

Commercial Vehicle Operator's Registration (CVOR) Application - Corporation or Partnership



This application is to be completed **only** by carriers that operate commercial motor vehicles plated in Ontario, the United States of America (USA) or Mexico that travel in Ontario.

Instructions

- Complete and sign this application and return with the required fee. **Incomplete applications will be returned unprocessed to the sender.**
- If you are doing business as an Individual or Sole Proprietorship complete the CVOR Application for Individual (SR-LC-018).
- You must include the required supporting documentation that identifies your company name (certificate/articles of incorporation, letters patent, certificate/articles of amendment or amalgamation).
- Limited partnerships - see Part 4, Business Information.
- Allow a minimum of 15 business days for application processing.
- Mail completed application to: Ministry of Transportation, Carrier Sanctions and Investigation Office, CVOR Processing Section, 301 St. Paul Street, 3rd Floor, St. Catharines ON L2R 7R4 or fax to 905 704-2525 or 905 704-3033.

For additional information please visit www.mto.gov.on.ca or contact Carrier Sanctions and Investigation Office at 1 800 387-7736 or 416 246-7166.

Ministry Use Only

Op No. Office No.

Assigned to:

Application No:

Certificate No:

Processed on: Y M D

Amount Received

Method of Payment
 Cash Credit Card
 Cheque Money Order
 Certified Cheque

Part 1 - Purpose of this Application

Check the purpose of your application.

- To obtain an Original CVOR Certificate. **\$250.00** fee applies.
- To replace a lost, stolen or damaged CVOR Certificate. \$5.00 fee applies.

Note: To update an existing CVOR record please call the number above to order an application.

Part 2 - Method of Payment

Check your method of payment below.

- If paying by credit card via fax or mail, attach the Credit Card Authorization Form (SR-LV-034).
 - If paying by cheque or money order, make payable to the "Minister of Finance/MTO". Post-dated cheques are not accepted.
 - Payment in Canadian funds only. Do not send cash in the mail.
- Credit Card Cheque Certified Cheque Money Order

Part 3 - Registrant Information

CVOR Number/Registrant Identification Number (R.I.N) (if it has been assigned)

Name of Operator (provide full legal name of corporation or partners)

Head Office Address - Street No. and Name, Lot, Con. and Twp. (A post office box will not be accepted)

Apt/Unit No.

City/Town/Village

Province/State

Country

Postal/Zip Code

Mailing Address (if different from above) - Street No. and Name, Lot, Con. and Twp.

Apt/Unit No.

City/Town/Village

Province/State

Country

Postal/Zip Code

Preferred Language

- English French

Part 3 - Registrant Information continued

Head Office Phone Number/Ext.	Alternate/Cell Phone Number/Ext.
Business Fax Number	Business Email Address

Part 4 - Business Information

If you are doing business under more than one (1) business name, or are a limited partnership, contact the ministry to obtain information about setting up fleeted registrant identification numbers (RINs) by faxing your request to 416 235-4414 or mail your request to Ministry of Transportation, Licencing Administration and Support Office, Special Enquiry Unit, 2680 Keele Street, Building A, Room 178, Downsview ON M3M 3E6.

Registered Trade Name or Name of Partnership (submit a copy of master business licence or business registration document)
Ontario Commercial Motor Vehicle Licence Plate Number

Yes **No**

1. Do you operate any Ontario Motor Vehicle Inspection Stations (MVIS)? If **Yes** checked complete (a) and (b) below.....

(a) How many MVISs do you operate?	(b) Enter one (1) of the MVIS licence numbers issued to you by MTO
	-

2. Do you operate commercial motor vehicles outside Ontario? If **Yes** checked complete (a) and (b) below.....

(a) Enter the United States Department of Transportation (US DOT) Number (if applicable)	
(b) Enter the International Fuel Tax Agreement (IFTA) - Issuing Jurisdiction	Account Number

Part 5 - Type of Operator (Carrier)

Check your operator type.

H For-Hire Carrier - transports goods and/or passengers for direct or indirect compensation

P Private Carrier - goods are the property of the carrier; goods and/or passengers are transported without compensation

Part 6 - Type of Commercial Vehicle (Trucks and/or Buses)

Check the type of commercial motor vehicle you operate in Ontario:

- Truck(s) Only** - If checked indicate up to three (3) main commodities you transport by order of priority, from **Category 1** below (e.g. Write the number 1 beside the main commodity you transport, write the number 2 beside the second commodity you transport, etc).
- Bus(es) Only** - If checked indicate up to three (3) types of passenger service you provide by order of priority, from **Category 2** below (e.g. Write the number 1 beside your main type of bus service).
- Truck(s) and Bus(es)** - If checked indicate at least one (1) commodity you transport from **Category 1** and at least one (1) passenger service you provide from **Category 2**. The total number of commodities/passenger services selected should not exceed three (3).

Note: If you operate a truck(s) and do not carry any commodities (e.g. you operate a utility or an empty vehicle), place a check beside "NO None (other activities)" in Category 1.

Category 1: Type of Commodity	
<input type="checkbox"/> AG Aggregate	<input type="checkbox"/> HG Household Goods
<input type="checkbox"/> AP Auto Parts	<input type="checkbox"/> LV Livestock
<input type="checkbox"/> BL Bulk Liquids	<input type="checkbox"/> NO None (other activities)
<input type="checkbox"/> DL Dressed Lumber	<input type="checkbox"/> PE Perishable
<input type="checkbox"/> BD Dry Bulk	<input type="checkbox"/> RF Raw Forest Products
<input type="checkbox"/> EX Excavation	<input type="checkbox"/> SI Steel/Iron
<input type="checkbox"/> GF General Freight	<input type="checkbox"/> WA Waste
<input type="checkbox"/> HE Heavy Equipment	

Category 2: Type of Passenger Service
<input type="checkbox"/> PO Passengers - Others
<input type="checkbox"/> PS Passengers - School Buses
<input type="checkbox"/> PT Passengers - Municipal Transit

Part 7 - Dangerous Goods/HAZMAT Carrier

Do you transport dangerous goods in a quantity that requires placards to be displayed on the vehicle? Yes No
 If **Yes** checked complete Part A below.....

Part A - Check <input checked="" type="checkbox"/> the classification for the types of dangerous goods that you transport.	
<input type="checkbox"/> 1	Explosives
<input type="checkbox"/> 2.1	A Flammable Gas
<input type="checkbox"/> 2.2	A Non-Flammable, Non-Toxic Gas
<input type="checkbox"/> 2.3	A Poisonous Gas
<input type="checkbox"/> 3	Flammable Liquids
<input type="checkbox"/> 4	Flammable Solids; Substances Liable to Spontaneous Combustion; Substances that on contact with water emit flammable gases (water-reactive substances)
<input type="checkbox"/> 5	Oxidizing Substances and Organic Peroxides
<input type="checkbox"/> 6	Poisonous Substances and Infectious Substances
<input type="checkbox"/> 7	Radioactive Materials
<input type="checkbox"/> 8	Corrosive Substances
<input type="checkbox"/> 9	Miscellaneous Products, Substances or Organisms

Part 8 - Operational Data

- The information you provide in this section must include all of the trucks and/or buses **plated** in Ontario, USA or Mexico that travel in Ontario under your CVOR number. Include trucks and/or buses that you own, lease or rent and any that are operated by owner-operators on your behalf.
- Only include information about trucks with a gross vehicle weight (GVW) and/or registered gross weight (RGW) over 4,500 kgs (9,921 lbs). Do not include any trailer information.
- Only include information about buses that carry ten (10) or more passengers, do not include the driver.
- Actual kilometres reported can be used in any future Ministry Facility Audit.

Note - CMV's excluded from the CVOR program are: Ambulances, Buses that are used for personal purposes without compensation, Casket Wagons, CMV's leased for no longer than 30 days for personal use or the carriage of passengers, without compensation, Empty CMV's operating under dealer/service plates or special permit, Fire Apparatuses, Hearses, Motor Homes, Vehicles commonly known as tow trucks, mobile cranes unless not excluded in an oversize/overweight permit issued by MTO. For current exemptions relating to personal use pickup trucks see the HTA and O.Reg 425/97.

Indicate when you started/will start operating your Trucks and/or Buses (Start date(s) will be used in the chart below)

Trucks Start Date:

Y	M	D

Buses Start Date:

Y	M	D

For the time periods specified, enter the total number of:

- trucks and/or buses operating
- kilometres traveled
- drivers

Indicate both the Actual and Estimated value.

Actual ①

From applicable Start Date(see above) to Current Date (if applicable)

From:

Y	M	D

To:

Y	M	D

Estimated

For the next 12 months of operations based on Current fleet size

From:

Y	M	D

To:

Y	M	D

Truck Information Only

Total Number of Trucks ②		
Total Number of Trucks Double Shifted ③		
Total kilometres traveled in Ontario	km	km
Total kilometres traveled in the rest of Canada (Do not include Ontario)	km	km
Total kilometres traveled in the USA and Mexico	km	km
Total Number of Drivers ④		

Bus Information Only

Total Number of Buses ②		
Total Number of Buses Double Shifted ③		
Total kilometres traveled in Ontario	km	km
Total kilometres traveled in the rest of Canada (Do not include Ontario)	km	km
Total kilometres traveled in the USA and Mexico	km	km
Total Number of Drivers		

① 1 mile = 1.609 kms.

② If fleet size varied during the time periods noted, average the number of vehicles.

③ "Double Shifted" means the number of trucks/buses that are operated by two (2) or more individual drivers who work separate shifts of at least eight (8) hours each in a 24 hour period more than 4 days per week.

④ Include drivers that may own their trucks and are under contract with you (the operator) to work under your CVOR certificate (trucks plated in Ontario, the USA or Mexico only).

Part 9 - Corporate Data

- Officers, Directors or Partners - You **must** include President, CEO or CFO information.
- For corporate officer changes you **must** include your resolution of directors document, Ontario Corporation Form 1 or meeting minutes outlining changes.
- Report additional officers, directors or partners on a separate sheet of paper.

Driver's Licence No.				Province, State or Country Issued			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				Date of Birth			
				Y		M D	
Last Name, First Name and Initials							
Street No. and Name, Lot, Con. and Twp. (A post office box will not be accepted)						Apt./Unit No.	
City/Town/Village			Province/State		Country	Postal/Zip Code	
Position within the Company							

Driver's Licence No.				Province, State or Country Issued			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				Date of Birth			
				Y		M D	
Last Name, First Name and Initials							
Street No. and Name, Lot, Con. and Twp. (A post office box will not be accepted)						Apt./Unit No.	
City/Town/Village			Province/State		Country	Postal/Zip Code	
Position within the Company							

Driver's Licence No.				Province, State or Country Issued			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				Date of Birth			
				Y		M D	
Last Name, First Name and Initials							
Street No. and Name, Lot, Con. and Twp. (A post office box will not be accepted)						Apt./Unit No.	
City/Town/Village			Province/State		Country	Postal/Zip Code	
Position within the Company							

Part 10 - Insurance Information

Before a Commercial Vehicle Operator Registration certificate will be issued, the applicant **must** provide information of valid insurance coverage which meets minimum requirements as described in the *Motor Vehicle Transport Act*, Motor Carrier Safety Fitness Certificate Regulations, Section 7; the *Public Vehicles Act of Ontario*, Regulation 982, Section 14 and/or the *Insurance Act of Ontario*, Part VI; Automobile Insurance as applicable to the carrier's specific operations.

Name of Insurance Company (**not an agent/broker**)

Policy Number

Part 11 - Registrant Declaration

Failure to disclose this information may result in the suspension or cancellation of your operating privilege.

Yes No

To be Completed by New Registrants Only - Is your privilege of operating commercial motor vehicles currently suspended, cancelled or revoked in any North American jurisdiction? If **Yes** checked answer question (a) below.....

(a) Which jurisdiction suspended, cancelled or revoked your privilege of operating a commercial motor vehicle?

I, the undersigned, declare that the information contained in this form is true and the insurance information provided above meets the minimum requirements set out by law. I acknowledge and accept the responsibilities imposed by law in relation to the operation of commercial motor vehicles.

Print Authorized Name

Position within the Company

Authorized Signature

Date

Y M D

Note: (1) This application must be signed by one of the officers, directors or partners identified in Part 9.

(2) It is an offence under subsection 9 (1) of the *Highway Traffic Act* to make a false declaration or to provide false information. This may result in penalties as provided under the Act and/or suspension or refusal of your CVOR certificate.

Part 12 - Contact Person for this Application

Last Name, First Name and Middle Initial(s)

Position/Relationship to the Operator

Street No. and Name, Lot, Con. and Twp. (A post office box will not be accepted)

Apt./Unit No.

City/Town/Village

Province/State

Country

Postal/Zip Code

Business Phone Number/Ext.

Fax Number

Part 13 - Corrections or Changes in the Operator's Name and/or Address

- To report a name and/or address change/correction, take the appropriate legal documents and your current Ontario driver's licence to any ServiceOntario Office. Locations are provided on the MTO Website or by phone at 416 235-2999 or 1 800 387-3445.
- Address changes may also be made online at ServiceOntario.ca or at a ServiceOntario kiosk.
- Name changes only - A CVOR certificate will be reissued, free of charge.

The information requested in this application is collected under the authority of the Ontario *Highway Traffic Act* and the federal *Motor Vehicle Transport Act*. The information is used to evaluate eligibility to obtain and hold a CVOR certificate and also to create and maintain a public record. Direct enquires to Ministry of Transportation, Carrier Sanctions and Investigation Office (CSIO), Client Services, 301 St. Paul Street, 3rd Floor, St. Catharines ON L2R 7R4.

Applicant's Information			Office Use Only	
Name / Company / Dealer			Operator No.	Office No.
Street No. and Name, P.O. Box, R.R. or Lot, Con. and Twp.			Business Date	
City, Town or Village			<input type="checkbox"/> Fee Paid	
Postal or Zip Code	Prov. or State	Country		
Email	Daytime Phone No.	Alternate Phone No.		

Provide **one (1)** of the following Ontario identification numbers below.
 If you do not have any of the information requested below check the "Not Available / None of the above" box.

Driver's Licence (DL) Number:			
Licence Plate Number:			
Registrant Identification Number (RIN):	Dealer Number:		
Commercial Vehicle Operator's Registration (CVOR) Number:	National Safety Code (NSC) Number:		
Motor Vehicle Inspection Station (MVIS) Number:			
Vehicle Identification Number (VIN):			
<input type="checkbox"/> Not Available / None of the above			

Under provincial legislation, a false statement from the applicant may result in a penalty.

The personal information provided by you on this form is collected to assist with payment verification for the Ministry of Transportation's driver, vehicle and carrier products and services, for which the Ministry is responsible under the *Highway Traffic Act*. If you have any questions about the information collected on this form, please contact the Operations Manager, ServiceOntario Driver & Vehicle Contact Centre at 416 235-2999 or 1 800 387-3445 or visit ServiceOntario.ca.

Credit Card Information	
Print Name of Cardholder (as it appears on the credit card)	Name of Credit Card Company <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Print Name of Signing Authority (if different than name of Cardholder)	
Signature of Cardholder and/or Signing Authority X	Date Y M D
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Credit Card Number (Print Clearly)	Expiration Date MM YY