

TRANSPORTATION NETWORK COMPANY APPLICATION PURSUANT TO BYLAW 22/006

TO BE COMPLETED AND SIGNED BY THE APPLICANT. PLEASE COMPLETE ALL SPACES AS FULLY AND ACCURATELY AS POSSIBLE. FAILURE TO DO SO MAY RESULT IN THE REFUSAL OF THIS APPLICATION AND REVOCATION OF ANY SUBSISTING LICENSE HELD.

THIS APPLICATION MUST INCLUDE IN ADDITION TO THIS FORM:

1. PROOF IN WRITING THAT THE APPLICANT HAS AN OFFICE LOCATED IN THE RMWB FROM PLANNING AND DEVELOPMENT.
2. AN APPROVAL TO OPERATE AS A TRANSPORTATION NETWORK COMPANY ISSUED BY THE PROVINCE OF ALBERTA PURSUANT TO THE TRANSPORTATION NETWORK COMPANIES REGULATION.
3. PROOF OF LIABILITY INSURANCE WITH TNV ENDORSEMENTS. (REVIEW AND CHECK INSURANCE INFORMATION REQUIREMENTS ON REVERSE OF FORM).
4. COMPLETED FREEDOM OF INFORMATION AND PRIVACY NOTICE OF CONSENT (REVERSE OF THIS FORM).
5. LIST OF TNV DRIVERS AND VEHICLES OPERATING UNDER BROKERAGE.
6. RECEIPT SHOWING PAYMENT FOR BROKERAGE LICENSE (PER SCHEDULE J).

NOTE: ALL APPLICANTS ARE REMINDED ANY CHANGE IN THE INFORMATION PROVIDED ON THIS FORM MUST BE REPORTED IN WRITING TO THE CHIEF TAXI INSPECTOR WITHIN 7 DAYS OF ITS OCCURANCE.

TRANSPORTATION NETWORK COMPANY NAME: _____

COMPANY NAME AS LISTED ON BUSINESS LICENSE: _____

PRINCIPAL OWNER(S) OF BROKERAGE (INCLUDE PRINCIPAL RESIDENCE AND CONTACT PHONE NUMBER(S))

ADDRESS WHERE BROKERAGE OPERATES: _____ / _____
STREET NUMBER AND NAME CITY / PROVINCE

POSTAL CODE: _____ PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ / _____
STREET NUMBER AND NAME CITY / PROVINCE

E-MAIL ADDRESS: _____

NUMBER OF AFFILIATED TRANSPORTATION NETWORK VEHICLES _____

FOR OFFICE USE ONLY	
_____	_____
CLERK	BROKERAGE #



REGIONAL MUNICIPALITY OF
WOOD BUFFALO

INSURANCE INFORMATION: ENDORSEMENTS HELD THE TNC IS RESPONSIBLE TO ENSURE THAT ITS TRANSPORTATION NETWORK DRIVERS AND THE TRANSPORTATION NETWORK AUTOMOBILES THEY OPERATE ARE COVERED BY A MOTOR VEHICLE LIABILITY POLICY AND/OR A TRANSPORTATION NETWORK AUTOMOBILE INSURANCE POLICY, AT ALL TIMES THAT THE DRIVERS AND THE AUTOMOBILES PROVIDE TRANSPORTATION NETWORK SERVICES.

1. I/WE CONFIRM THAT AN SEF 6C PASSENGER HAZARD ENDORSEMENT IS HELD BY THE TNC IDENTIFIED, AND THE ENDORSEMENT IS IN PLACE FOR EACH TRANSPORTATION NETWORK AUTOMOBILE AND PROVIDES COVERAGE FOR ALL TRANSPORTATION NETWORK DRIVERS. YES NO
2. I/WE CONFIRM THAT THE ALBERTA STANDARD AUTOMOBILE INSURANCE POLICY FORM [1] TRANSPORTATION NETWORK (SPF 9) IS HELD BY THE TNC IDENTIFIED IN SECTION 1, AND IS IN PLACE FOR EACH NETWORK TRANSPORTATION NETWORK AUTOMOBILE AND PROVIDES COVERAGE FOR ALL TRANSPORTATION NETWORK AUTOMOBILES. YES NO
3. I/WE CONFIRM THAT AN SEF 6C PASSENGER HAZARD ENDORSEMENT OR AN ENDORSEMENT SPECIFIC FOR TRANSPORTATION NETWORK DRIVERS IS HELD BY EACH TRANSPORTATION NETWORK DRIVER AND PROVIDES APPROPRIATE INSURANCE COVERAGE FOR EACH TRANSPORTATION NETWORK AUTOMOBILE. YES NO
4. I/WE CONFIRM THAT A MOTOR VEHICLE LIABILITY POLICY (PERSONAL LIABILITY AND PROPERTY DAMAGE) IS HELD WITH THE SPECIFIED AMOUNTS AS REQUIRED UNDER ALBERTA'S INSURANCE ACT AND ALBERTA'S TRAFFIC SAFETY ACT AND THE REGULATIONS THEREUNDER. YES NO
5. I/WE CONFIRM THAT A COPY OF THE ENDORSEMENT(S) HELD BY THE TNC AND/OR THE ENDORSEMENT(S) HELD BY THE TRANSPORTATION NETWORK DRIVER(S) IS PROVIDED ALONG WITH THE APPLICATION (EITHER IN HARDCOPY OR ELECTRONIC FORMAT). YES NO

FREEDOM OF INFORMATION AND PRIVACY NOTICE OF CONTENT

ALL APPLICATIONS ARE SUBJECT TO APPROVAL.

I _____ do hereby state that I (A) agree to abide by all provisions of the Regional Municipality of Wood Buffalo Vehicle for Hire Bylaw and (B) that all information provided by me on this application is true and accurate.

Signature

Date

The personal information on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used to process your application as contact information. If you have any questions about the collection or use of this information contact Bylaw Services, 150 MacLennan Crescent, Fort McMurray, Alberta, T9H 4E8, or phone 780.743.7000.

