

**LICENSEE REQUEST CONCERNING MISSING SPONSORED INDEPENDENT OPERATOR**

1. Licensee \_\_\_\_\_

2. Container Trucking Service Licence No. \_\_\_\_\_

3. Independent Operator (IO) Name \_\_\_\_\_

4. IO Address \_\_\_\_\_

5. Reason(s) for this Request *(include brief explanation of circumstances; for example – IO's sale of truck; no contact for 1 month or more; information that IO has moved or is no longer working in container trucking industry; include information about the last time the IO contacted the Licensee)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date of Most Recent Container Trucking Services performed by IO and Remunerated by Licensee *(attach copy of record of payment)*

\_\_\_\_\_

7. Confirmation of Licensee's Mailing of Registered Letter to IO Seeking Contact *(attach copy of letter and proof of its delivery to IO; note that the Commissioner requires at least 10 business days after the delivery of this letter before he will consider this request)*

8. On behalf of the Licensee, I request that the Commissioner deem that the above named Independent Operator has terminated his sponsorship agreement with the Licensee effective \_\_\_\_\_ *(insert date of IO's last contact noted at #5)*

\_\_\_\_\_  
Signature of Principal of Licence Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

***A Licensee must complete this form, and provide all pertinent attachments, when a Licensee has been unable to contact a sponsored IO for more than 1 calendar month and the Licensee wishes to utilize that IO's truck tag.***

***This form is not to be used for unplanned absences described in section 9 of Schedule 3 (Sponsorship Agreement) to the Container Trucking Services Licence 2016-2017.***

**For Use by the Office of the BC Container Trucking Commissioner**

9. I approve this request  **OR** I do not approve this request for the reason(s) below

\_\_\_\_\_  
BC Container Trucking Commissioner

\_\_\_\_\_  
Date

Attachment(s) not included with request

No confirmation of registered letter to IO

Insufficient reason(s) for request

Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***The Commissioner will mail a copy of this form, with attachments, to the IO address noted at #4 after the Commissioner has approved or not approved the Licensee's request.***