



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 or a state of the United States of America or Mexico that travel in Ontario.

To ensure efficient processing of your application:

- Complete and sign the application. **Incomplete applications will be returned unprocessed to the sender.**
- Enclose the required legal documentation and supporting documents, as specified in the guide.
- Enclose the required fee.
- Complete and sign the "Voluntary Termination" form if you are voluntarily requesting to no longer be registered under the CVOR Program.

Please consult the accompanying **Guide** when completing this form.

Print or type information

CVOR No./Registrant Identification No. (RIN) if it has been assigned:

	-		-	
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Name of Operator: _____

Section A Purpose of This Application (please check the applicable box below)

TO UPDATE AN EXISTING CVOR RECORD PLEASE CALL THE NUMBER ABOVE TO ORDER AN APPLICATION

1. Original CVOR Certificate - **\$ 250.00**
5. Voluntary Termination (only complete the attached "Voluntary Termination" Form)
8. Replacement of lost, stolen or damaged CVOR Certificate, see Section B (only complete page 1 and 2 of the application) \$5.00 fee applies

Section B PAYMENT

10. Method of Payment

- Credit Card
- Cheque
- Certified Cheque
- Money Order
- Cash (in person only)

11. If paying by credit card, provide the following information:

- VISA MasterCard American Express

Card No.: _____

Expiry Date (mm/yy): _____

Authorized Payment: \$ _____

Cardholder Signature: **X** _____

Cardholder Name: _____

Authorized Signature: **X** _____

Ministry Use Only

Assigned to: _____	District Code: _____	Deposit Date: _____
Application No.: _____	Certificate No.: _____	Transaction No.: _____
Processed on: _____	Office No.: _____	Op No.: _____
<input type="checkbox"/> Cheque returned – not required		By: <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order
<input type="checkbox"/> Refund requested on: _____	For \$ _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
		<input type="checkbox"/> Certified Cheque

Section C Operator's General Information

12. CVOR No. or Registrant Identification No. (RIN)

13. Registrant's Name *(If new registrant or if reporting a name change or correction, submit supporting documentation. See item 13 of the guide. PROVIDE FULL LEGAL NAME)*

14. Registered Trade Name or Name of Partnership *(If new registrant or if reporting a name change or correction, submit supporting documentation. See item 14 of the guide)*

15. Head Office Address *(A post office box will not be accepted)*

Street No. and Name or Lot, Con. and Twp.			Unit/Suite/Apt.
City/Town/Village	Province/State	Country	Postal/Zip code

16. Mailing Address *(if different from above)*

Street No. and Name or Lot, Con. and Twp.			Unit/Suite/Apt.
City/Town/Village	Province/State	Country	Postal/Zip code

17. Telephone No.

() Ext.

18. Alternative Telephone No.

() Ext.

19. Business Fax No.

()

20. Business Email Address

21. Preferred language to receive your next CVOR Application

English French

22. Type of Operator (Carrier)

<input type="checkbox"/> H For-Hire Carrier	transport goods and/or passengers for direct or indirect compensation
<input type="checkbox"/> P Private Carrier	goods are the property of the carrier; goods and/or passengers are transported not for compensation
<input type="checkbox"/> O Owner-Operator	under lease to a private or for-hire carrier and working under their CVOR certificate

23a. If you operate TRUCKS indicate commodities transported: *(Place a "1" in front of your major commodity/passenger service as applicable. Place a "2" or "3" to identify any others - maximum of 3 including any selected in 23b)*

NOTE: *If you operate BOTH TRUCKS and BUSES plated in Ontario, the U.S.A. or Mexico*

1) *List at least one commodity in 23a and at least one passenger service in 23b. Select no more than 3 in TOTAL.*

2) *Place a "1" in front of your major commodity/passenger service as applicable. Place a "2" or "3" to identify any others selected in 23a and/or 23b.*

_____ AG	Aggregate	_____ HG	Household Goods
_____ AP	Auto Parts	_____ LV	Livestock
_____ BL	Bulk Liquids	_____ NO	None (other activities)
_____ DL	Dressed Lumber	_____ PE	Perishable
_____ BD	Dry Bulk	_____ RF	Raw Forest Products
_____ EX	Excavation	_____ SI	Steel/Iron
_____ GF	General Freight	_____ WA	Waste
_____ HE	Heavy Equipment		

Buses Only

Complete the following table for total **Buses** and Kilometres traveled for the time periods below. Include buses you owned, leased or rented, and are plated in Ontario, the U.S.A. or Mexico that travel in Ontario.

Provide data requested below:	Actual ^①	Estimated
	From start date reported in question 30a to current date (if applicable) From: _____ (yyyy/mm/dd) To: _____ (yyyy/mm/dd)	For the next 12 months of operations Based on CURRENT fleet size From: _____ (yyyy/mm/dd) To: _____ (yyyy/mm/dd)
(1) Total number of Buses ^②		
(2) Total number of buses Double Shifted ^③		
(3) Total kilometres traveled in Ontario (Buses Only)	km	km
(4) Total kilometres traveled in the rest of Canada (Do not include Ontario)	km	km
(5) Total kilometres traveled in the United States and Mexico	km	km
(6) Number of Drivers		

Note: 1 mile = 1.609 kilometres

- ① Actual kilometres reported can be used in any future Ministry Facility Audit.
- ② If fleet size varied during the time periods noted, please average the number of vehicles. (Report any future changes to fleet size to CSIO)
- ③ "Double Shifted" means the number of trucks/buses reported in line (1) that are operated by 2 or more individual drivers who work separate shifts of at least 8 hours each in a 24 hour period more than 4 days per week.
- ④ 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 U.S.A. or Mexico only)

Section E Corporate Data

31. Officers, Directors or Partners (you **must** provide President, CEO or CFO information)
(For changes in President or CEO/CFO information provide "Resolution of Directors" document)
Please consult the guide if a partner is a corporation.

A			
Driver's Licence No. (RIN #)	Province, State or Country Issued:		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd)		
Name as reported on Driver's Licence Surname	Given Name	Initials	
Home Address Street No. and Name or Lot, Con. and Twp.	Unit/Suite/Apt.		
City/Town/Village	Province/State	Country	Postal/Zip code
Position within The Company			
<input type="checkbox"/> Addition	→ Title(s) _____		
<input type="checkbox"/> Correction	→ New title(s) _____ as of _____ (yyyy/mm/dd)		
<input type="checkbox"/> Deletion	→ No longer an officer, director, or partner as of _____ (yyyy/mm/dd)		

B

Driver's Licence No. (RIN #)		Province, State or Country Issued:	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (yyyy/mm/dd)	
Name as reported on Driver's Licence Surname		Given Name	Initials
Home Address Street No. and Name or Lot, Con. and Twp.			Unit/Suite/Apt.
City/Town/Village	Province/State	Country	Postal/Zip code
Position within The Company			
<input type="checkbox"/> Addition ➔ Title(s) _____			
<input type="checkbox"/> Correction ➔ New title(s) _____ as of _____ (yyyy/mm/dd)			
<input type="checkbox"/> Deletion ➔ No longer an officer, director, or partner as of _____ (yyyy/mm/dd)			

C

Driver's Licence No. (RIN #)		Province, State or Country Issued:	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (yyyy/mm/dd)	
Name as reported on Driver's Licence Surname		Given Name	Initials
Home Address Street No. and Name or Lot, Con. and Twp.			Unit/Suite/Apt
City/Town/Village	Province/State	Country	Postal/Zip code
Position within The Company			
<input type="checkbox"/> Addition ➔ Title(s) _____			
<input type="checkbox"/> Correction ➔ New title(s) _____ as of _____ (yyyy/mm/dd)			
<input type="checkbox"/> Deletion ➔ No longer an officer, director, or partner as of _____ (yyyy/mm/dd)			

Note: Report additional officers, directors or partners on a separate sheet of paper.

Section F Operator's Declaration

32. For New Registrants Only. Is your privilege of operating commercial motor vehicles currently suspended, cancelled or revoked in any North American jurisdiction or are any of the officers, directors or partners named in this application associated with an operator whose operating privilege is currently suspended, cancelled or revoked in any North American jurisdiction?

No Yes If yes, indicate by which jurisdiction _____

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

33. Insurance Information. Before a Commercial Vehicle Operator Registration (CVOR) 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, the Public Vehicles Act of Ontario and/or the Insurance Act of Ontario as applicable to the carrier's specific operations. (see guide item 33)

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

Policy No. _____

34. 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 _____

Authorized Signature _____

Position within The Company _____

Date (yyyy/mm/dd) _____

Note: This application must be signed by one of the officers, directors or partners identified in item 31.

35. Contact Person for this application

Surname _____

Given Name _____

Initials _____

Title or Position _____

Address

Street No. and Name or Lot, Con. and Twp. _____

Unit/Suite/Apt _____

City/Town/Village _____

Province/State _____

Country _____

Postal/Zip code _____

Business Telephone Number _____

()

Ext

Fax Number _____

()

Note: 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 CSIO office at the location shown on the front page of this form.

Voluntary Termination

Who should complete this form?

- Carriers who no longer require a CVOR certificate

Who must sign this form?

- An officer, director or partner (for corporation/partnership)
- The individual, or a trustee or an executor or administrator of the Estate (for individual registrant)

For Ministry Use Only

CVOR No.: _____

Application No.: _____

District Code: _____

(Please print)

I, _____
 (Name)

(Position/relationship to the operator, e.g. director) _____, declare that, as of
 (yyyy/mm/dd) ____ / ____ / ____ , the operator to whom the CVOR No. [] [] [] [] - [] [] [] [] - [] [] [] []
 was issued no longer requires a CVOR certificate to operate commercial motor vehicles in Ontario, as defined under
 subsection 16(1) of the Highway Traffic Act, for the following reason:

- I/We no longer operate commercial motor vehicles in Ontario as defined under section 16(1) of the Highway Traffic Act
- I/We have filed for bankruptcy. *(provide supporting documentation)*
- I/We are operating commercial motor vehicles in Ontario under a different legal name (Provide new name and CVOR #)
 _____ [] [] [] [] - [] [] [] [] - [] [] [] []
(New Legal Name) (New CVOR No.)
- I/We no longer require oversize/overweight permits and are otherwise exempt from holding a CVOR certificate
- The business was sold
- I/We do not operate Commercial Motor Vehicles base plated in Ontario or a state in the United States or Mexico.
 My Safety Standard Fitness Certificate /NSC number for current base plate jurisdiction is:

(NSC No.) (Issuing Canadian Jurisdiction)
- Other (provide details) _____

The operator voluntarily requests to no longer be registered under the CVOR Program.

Name of Operator	Authorized Signature	Date (yyyy/mm/dd)
Telephone No. () ()	Fax No. () ()	

Mail or fax this request for termination to:

Ministry of Transportation
 Carrier Sanctions and Investigation Office (CSIO)
 CVOR Processing Section
 301 St. Paul Street, 3rd Floor
 St. Catharines, ON L2R 7R4
 Telephone: 416 246-7166 (in Ontario 1 800 387-7736)
 Facsimile: 905 704-2525 or 905 704-3033

Guide To Completing Commercial Vehicle Operator's Registration (CVOR) Application

Application forms for an ORIGINAL CVOR certificate are available at www.mto.gov.on.ca or by calling the Carrier Sanctions and Investigation Office at 1 800 387-7736 extension 6300, or, 416 246-7166 extension 6300.

To update an existing CVOR record, please call 1 800 387-7736 extension 6300, or, 416 246-7166 extension 6300 to order an update application.

- If you are doing business under your own name, complete the form, "CVOR Application – Individual".
- If you are doing business as a corporation or a partnership, complete the form, "CVOR Application – Corporation or Partnership".
- To report a change in officers or partners, consult item 31 of the guide.

General Information

The application is to be completed only by carriers that have commercial motor Vehicles (CMVs) plated in Ontario or CMVs plated in the United States of America or Mexico that travel in Ontario.

Application #. Refer to this number in all correspondence about this application.

CVOR #/Registration Identification # (RIN). Refer to this number in all correspondence with MTO.

Application produced on (Year/Month/Day).

CVOR Status:

- Registered: Active registrant – the holder of a CVOR certificate;
- Not registered: Non-registrant – not the holder of a CVOR certificate;
- Dormant: Presumed inactive registrant;
- Failed to update: Registrant who has not responded to the Registrar's request to update data;
- Inactive: Non-registrant who has not responded to the Registrar's request to apply for a CVOR certificate or who has requested to be excluded from the CVOR Program;
- Terminated: Registrant who has voluntarily terminated a CVOR certificate;
- Expired: Registrant who has failed to renew their CVOR certificate by the specified date.

Section A Purpose of This Application

1. **Original CVOR Certificate.** To obtain a CVOR certificate, return completed application and fee.
2. **Renewal of CVOR Certificate.** To maintain valid certificate, return application and fee before Expiry Date shown.
3. **Update:** Report changes to your operational and corporate information. The Highway Traffic Act requires you to respond upon receipt of this request. When a date is indicated, the completed application must be received at MTO prior to the update due date.
4. **CVOR Application for Re-entrant:** Return completed application and fee to activate an invalid CVOR certificate or a conditional certificate.
5. **Voluntary Termination:** Complete and return the "Voluntary Termination" form attached to the application.
6. **Payment of Dishonoured Cheque(s), Administrative Fee(s), any Penalties:** Outstanding amount owed to the Ministry. Must be paid to allow processing of this application.
7. **AMOUNT DUE:** Total amount due from rows 1 to 6.
8. **Replacement of CVOR Certificate:** Request for the replacement of a CVOR certificate that has been lost, stolen or damaged. Include appropriate fee as shown on line 8.
9. **ADJUSTED AMOUNT DUE:** Total added amounts of line 7 and 8.

Section B Payment

10. & 11. **Method of Payment.** Indicate the method of payment. Complete the Credit Card information or make cheques or money orders payable to the Minister of Finance/MTO. Payment in Canadian funds only, post-dated cheques are not accepted.

Section C Operator's General Information

12. CVOR # or Registrant Identification # (RIN). Provide your CVOR # or RIN # (if known) if it is not shown on the application. A RIN is the 9-digit number displayed on an Ontario vehicle registration. (If you do not have an Ontario plated vehicle leave blank).

13. Corporation or Partnership Application: Registrant's Name (go to 13a. for an Individual Application)

i. Original Application:

Corporation – Write the full legal name of the corporation. Send a copy of the pages of the Certificate/Articles of Incorporation, Letters Patent, etc. that identify your company name and current officers. If the original name or officers have been changed, also send any Certificate/Articles of Amendment or Amalgamation to show the change.

Partnership – Write the legal name of each partner. Send a copy of the Partnership Registration or Amended Registration.

Limited Partnership – Write the name of the general partner(s) representing the Limited Partnership (e.g. John Jones Inc, representing John Jones LP). Send a copy of the Limited Partnership Declaration and the Certificate/Articles of Incorporation for the general partner(s).

ii. Corrections or Change in the Operator's Name or Address:

*** To report changes related to a partner, refer to guide item 31: Change of Information.

You must notify MTO of a name and/or address change within 6 days. If your vehicles are registered in a jurisdiction other than Ontario, you are allowed 15 days.

- Write your **new name** on the application and send a copy of the page(s) of the Certificate/Articles of Amendment showing the new name and the former name, or a copy of the Certificate/Articles of Amalgamation listing the names of the companies involved. If there has been an amalgamation of corporations, confirm whether there has been a change of control and if so, the effective date.
- For an **address change only**, if you operate vehicles registered in Ontario, visit a Private Ontario Driver and Vehicle Licence Issuing Office within 6 days after the change. Issuing office locations are provided on the MTO Website or by phone at 416 235-2999 or 1 800 387-3445.

13a. Individual Application ONLY: Driver's Licence # and Issuing Province, State or Country. Indicate "Nil", if not licensed.

13b. Individual Application: Sex and Date of Birth – complete on application form.

13c. Individual Application: Surname, Given Name and Initials. Indicate your legal name.

Corrections or Changes in your Name and/or Address:

If you hold an Ontario driver's licence or operate a motor vehicle registered in Ontario, changes must be filed with MTO within 6 days after the change.

- To report a **name** change or correction, take the appropriate original legal documents and your current Ontario driver's licence to a Private Ontario Driver and Vehicle Licence Issuing Office. Address changes may also be made online or at a Service Ontario kiosk. For more information, consult the MTO Website or phone 416-235-2999 or 1 800 387-3445.

Note: A name and/or address change filed with MTO will automatically be made on your CVOR record. A CVOR certificate will be reissued, free of charge, following a **name** change only.

For all other individuals (e.g. individual operators that reside outside of Ontario):

- Report any change on a CVOR Application within 15 days after the change.

14. Corporation or Partnership Application: Registered Trade Name or Name of Partnership: (go to 14a for individual application)

This applies only to "numbered" companies using an "operating as" name and to partnerships.

- If you are a new registrant or you are reporting a name change or correction, provide a copy of the Business Name Registration, the Partnership Registration or Amended Registration, as applicable.
- If you are doing business under more than one trade name, **do not** enter those names on the CVOR Application. To obtain information about setting up fleeted Registrant Identification Numbers (RINs), fax your request to 416 235-4414 or mail it to MTO, Licensing Administration Office, Room 178, Building A, 2680 Keele Street, Downsview, ON M3M 3E6.

Section C Operator's General Information (continued)

14a. Individual Application ONLY – Registered Business Name.

This applies only to an individual who carries on business under a name other than his/her own legal name (e.g. a sole proprietor).

i. If you hold an Ontario driver's licence

- Do not enter your business name on the CVOR Application.
- A Registrant Identification # (RIN) can be established to record your business name in the MTO database. This number is then linked to your CVOR #. For information about setting up fleeted RINs, fax your request to 416-235-4414 or mail it to MTO, Licensing Administration Office, Room 178, Building A, 2680 Keele Street, Downsview, ON M3M 3E6.

ii. If you do not hold an Ontario driver's licence

- Provide your business name. For example, if you are John E. Doe, carrying on business under Doe Trucking, write "DOE, JOHN, E" under item 13c and "DOE TRUCKING" under item 14a.
- Send a copy of the Business Name Registration for the Sole Proprietorship. In some jurisdictions (other than Ontario), an individual is not required to register a business name if it is composed of his or her complete surname and given name. If this is the case, indicate so on the CVOR Application.
- If you are doing business under more than one business name, do not enter those names on the CVOR Application. To obtain information about setting up fleeted Registrant Identification Numbers (RINs), fax your request to 416 235-4414 or mail it to MTO, Licensing Administration Office, Room 178, Building A, 2680 Keele Street, Downsview, ON M3M 3E6.

15. Head Office/Home Address. Enter the street #, street name, suite or unit #, city and postal code or the lot, concession, township and rural route, city and postal code. A Post Office box # will not be accepted. For US operators, a box # in conjunction with a highway name or number is a proper address. To report an address change, refer to item 13(ii) (Corporate or Partnership application) or 13c (Individual application).

16. Mailing Address. Complete this section to receive mail at an address different from the head office or home address reported in question 15. To report an address change, refer to item 13(ii) (Corporate or Partnership application) or 13c (Individual application).

17. to 20. – See Application Form

21. Preferred Language. Your next CVOR Application will be sent to you in English unless "French" has been selected.

22. Type of Operator (Carrier):

- A For-Hire Carrier** – You transport goods that belong to others, or carry passengers, and are paid for doing so.
- A Private Carrier** – Your primary business is not truck transportation and you transport your own cargo or goods, or you operate a bus to transport passengers not for compensation.
- An Owner-Operator** – (Contract Carrier in USA) – You transport goods that belong to others, or carry passengers, and are paid by a private or for-hire carrier; and (2) you can produce for inspection a lease agreement, contract or notice of contract of at least 30 consecutive days clearly showing that there exists a contract between yourself and the operator (e.g. a private or for-hire carrier) to work under that operator's Ontario CVOR certificate. The lease agreement or contract must clearly identify the vehicles involved, the names and addresses of the parties involved, the operator of the vehicle, and the operator's CVOR number.

Note: For Item 23, below, if you operate both trucks and buses, indicate at least one commodity transported by your truck operation and one passenger service provided. You may choose two in one category, and one in the other, but the total number of choices should not be more than 3.

23a. Commodities transported in Ontario. Indicate up to three main goods that you transport, by order of priority (e.g. #1, the main commodity, #2, the second commodity). Select "None" if you do not carry goods (e.g. operate a utility vehicle or an empty vehicle).

23b. Buses operated in Ontario. Indicate up to 3 types of passenger service you provide, by order of priority. (e.g. #1 is your main type of bus service).

Section C Operator's General Information (continued)

24. Dangerous Goods/HAZMAT Carrier. Indicate the classification for the types of dangerous goods that you transport.

Class	Classification
1	Explosives
2.1	A flammable gas
2.2	A non-flammable, non-toxic gas
2.3	A poisonous gas
3	Flammable Liquids
4	Flammable Solids; Substances liable to spontaneous combustion; Substances that on contact with water emit flammable gases (water-reactive substances)
5	Oxidizing Substances and Organic Peroxides
6	Poisonous Substances and Infectious Substances
7	Radioactive Materials
8	Corrosive Substances
9	Miscellaneous Products, Substances or Organisms

For more information, visit Transport Canada's Websites, www.tc.gc.ca/canutech, "Go to TDG Site", then "Publications" and "Labels and Placards", or www.tc.gc.ca/acts-regulations.

25. Recognized Authority under Ontario's Driver Certification Program. A Recognized Authority applies only to Ontario-based operators. It authorizes you to upgrade or re-certify an employee's driver's licence on behalf of MTO.

26. Number of Ontario Motor Vehicle Inspection Stations (MVIS). If you operate any licensed MVIS in Ontario, indicate how many, and one of the MVIS licence numbers issued to you by MTO.

27. to 29. See Application

Section D Operational Data

Report only commercial motor vehicles plated in Ontario, and any commercial motor vehicles plated in a state of the U.S.A. or Mexico that travel in Ontario.

30. Commercial Motor Vehicles (CMVs): that you operate in or through Ontario. DO NOT report any vehicles that never travel in Ontario.

- i. The CMVs included in the CVOR Program are:
 - a. **Trucks** (i.e. power units) plated in Ontario, a state of the U.S.A. or Mexico, and having a registered gross weight or gross weight of more than 4,500 kg (9,921 pounds). "Gross weight" is the actual weight that the commercial motor vehicle transmits to the roadway through its axles, including any load; and
 - b. **Buses** (i.e. vehicles designed for carrying 10 or more passengers, not including the driver) plated in Ontario, a state of the U.S.A. or Mexico, other than buses excluded below.
- ii. The CMVs excluded from the CVOR Program are ambulances, fire apparatuses, hearses, casket wagons, motor homes, vehicles commonly known as tow trucks, mobile cranes unless not excluded in an oversize-overweight permit issued by MTO, buses that are used for personal purposes without compensation. Also, pickup trucks with a registered gross weight up to 6,000 kgs used for personal use, empty CMVs operating under dealer plates or "in-transit" permits, and CMVs leased for no longer than 30 days for personal use or the carriage of passengers, without compensation.

30a. For New Registrant Applications ONLY. Enter the date you first started operating your CVOR vehicles, or when you will start your operations.

Report your current fleet data and estimate kilometric travel for the next year in the "Estimated" column. If you have not yet registered your vehicle(s), report the number you intend to operate in Ontario. If your start date is in the past, report your fleet information and kilometric travel up to this date in the "Actual" column, and also complete the "Estimated" data.

Commercial Motor Vehicle (CMV) Fleet Size Information.

NOTE: Ontario law requires carriers to notify the Registrar of Motor Vehicles in writing within 15 days of:

- receiving a request from the Registrar to report any changes in their commercial motor vehicle fleet size and in the total distance travelled by the fleet in a specified period; or
- a 20 percent change in their commercial motor vehicle fleet size.

Section D Operational Data (continued)

Trucks Only/Buses Only. The information you provide in this section must include all of the trucks and/or buses plated in Ontario, and any vehicles plated in the USA or Mexico that operate in Ontario under your certificate number. Include trucks and/or buses that you own or lease and any that are operated by owner-operators on your behalf.

If you already have a CVOR certificate and are updating your information, enter the data requested for the time periods printed in the columns (From and To dates).

If you are completing an "original" application for a new CVOR certificate, you **MUST** complete the "Estimated" column. If you have already been operating and have past data to report, complete the "Actual" column as well and enter the "From" and "To" dates for the time period for which you are reporting data.

Section E Corporate Data

This section for Corporation or Partnership applications only.

31. Corporation or Partnership Applications ONLY: Officers, Directors or Partners. You must provide the President, CEO or CFO information.

Original Application for a CVOR Certificate:

- Complete the table with information for the officers and directors, or each of the partners. President, Chief Executive Officer or Chief Financial Officer must be identified.
 - If you are a **limited partnership**, provide information on the general partners, not the limited partners.
 - If a **partner is a corporation**, provide information on that corporation's officers and directors. Also provide on a sheet of paper the corporate partner's RIN (i.e. the 9-digit number displayed on an Ontario vehicle registration), the corporate name, head office address and position (i.e. Partner). Send a copy of the pages of the Certificate/Articles of Incorporation, Letters Patent, etc. that identify your company name and officers.
 - If there has been a name change since the incorporation, send a copy of the page(s) of the original Certificate/Articles of Incorporation along with the Certificate/Articles of Amendment showing the new name and the former name, or of the Certificate/Articles of Amalgamation listing the names of the companies involved and current officers.
- **Driver's Licence # and Issuing Province, State or Country.** Indicate "Nil", if not licensed.
- **Surname, Given Name and Initials.** Indicate the legal name of the officer, director or partner.

Change of Information

Indicate updated information only.

If you are registered under the CVOR Program, you are required by law to notify the Registrar of Motor Vehicles in writing within 15 days of changes in the persons constituting your officers, directors or partners, and in changes to your corporate structure. This applies to

- i. Corrections/changes in the name and/or address of a corporate partner
- ii. Addition or deletion of an officer, director, or general partner in a limited partnership
- iii. Addition or deletion of a partner NOT in a limited partnership
- iv. Amalgamation of corporations; and
- v. Corporate take-over.

(See Below For Further Explanations)

i. Corrections/changes in the name and/or address of a corporate partner:

- Provide on a separate sheet of paper the corporate partner's RIN and the new information such as the corporate name, head office address and position (i.e. Partner).
- For a **name change**, also send a copy of the page(s) of the Certificate/Articles of Amendment showing the new name and the former name, or of the Certificate/Articles of Amalgamation listing the names of the companies involved.

Section E Corporate Data (continued)

- ii. **Addition or deletion of an officer or director of a corporation, or directors or officers of a general partner in a limited partnership**
- To add or delete a partner who is an individual, provide the information as requested.
Note: You must provide a copy of the “Resolution of Directors” when reporting a new President, CEO or CFO.
 - If a corporation is no longer a partner, enter the effective date (Year/Month/Day) of the deletion.
 - To add a **partner that is a corporation** to your CVOR record,
 - Provide on a separate sheet of paper the corporate partner’s RIN (i.e. the 9-digit number displayed on an Ontario vehicle registration), the corporate name, head office address and position (i.e. Partner). Send a copy of page 1 of the Articles of Incorporation, Letters Patent, etc.
 - If there has been a name change since the incorporation, send a copy of the page(s) of the Certificate/Articles of Amendment showing the new name and the former name, or of the Certificate/Articles of Amalgamation listing the names of the companies involved.
- iii. **Addition or deletion of a partner NOT in a limited partnership**
- Complete and return only the “Voluntary Termination” form to request the termination of your registration under the CVOR Program.
 - If you require a CVOR certificate under the new legal entity, complete an Original application for a CVOR certificate.
- iv. **An amalgamation of corporations**
- Send a copy of the Certificate/Articles of Amalgamation showing the names of the companies involved.
 - Confirm if there has been a change of control and if so, the effective date.
 - Keep a copy of your request in your vehicles until the information on your vehicle registrations matches the one on your CVOR certificate.
- v. **A corporate take-over**
- Provide a letter from the owner or a lawyer giving details of what has transpired and details of the new controlling interest.
 - Send any supporting legal documentation.

Section F Operator’s Declaration

32. For New Applicants Only – See Application Form

33. Insurance Information:

For further information, refer to:

- *Motor Vehicle Transport Act*, Motor Carrier Safety Fitness Certificate Regulations, Section 7,
- *Public Vehicles Act of Ontario*, Regulation 982, Section 14,
- *Insurance Act of Ontario*, Part VI, Automobile Insurance or contact your insurance company.

34. Declaration:

Corporation or Partnership Application. The application must be signed by one of the officers, directors or partners identified in Item 31 of Section E. A Power of Attorney is not acceptable. **Applications that are not properly signed will be returned unprocessed.**

Individual Application. You, the operator, must sign the declaration. A Power of Attorney is not acceptable. Applications that are not properly signed will be returned unprocessed.

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.

35. Contact Person for this application:

This individual will be contacted if there are questions concerning your CVOR application.

To terminate your CVOR please complete - **Voluntary Termination** form (Download from the Internet or call the Carrier Sanctions and Investigation Office 416 246-7166 or in Ontario 1 800 387-7736).

