

# Form 1

## LOCAL TLS PROGRAM APPLICATION

### Company Information, Contact Information and Fleet Information



OFFICE OF THE  
BRITISH COLUMBIA CONTAINER  
TRUCKING COMMISSIONER



PORT METRO  
**vancouver**

All fields are mandatory and are required for the application to be processed. If a field is not applicable to your company, please indicate by entering "N/A".

## 1.1 PRIMARY COMPANY INFORMATION

Section A must be completed by either a sole company applicant **OR** one of two companies applying for a jointly and severally liable local Licence.

### A1 – Company Contact and Address

Company Name: \_\_\_\_\_

Principal Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Address (line 1): \_\_\_\_\_

Company Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### A2 – Corporate Company Identification

SCAC Code: \_\_\_\_\_

DBA (Doing Business As, if applicable): \_\_\_\_\_

British Columbia Corporate Registration Number: \_\_\_\_\_

National Safety Code Number: \_\_\_\_\_

### A3 – Unionized Labour

If applicable, please provide name of union (i.e. Unifor, Teamsters, etc): \_\_\_\_\_

Collective Agreement expiry date: \_\_\_\_\_

### A4 – Yard Address

Address: \_\_\_\_\_

### A5 – Primary Company Day-To-Day contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## 1.2 SECONDARY COMPANY INFORMATION

In the event that two trucking companies are applying for the jointly and severally liable local Licence, Section B must be completed.

### B1 – Company Contact and Address

Company Name: \_\_\_\_\_

Principal Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Address (line 1): \_\_\_\_\_

Company Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### B2 – Corporate Company Identification

SCAC Code: \_\_\_\_\_

DBA (Doing Business As, if applicable): \_\_\_\_\_

British Columbia Corporate Registration Number: \_\_\_\_\_

National Safety Code Number: \_\_\_\_\_

### B3 – Unionized Labour

If applicable, please provide name of union (i.e. Unifor, Teamsters, etc): \_\_\_\_\_

Collective Agreement expiry date: \_\_\_\_\_

### B4 – Yard Address

Address: \_\_\_\_\_

### B5 – Secondary Company Day-To-Day contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### 1.3 LICENCE AND ACCESS AGREEMENT ADMINISTRATOR CONTACT INFORMATION

**IMPORTANT NOTE:** The contact information provided here will be the single point of contact regarding this application or, in the event the applicant is successful, future ADMINISTRATIVE matters regarding the local License and Access Agreement. This contact is responsible to ensure correspondence is distributed to appropriate parties, such as the joint applicant/holder.

Administrative Contact Name: (Day-to-day TLS Application Contact) \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Address (line 1): \_\_\_\_\_

Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 1.4 FLEET INFORMATION

#### PRIMARY COMPANY:

1. Number of approved truck tags currently filled with active trucks: \_\_\_\_\_

a. # that are Company-owned trucks: \_\_\_\_\_

b. # that are Sponsored IO tags: \_\_\_\_\_

c. # that are vacant tags: \_\_\_\_\_

*Note: The number listed in 1a, 1b and 1c should add up to the number in Question 1.*

2. Number of truck tags **requested** as part of this application: \_\_\_\_\_ (must not exceed #1 above)

a. # that are Company-owned trucks: \_\_\_\_\_

b. # that are Sponsored IO driver tags:\* \_\_\_\_\_

c. # that are active, but vacant (for less than 30 days): \_\_\_\_\_

*Note: The number listed in 2a, 2b and 2c should add up to the number in Question 2.*

*\*Note: If there is a change in the number of IO tags requested, Sponsorship Agreement requirements still apply. The Applicant is responsible for confirming compliance. Failure to do so could result in award of fewer tags than requested.*

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### 1.4 FLEET INFORMATION (Continued)

#### SECONDARY COMPANY:

3. Number of approved truck tags currently filled: \_\_\_\_\_

a. # that are Company-owned trucks: \_\_\_\_\_

b. # that are Sponsored IO tags: \_\_\_\_\_

c. # that are vacant tags: \_\_\_\_\_

*Note: The number listed in 3a, 3b and 3c should add up to the number in Question 3.*

4. Number of truck tags **requested** as part of this application: \_\_\_\_\_ (must not exceed #1 above)

a. # that are Company-owned trucks: \_\_\_\_\_

b. # that are Sponsored IO driver tags:\* \_\_\_\_\_

c. # that are active, but vacant (for less than 30 days): \_\_\_\_\_

*Note: The number listed in 4a, 4b and 4c should add up to the number in Question 4.*

*\*Note: If there is a change in the number of IO tags requested, Sponsorship Agreement requirements still apply. The Applicant is responsible for confirming compliance. Failure to do so could result in award of fewer tags than requested.*

***In the event that the information, terms and conditions of the application package conflict with the respective terms and conditions of the Licence, the terms and conditions of the Licence will prevail.***

