



OFFICE OF THE
BRITISH COLUMBIA CONTAINER
TRUCKING COMMISSIONER

CONTAINER TRUCKING SERVICES LICENCE

I/O LIST APPLICATION

This application form is available on the Office of the BC Container Trucking Commissioner's website or by request at the Office of the BC Container Trucking Commissioner.

Send your application to:

OBCCTC Registrar
Email: Registrar@obcctc.ca

Contact Information:

OBCCTC Registrar
Phone: 604-660-6051
Fax: 604-660-6045
Website: www.obcctc.ca

Use this application to apply for:

✓ **Additional I/O names to be added to the OBCCTC I/O List**

This application is available on the Office of the BC Container Trucking Commissioner (OBCCTC) website or by request through the OBCCTC Registrar.

Under the CTS Licence Tag Management Policy:

- The Commissioner will monitor the I/O List and, if satisfied that it is desirable to add new Eligible I/Os to the I/O List, will publish a request for applications.
- Should the number of applicants exceed the number of advertised spaces, the successful applicants will be determined by a lottery.
- Successful applicants will be notified in writing and will have 30 days from the date of the written notification to acquire a compliant vehicle, secure a Sponsorship/Joinder and secure VFPA TLS approval, unless consent is granted in advance by the OBCCTC to extend the timeframe.
- Subject to the discretion of the OBCCTC, any applicant seeking to be placed on the I/O List must not have been a company employee of a Licence holder in the three months prior to being placed on the I/O List.

Applicants must complete the application and demonstrate that they meet the following criteria:

- 5 (five) or more years of experience in providing local drayage and/or long haul (highway) container trucking services; and
- Was not a company employee of a Licence holder in the three months prior to being placed on the I/O list.

About this form: Submit this form to the OBCCTC when applying to be added to the I/O List. (Registrar@obcctc.ca)
PLEASE PRINT CLEARLY

1. I/O Information

I/O Name: _____

I/O Contact Phone Number: _____

I/O Contact Email Address: _____

Port Pass Number: _____

Number of Years with Container Trucking Experience: _____

Current Company: _____

Dates Worked at Current Company- From: _____ To: _____

Previous Company: _____

Dates Worked at Previous Company- From: _____ To: _____
(Attach a separate sheet if required to show experience of last 5 years)

✓ DECLARATION

Applicants must also declare that they are aware of and will meet the following conditions within 30 days of receiving written confirmation they have been added to the list:

- Acquire a complaint vehicle;
- Secure a Sponsorship/Joinder agreement with a Licensee that has a vacant tag; and
- Obtain Vancouver Fraser Port Authority Truck Licensing System approval.

By signing this form, I certify that the information provided is true and correct.

Applicant Print Full Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Processed By: _____

I/O Approved YES No