

Start

1. I am applying:	INCOPORATED/LIMITED BUSINESS
-------------------	-------------------------------------

2. Legal Name

2a. Legal Organization Name:	CTMS WEIGHSCALE INC.
2b. Is your organization registered in British Columbia?:	NO
2c. Registration number:	A0022334

INCOPORATED/LIMITED BUSINESS

4a. Surname	Given Names	4b. DL Number	DL Jurisdiction	4c. Date Of Birth	4d. Title	4e. Driver?
FERGUSON	FREDDIE	500415	ALBERTA	1950-Jan-01	OFFICER OR DIRECTOR	N
Other Safety Certificates : None						

4a. Surname	Given Names	4b. DL Number	DL Jurisdiction	4c. Date Of Birth	4d. Title	4e. Driver?
ANDERSON	STEVE	5004240	ALBERTA	1940-Apr-04	PRESIDENT	N
Other Safety Certificates : Yes						
Certificate Number		Certificate Jurisdiction		Name on Certificate		
023657489		BRITISH COLUMBIA		DEL RIO COMPANY		

5. Doing Business As

List all the names in which you or organization do business as or Partnership Name
--

Contact Information

6. Business Mailing Address:	7. Location of Business Records:	8. Equipment Address:
PO BOX 125 STATION A CALGARY, ALBERTA, CANADA T5K 2P7	OILFIELD SYD ROAD DAWSON CREEK, BRITISH COLUMBIA, CANADA V1G 4J2	OILFIELD SYD ROAD DAWSON CREEK, BRITISH COLUMBIA, CANADA V1G 4J2
Office Number	Fax Number	Cell Number
(403) 123-4567 Ext: 7	(403) 123-4578	

9. Drivers

You have not listed any drivers. Please explain:
HAVE NOT HIRED ANY DRIVERS AT THIS TIME.

Service Types

10. Where do you plan to operate	Within BC
	Other Provinces and/or Territories
11. Are any of your services for hire?	N

12. Transportation Services

12a. Passenger Services
12b. Non-Passenger Services
NON-PASSENGER OIL WELL FIELD SERVICES
NON-PASSENGER HEAVY EQUIPMENT
NON-PASSENGER DUMP TRUCK
NON-PASSENGER DANGEROUS GOODS EXPLOSIVES (CLASS 1)

13. Vehicle Inventory

13a. Passenger	Taxi / Limousines	Buses	Other	
Owned	0	0	0	
Leased	0	0	0	
13b. Non Passenger	Truck	Tractors	Trailer	Other
Owned	1	2	2	0
Leased	0	0	0	0

14. Vehicle Registration

Year	Make	GVW	Regi Number	Jurisdiction	Last 6 digits of VIN / Serial Number	Seating Capacity (buses only)
2005	MAC	20000	02083021	BRITISH COLUMBIA	987456	
2006	KENWORTH	30000	02083589	BRITISH COLUMBIA	321654	
1997	DOEPKER	999999	02079611	BRITISH COLUMBIA	213564	

15. Safety Profile - Drivers

Question	Answer	Exemption
1. Do you have a procedure for obtaining driver abstracts? Do you have a policy for the review of the driver abstracts?	Y	
2. Do you have a written policy requiring drivers to report driving violations, convictions and accident details to you within 15 days of the offence, conviction or occurrence?	Y	
3. Do you have a system to record driving violations, convictions, and accidents for each driver that will be operating under your safety certificate?	Y	
4. Do you have a monitoring process to ensure that drivers supply you with all required records?	Y	

Person Responsible - Drivers

Surname	Given Names	DOB	Job Title	DL Number	DL Jurisdiction
FRANKIE	STALLONE	1963-Jul-08	SAFETY COORDINATOR	0500584	BRITISH COLUMBIA

16. Safety Profile - Vehicles

Question	Answer	Exemption
1. Do you have a written schedule for each vehicle type for your maintenance program? (this plan will include any owner/operator working for you).	Y	
2. Do you have check sheets that will be used to support the maintenance schedules?	Y	
3. Do you have a monitoring system to ensure that all CVIP Inspections are being performed on all vehicles as required?	Y	
4. Do you have a monitoring system to ensure that your scheduled maintenance program requirements are being met?	Y	
5. All commercial vehicles must be trip inspected. Do you have a monitoring system to ensure that this occurs and that any reported defects are corrected?	Y	
6. Do you have a monitoring process in place to ensure that all records of maintenance, repairs and inspection reports are filed and retained as required and retained in individual vehicle files?	Y	

Person Responsible - Vehicles

Surname	Given Names	DOB	Job Title	DL Number	DL Jurisdiction
FRANKIE	STALLONE	1963-Jul-08	SAFETY COORDINATOR	0500584	BRITISH COLUMBIA

17. Safety Profile - Hours Of Service

Question	Answer	Exemption
1. Do you have a written policy which is shared with your drivers stating that all drivers operating under your safety certificate must operate within the hours of service permitted by regulations?	Y	
2. Do you have a method of ensuring that drivers are aware of and operate within the hours of service permitted by regulations?	Y	
3. Do you have a monitoring system to ensure that drivers provide you with properly completed logs or accurate time records and all supporting documents as required?	Y	
4. Do you have a monitoring and record-keeping system to track hours of service for drivers?	Y	
5. Do you have a system to ensure that hours of service records are kept for at least 6 months in separate files for each driver?	Y	

Person Responsible - Hours Of Service

Surname	Given Names	DOB	Job Title	DL Number	DL Jurisdiction
FRANKIE	STALLONE	1963-Jul-08	SAFETY COORDINATOR	0500584	BRITISH COLUMBIA

18. Safety Profile - Dangerous Goods

Question	Answer	Exemption
1. Do you have a scheduling system to ensure that your drivers receive the required training and certification to transport dangerous goods?	Y	
2. Do you have a monitoring system to ensure that dangerous goods are transported in accordance with regulations?	Y	
3. Do you have a system to ensure that all drivers operating under your safety certificate record all incidents of spillage, leakage or other accidents involving dangerous goods?	Y	

Person Responsible - Dangerous Goods

Surname	Given Names	DOB	Job Title	DL Number	DL Jurisdiction
FRANKIE	STALLONE	1963-Jul-08	SAFETY COORDINATOR	0500584	BRITISH COLUMBIA

Declaration**19. Overall Responsibility**

Surname	Given Names	DOB	Job Title	DL Number	DL Jurisdiction
FRANKIE	STALLONE	1963-Jul-08	SAFETY COORDINATOR	0500584	BRITISH COLUMBIA
Business Legal Name			CTMS WEIGHSCALE INC.		

20. Individual Submitting this form

Surname	Given Names	DOB	Job Title	DL Number	DL Jurisdiction
ANDERSON	STEVE	1940-Apr-04	PRESIDENT	5004240	ALBERTA
Office Phone	Cell Number	Fax Number	Email		
(403) 123-4567 Ext: 7	(403) 321-3214	(403) 123-4568	SANDERS@CTMS.CA		

YES	I declare that neither the applicant, nor any principal, director, officer, or partner of the applicant have had an NSC certificate in BC or any other province, territory or state, that has been deemed unsatisfactory.
YES	I declare that the statements and information contained in, attached to and submitted with this application are true and correct; and I understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the certificate applied for.
YES	I declare that I am knowledgeable in the rules and regulations governing commercial vehicle transport in British Columbia and that I understand my obligations under the National Safety Code. I further declare that I am committed to executing my carrier business in compliance and accordance with these rules, standards and regulations.
YES	I Accept

Supporting Documents

DRIVER ABSTRACTS
DIRECTOR/OFFICER LIST
Random written safety plans or oral knowledge test of National Safety Code may also be required.