



Office Use Only PT Application # _____

1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)

<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Partnership (Name each partner)	<input type="checkbox"/> Legal Entity (i.e. Corporation, LLC, Society, City)
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Legal Name(s): _____

2. Identification and Contact Information

All trade names (i.e. "doing business as"): _____

Safety Certificate Number: _____ Home Jurisdiction: _____

Business Mailing Address: _____

_____ Postal/Zip Code: _____

Physical Location of Records (if different): _____

_____ Postal/Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

3. Special authorization to operate as a Transportation Network Service (TNS)

New TNS

4. Application Fee (\$200) (check the appropriate box)

Cheque (attached) Money Order (attached) Credit Card Other _____

Note: DO NOT SUBMIT CREDIT CARD INFORMATION.
The Branch will contact you by telephone for authorization if using a credit card.

5. Acknowledgement of Data Sharing (check the box)

I (we) acknowledge that I (we) must provide information requested by the Registrar or Board, including personal information and data respecting motor vehicles, drivers of motor vehicles, and trips taken by passengers as identified in the *Passenger Transportation Act*.



6. Declaration(s)

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the application and/or licence. I (we) also confirm my (our) commitment to safe operation as identified in the *Passenger Transportation Act*.

This form must be signed by the sole proprietor, all partners in the partnership, or a principal of the legal entity (i.e. corporation, LLC, society, city).

Full Legal Name: _____ Title: _____

Signature: _____ Date: _____

Full Legal Name: _____ Title: _____

Signature: _____ Date: _____

Passenger Transportation Branch
Suite 200 – 1500 Woolridge Street
Coquitlam, BC V3K 0B8

Phone: 604-527-2198
Fax: 604-527-2205

*BC residents can call toll free
through Enquiry BC:
Victoria: 250-387-6121
Elsewhere in BC: 1-800-663-7867*



1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)

Individual / Sole Proprietor Partnership (Name each partner) Legal Entity (i.e. Corporation, LLC, Society, City)

Full Legal Name(s):

2. Identification and Contact Information

All trade names (i.e. "doing business as"):

Passenger Transportation Licence Number (if applicable):

Business Mailing Address: Postal/Zip Code:

Physical Location of Records (if different):

Postal/Zip Code:

Phone: Cell: Fax:

Email: Website:

3. Persons with Delegated Signing Authority (Optional)

Table with 3 columns: Full Name (Print), Position, Signature

Collection of Personal Information: Personal information is collected by the Ministry of Transportation and Infrastructure - Passenger Transportation Branch under section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) for administering and enforcing the Passenger Transportation Act and Passenger Transportation Regulation. Should you have any questions about the collection of this personal information please contact: Registrar, Passenger Transportation Branch, 200 - 1500 Woolridge St. Coquitlam BC, 604-527-2198, passengertransportationbr@gov.bc.ca

4. Declaration of Owner(s)

I (we) understand that any delegation of signing authority to persons named in Section 3 does not relinquish or diminish the authority of the individual (sole proprietor), partners or principals to sign for and bind the carrier on matters under the Passenger Transportation Act.

I (we) authorize the persons named in Section 3 above to act on behalf of the carrier in all matters relating to the Passenger Transportation Act, Passenger Transportation Act Regulation and policies and orders of the Passenger Transportation Board.

It is the responsibility of the sole proprietor, all partners in the partnership, or a principal of the legal entity (i.e. corporation, LLC, society, city) to formally advise the Passenger Transportation Branch of any change to persons with delegated signing authority.

This form must be signed by the sole proprietor, all partners in the partnership, or a principal of the legal entity (i.e. corporation, LLC, society, city).

Full Name: Title:

Signature: Date:

Full Name: Title:

Signature: Date:

Blank Page

TNS Information Sheet

About this form: Use this form to provide information about your proposed TNS application. The Board uses the information you provide to make their decision, and to draft an Application Summary for publication on the Board website. If your application is approved, terms and conditions will include details from this form.

A. Applicant

Name: _____

Legal Name of Applicant

B. Public Explanation of Your Application

Summarize your rationale for making this application. Information you provide in this section will be published as part of your application summary.

C. Public Need and Sound Economic Conditions

For the purposes of this application process, the Board may consider information and evidence from the following reports:

- Economic Effects of the COVID-19 Pandemic on the BC Passenger Transportation Industry
Hara Associates, September 2021
- SSCC: Transportation Network Companies in British Columbia, February 2018
- SSCC Report: Transportation Network Services: Boundaries, Supply, Fares, and Driver's Licences,
March 2019
- Modernizing Taxi Regulation Hara Associates, June 2018
- Passenger Transportation Amendment Act (Bill 55) Legislative Debates, 2018

Please provide web-links or attach any additional reports you wish to rely on for this application:

D. Accessible Vehicles

Will you operate any wheelchair accessible vehicles as part of your TNS?

No

Yes

While you may operate wheelchair accessible vehicles as part of the service, any wheelchair accessible vehicle must meet vehicle standards set out in Division 44 ("Accessible Taxis") of the *Motor Vehicle Act Regulations*. Attach information about this service, any vehicles you will be using, and the training provided to drivers of these vehicles. Provide information about your accessible vehicle policies and procedures for drivers.

E. Data Provision Capability

The *Passenger Transportation Amendment Act*, s. 28(5)(a) to (c) sets out that a TNSA licensee must provide to the Registrar any information, including personal information and data, within time periods, that the Registrar or the Board may require.

Confirm that you have the capability to meet the data requirements of both the Registrar and the Board. See the [Branch website](#) and the [Board's Data Requirements](#).

F. Operating Areas

In which Regions are you proposing to operate your transportation network service?

For each operating area that you propose, please include information on the timing of planned implementation, fleet size you anticipate, and any plans you have for expansion. Also indicate which specific sections and municipalities of the operating area you will be focusing on in the first year.

Operating Areas:

- | | | |
|---|--|--|
| <input type="checkbox"/> Region 1:
(Lower Mainland, Whistler) <ul style="list-style-type: none"> • Metro Vancouver • Fraser Valley • Squamish-Lillooet | <input type="checkbox"/> Region 2:
(Capital) <ul style="list-style-type: none"> • Capital Region | <input type="checkbox"/> Region 3
(Vancouver Island, excluding CRD) <ul style="list-style-type: none"> • Cowichan Valley • Nanaimo • Comox Valley • Alberni-Clayoquot • Strathcona • Mt. Waddington • qathet (Powell River) |
| <input type="checkbox"/> Region 4 (Okanagan-Kootenays-Cariboo) <ul style="list-style-type: none"> • Central Okanagan • North Okanagan • East Kootenay • Kootenay Boundary • East Kootenay • Cariboo • Thompson-Nicola • Columbia Shuswap | <input type="checkbox"/> Region 5 (BC North Central & Other regions of BC) <ul style="list-style-type: none"> • Fraser-Fort George • Bulkley-Nechako • Kitimat-Stikine • Peace River • Northern Rockies • North Coast • Central Coast • Sunshine Coast • Islands Trust | |

Transportation of passengers may terminate at any point in BC. (All licensees)

Check box below if it applies to your operations:

- I need authority to cross the BC border into another province, territory or US state.

Disclosure of Unlawful Activity & Bankruptcy

About This Form

This form must be completed by one or more people, depending on your organization. See question 1 for details. The information you give will be used by the Board as part of its deliberations in assessing if you are a fit and proper person to provide the proposed service as required by the *Passenger Transportation Act*. The Board may need more information depending on your answers to these questions. In assessing if you are a fit and proper person to provide the proposed service, the Board may consider, among other matters:

- *What were the circumstances of any charges, convictions or findings of guilt and any sentence imposed?*
- *How much time has passed between the charge, conviction or finding of guilt and this application?*
- *Does the behavior for which the charges were laid or convictions or finding of guilt, indicate a pattern of poor conduct and character, lack of financial integrity or a threat to the public?*
- *What, if any, corrective or remedial activities have you undertaken in relation to any charges or convictions?*

You must provide truthful answers and if there are any changes in status regarding any of these questions, you must notify the Board immediately. If you do not, and it becomes known to the Board, the Board may refuse the application or, if a licence is approved, attach conditions, suspend or cancel the licence.

Name of person completing form: _____ Year of Birth: _____

1. What type of business are you? Please check:

- Sole Proprietorship
- Partnership (each partner must complete this form)
- Incorporated Private Company (each director and officer must complete this form)
- Public Company (the President, Secretary and CEO must complete this form)
- Society (each director of the society must complete this form)

2. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder

- a) been charged with or convicted of an offence under the Criminal Code of Canada? Yes No
- b) been charged with or convicted of an offence under the *Controlled Drugs and Substances Act* or the *Income Tax Act*? Yes No

If you answered yes to any of the above questions, please provide the following details for **each charge, conviction or finding of guilt** (attach a separate sheet if needed).

- i Description of conviction or finding of guilt _____
- ii Date of conviction or finding of guilt _____
- iii Description of sentence _____
- iv Name and location of court _____

v Court file number (if known) _____

3. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder ever,

a) filed for bankruptcy protection or receivership; been petitioned into bankruptcy or receivership; or made a proposal under any bankruptcy, insolvency or similar law, or had any similar action taken against you, in any jurisdiction? Yes No

b) been denied or refused bankruptcy protection or reorganization under any bankruptcy or insolvency law in any jurisdiction? Yes No

If you answered "Yes" to 3(a), you **must** give the following information for **each** proceeding (attach a separate sheet if needed)

i Name and address of entity (if applicable) _____

ii Name and address of filing party _____

iii Date petition filed _____

iv Name and address of Court _____

v Name and address of trustee _____

vi Disposition or outcome _____

Note: Please enclose a copy of any discharge.

If you answered "Yes" to 3(b) above, you **must** include the following for each proceeding (attach a separate sheet if needed)

i Name and address of entity (if applicable) _____

ii Name and address of filing party _____

iii Date petition filed _____

iv Name and address of Court _____

v Name and address of trustee _____

vi Disposition or outcome _____

Name and Signature

Name of person completing this form: _____

Position with the applicant: _____

Name of Applicant Company or Partnership or sole proprietor: _____

Signature: _____

Date: _____

TNS Declarations

About this Form:

- This form is required for all licence applications.
- This form must be signed by the **individual** (sole proprietor), **all partners** in the partnership, or the **president or sole director** of the corporation.
- By signing this form, you are making the declarations set out in A, B & C below.

Applicant:

Legal Name: _____

PT Licence No. (if applicable): _____

A. Declaration: Liquor & Cannabis Laws

I DECLARE THAT:

1. I understand that offences under the *Liquor Control and Licensing Act* include:
 - (a) consuming alcohol in a public place, including motor vehicles;
 - (b) operating a motor vehicle while there is liquor in the vehicle; and
 - (c) permitting a minor to consume liquor in a place under your control.
2. I understand that offences under the *Cannabis Control and Licensing Act* include:
 - (d) consuming cannabis while operating a vehicle;
 - (e) operating a vehicle knowing that another person is smoking or vaping cannabis in it;
 - (f) operating a vehicle while in personal possession of cannabis contrary to the Act; and
 - (g) operating a vehicle while cannabis is in it contrary to the Act.
3. I understand that my passenger transportation licence may be suspended or cancelled if I commit an offence under either the *Liquor Control and Licensing Act* or *Cannabis Control and Licensing Act* related to the operation of a commercial passenger vehicle.
4. I will educate my drivers and operators about their responsibilities and how to deal with passengers who consume alcoholic beverages or cannabis in my commercial passenger vehicles.

B. Declaration: App

I DECLARE THAT

1. The application software that provides a driver or passenger with access to the online platform used by the applicant complies with the PT Board's *Supplementary Terms and Conditions Respecting Apps*, effective September 3, 2019 and as amended from time to time.

C. Declaration: Application Information

I DECLARE THAT:

1. The statements and information contained in, attached to and submitted with this licence application package are true and correct.
2. I understand that statements and information contained in, attached to and submitted with this licence application package may be verified.
3. I understand that false or misleading representations could result in refusal of my application or cancellation of my licence, if my application is approved.

D. Signature(s) (Please insert electronic signature or print, sign and scan)

Full Name: _____ Title: _____

Signature: _____ Date: _____

Full Name: _____ Title: _____

Signature: _____ Date: _____

Full Name: _____ Title: _____

Signature: _____ Date: _____