and that I understand I am authorizing Manitoba Transportation and Infrastructure to interact with _____ as though the interaction is with _____.
(Carrier Name) (Third Party Agency) (Carrier Name)

Carrier Signature: _____ Effective Date: _____

Print Name: _____ Title: _____