

Carrier Application Form

Prepared By:

Approval:

PIC Team

Advisory
Council:
02/20/2018

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AMTA-PIC-FM-03

Document Classification:
Controlled

Document Level:
L4 Forms

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Committee:
01/10/2018

1.0 CARRIER APPLICATION FORM

| Carrier Information | |
|---|--|
| Legal Carrier Name: | |
| DBA (doing business as): | |
| Mailing Address: | |
| Primary Contact Person: | Name: Ph#: E-mail: |
| Company is: | Provincial Carrier <input type="checkbox"/> Federal Carrier <input type="checkbox"/> |
| Safety Fitness Rating: | |
| NSC#: | |
| MVID#: | |
| WCB# Industry Codes that apply: | |
| WCB Account #: | |
| No. of Branch Locations in: | Alberta: _____ Outside Alberta: _____ |
| Number of Staff: | (NSC) Drivers: _____ |
| | Owner/Ops: _____ |
| | Administrative: _____ |
| | Warehouse: _____ |
| | Maintenance: _____ |
| Number of Equipment: | Tractors: _____ |
| | Trailers: _____ |
| | Straight Trucks: _____ |
| | School Bus: _____ |
| | Motor Coach: _____ |
| Type of Carrier: (check all that apply) | LTL: <input type="checkbox"/> Truckload: <input type="checkbox"/> Liquid Bulk: <input type="checkbox"/> Van: <input type="checkbox"/> Reefer: <input type="checkbox"/> Flat Deck: <input type="checkbox"/> Oilfield: <input type="checkbox"/> Other: <input type="checkbox"/> Specify Other: _____ |



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- Current COR Audit Document Attached:**
- NSC Audit Document Attached:**
- Completed GAP Closure Plan(s) Attached:**
- Safety Fitness Certificate Attached:**
- Operating Authority Attached:**

2.0 DOCUMENT CHANGE RECORD TABLE

| Revision Number | Effective Date | Responsible | Part Affected/ Document# | Description of Change |
|-----------------|----------------|-------------|-----------------------------|-----------------------|
| 000 | MM/DY/YEAR | | AMTA-PIC-FM-03 | |

