

**APPLICATION FORM**  
**MANITOBA SAFETY FITNESS CERTIFICATE (SFC)**  
**For Regulated Vehicles**

(MUST BE SUBMITTED PRIOR TO REGISTERING YOUR VEHICLE(S))

New  Renewal  - NSC Number: MB \_\_\_\_\_

**Part I: APPLICANT INFORMATION**

The applicant is (check **one** only):  Individual  Partnership  Corporation  
**Corporate Applicant (attach articles of incorporation)**

1. Name or Legal Corporation Name: \_\_\_\_\_  
(as appears on drivers licence) **OR** (as name appears on vehicle registration)

Operating / Trade Name: \_\_\_\_\_

Principal Address or Principal Place of Business Address: (if applicable – Regulation 57/2006 10)

\_\_\_\_\_  
(must be a street address or legal land location, not a box number)

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Individual Applicant's driver license number: \_\_\_\_\_

Telephone (home/office/ cellular): \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name(s) of partner(s) if applicable: \_\_\_\_\_

- 2. Will "ALL" your vehicles be registered for "PERSONAL" use only?  No  Yes
- 3. Will the applicant be operating a school bus?  No  Yes
- 4. Will the applicant be transporting goods or passengers for compensation ("for hire")?  No  Yes
- 5. a) Will the applicant be transporting dangerous good?  No  Yes
- b) Will the dangerous goods being transported be of a kind or in a quantity which requires ERAP – Emergency Response Assistance Plan?  No  Yes

(If YES to questions **4 OR 5b** please have your insurance agent complete Schedule A – Certificate of Insurance)  
(If YES to question **5a AND 5b**, the applicant must also complete Schedule B – Transportation of Dangerous Goods)

**Part II: SAFETY FITNESS INFORMATION**

1. Has a National Safety Code (NSC), US Department of Transportation (DOT) or other safety program number been issued by Manitoba or another jurisdiction to identify the applicant as a motor carrier in Canada, the United States or Mexico?

No  Yes

If yes, which jurisdiction(s): \_\_\_\_\_

What identifying number was assigned in the above jurisdiction(s)? \_\_\_\_\_

2. At any time has the applicant (including any joint partner, the shareholders or beneficial owners of the proposed motor carrier enterprise or corporation) been subject to the withdrawal of the right to operate a motor carrier business in Manitoba or any other jurisdiction?

No  Yes

If yes, which jurisdiction(s): \_\_\_\_\_

What identifying number was assigned in the above jurisdiction(s)? \_\_\_\_\_

*Applicant must attach details regarding the nature of the sanctions, including the Carrier Profile from the other jurisdiction(s).*

**Part III: COMMODITY INFORMATION**

1. Principal commodities being transported by the applicant include: (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Building Materials          | <input type="checkbox"/> Chemicals                      | <input type="checkbox"/> Construction/Industrial Equipment   |
| <input type="checkbox"/> Courier/Small Parcels       | <input type="checkbox"/> Dairy Products                 | <input type="checkbox"/> Dry Bulk Commodities                |
| <input type="checkbox"/> Erected Building/Structures | <input type="checkbox"/> Farm Products                  | <input type="checkbox"/> Farm Supplies/Equipment             |
| <input type="checkbox"/> General Freight/LTL         | <input type="checkbox"/> Gravel,Sand,Mud/Soil, Concrete | <input type="checkbox"/> Groceries/ Pharmaceuticals          |
| <input type="checkbox"/> Livestock                   | <input type="checkbox"/> Mail                           | <input type="checkbox"/> Meat/Fish                           |
| <input type="checkbox"/> Metal Products              | <input type="checkbox"/> Metal Ores                     | <input type="checkbox"/> Miscellaneous Manufactured Articles |
| <input type="checkbox"/> Passengers                  | <input type="checkbox"/> Petroleum Products             | <input type="checkbox"/> Primary Forest Products             |
| <input type="checkbox"/> Pulp/Paper Products         | <input type="checkbox"/> Refuse,Waste,Sewage,Etc.       | <input type="checkbox"/> Textiles                            |
| <input type="checkbox"/> Transportation Equipment    | <input type="checkbox"/> Used Household Goods           | <input type="checkbox"/> Vehicles                            |
| <input type="checkbox"/> Other - Specify:<br>_____   |   |  |

2. Where will the vehicle(s) be operating? (Check all that apply, if operating outside the Province of Manitoba please have your insurance agent complete Schedule A – Certificate of Insurance)

- |   |   |
|---|---|
| <input type="checkbox"/> Within Manitoba                    | <input type="checkbox"/> United States of America |
| <input type="checkbox"/> Outside Manitoba but within Canada | <input type="checkbox"/> Mexico                   |

**Part IV: SAFETY AND MAINTENANCE OFFICERS**

Identify the officer(s) responsible for compliance with Highway Traffic Act, its Regulations, and the National Safety Code standards. (Complete the following if different from Part I)

**Safety Officer:**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Maintenance Officer:**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Part V: DECLARATION**

***The applicant acknowledges that failure to disclose any current or previously imposed sanction, suspension or prohibition may result in the immediate cancellation of a Safety Fitness Certificate issued pursuant to this application.***

*The applicant is in compliance with the laws and regulations relating to highway safety and insurance as prescribed in the Motor Vehicle Transport Act (Canada). The applicant acknowledges that failure to comply with the laws and regulations governing the operation of motor vehicles while operating in any jurisdiction may result in the suspension of a Safety Fitness Certificate issued pursuant to this application.*

*The applicant authorises Motor Carrier to verify any information provided in this application and acknowledges that relevant safety fitness information will be published in the Carrier Profile and Carrier Snapshots (C-SNAP) Internet web pages maintained by the Department.*

***This application will be returned where the applicant has failed to sign, fully complete all questions, provide required information and submit accompanying supporting documents.***

*I certify that the information contained in this application is, to the best of my knowledge, true, accurate and complete.*

Applicant Name (Please Print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed application to:

Motor Carrier, Unit C – 1695 Sargent Avenue, Winnipeg, MB, R3H 0C4

Phone: 204.945.5322, Fax: 204.948.2078, Email: SFC@gov.mb.ca

**NOTE:**

- 1 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 driver, require a Safety Fitness Certificate (SFC). The SFC's are valid for one year and tied to the carrier's registration cycle. Only one SFC is required per carrier regardless of the number of commercial vehicles registered to the carrier.
2. The applicant should keep a copy of all forms submitted for their records.
3. Failure to complete this form and its relevant schedules as applicable in their entirety will suspend processing of application and will result in no issuance of a Safety Fitness Certificate (SFC).
4. Motor Carrier will verify the above information.
5. If the applicant is approved, the applicant will be issued a Safety Fitness Certificate (SFC), which will be renewable annually.
6. No person may register or operate a commercial vehicle 4,500 kgs or greater GVW, or any vehicle with a seating capacity of 11 or more passengers (including the driver) if prohibited from doing so by the Province of Manitoba or any other jurisdiction. If the applicant is found to have such sanctions during the course of verifying the information contained in this application, the Registrar of Motor Vehicles may cancel the vehicle registration(s).
7. The branch maintains a web site at [www.gov.mb.ca/mit/mcd/index.html](http://www.gov.mb.ca/mit/mcd/index.html) that provides additional information on the requirements of operators of commercial vehicles.

**SCHEDULE A**  
**CERTIFICATE OF INSURANCE**  
*(To be completed by Insurance Agent)*

**ISSUED TO:** MOTOR CARRIER, Winnipeg, Manitoba This

certificate is evidence of continuing insurance coverage for:

**INSURED'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Policy No. Must have a number	Type	Effective Date MM/DD/YY	Limits \$\$ PL & PD Coverage Amt
	<input type="checkbox"/> Motor Vehicle Liability (PL & PD)	/ /	\$

**Vehicles Covered** -  Blanket policy covering "All"

Specified (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 Motor Carrier a minimum of **15** days prior notice in the event of cancellation, lapse or policy change that may reduce coverage below legislated limits.

**NAME OF INSURER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_

**DATED THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, 20 \_\_\_\_\_.

**NAME OF REPRESENTATIVE:** \_\_\_\_\_  
(Please type or print)

**SIGNATURE:** \_\_\_\_\_ **AGENT TELEPHONE NO.** \_\_\_\_\_  
(Authorized Representative of Insurer)

## 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

*I hereby certify that to the best of my knowledge, information and belief, that I have supplied true, accurate and complete information to all foregoing questions in this document.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Applicant Signature: \_\_\_\_\_