

## Instructions

Please complete this form:

1. If you are applying for a new CVOR certificate (Sections A and C are mandatory; complete section B if applicable)
2. To request to add, remove or update Company Representative and/or Service Provider information (sections B and C are mandatory).

Fields marked with an asterisk (\*) are mandatory.

## A. Consent and Privacy

### Application Type

Are you applying as a Corporation or as an Individual?

☐ Corporation ☒ Individual

## Commercial Vehicle Operator's Registration (CVOR) Certificate Authorization

☐ I understand and confirm the following:

- I am applying to receive a CVOR certificate and to be enrolled and monitored in the CVOR program in accordance with the *Highway Traffic Act*;
- The information requested in this application is collected under the authority of the *Highway Traffic Act* and the *Motor Vehicle Transport Act* (Canada). This information is used to evaluate eligibility to obtain and hold a CVOR certificate, and to create and maintain a public record;
- If granted a CVOR certificate, I will bear the responsibility imposed by law to ensure the safe operation of commercial motor vehicles;
- I will be required to ensure that any commercial motor vehicles operating under my CVOR certificate are insured in accordance with provincial and federal law;
- I must notify ServiceOntario within 6 days of any change in address;
- I must notify the Registrar of Motor Vehicles within 15 days of any change to my email address or fleet size (if the change is greater than 20%) as set out in Ontario Regulation 424/97;
- I have read and understand the Ministry of Transportation's consent to collection of personal information as outlined below:

Personal Information is collected on behalf of the Ministry of Transportation under the authority of Section 205 of the *Highway Traffic Act*. The information is used for the administration of the Ministry's driver, vehicle and carrier programs. Residential address information is not available to the general public and will only be released to "Authorized Requesters" for authorized purposes.

[Read more about the Ministry of Transportation's collection of personal information.](#)

## Complete if using a Service Provider or Company Representative

☐ I have authorized

Name of Service Provider or Company Representative

to submit a CVOR certificate application on my behalf and I am giving authorization to the Ministry of Transportation to collect my personal information for the purpose of assessing the application. However, it is my responsibility to ensure that the information provided in this application is true, accurate and complete. It is an offence under section 9 of the *Highway Traffic Act* to provide inaccurate information in an application and violations may result in various penalties, including refusal or cancellation of a CVOR certificate.

## Authorizing Applicant

Print Name *	Position *
Signature *	Date (yyyy/mm/dd) *

## B. Company Representative and Service Provider Authorization/Update

### Client Details

CVOR Number (if applicable)

Last Name *	First Name *	Middle Name *
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### Address

Unit Number	Street Number *	Street Name *
City/Town/Township *	Province/State *	Postal/ZIP Code * Country *
Telephone Number * ext.	Email Address *	

### Company Representative Details

A Company Representative is an employee of the business who is authorized to conduct transactions on behalf of the business.

☐ Add ☐ Remove ☐ Update Company Representative (indicate fields that are changing)

Last Name	First Name
Position with company	
Telephone Number ext.	Email Address

Delete

[Company Representative Details \(+\)](#)

### Service Provider Details

A Service Provider is a third-party requestor who is authorized to conduct transactions on behalf of a client.

☐ Add ☐ Remove ☐ Update Service Provider (indicate fields that are changing)

Business/Agency Name	
Telephone Number ext.	Email Address

Delete

[Service Provider Details \(+\)](#)

## C. Authorizing Signature

Under provincial legislation, a false statement in this application may result in a penalty. The information is collected under the authority of section 205 of the *Highway Traffic Act* and uses will include evaluation and processing of this application and the administration of the CVOR program.

Print Name *	Authorized Signature *	Date (yyyy/mm/dd) *
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**Mail completed form or direct enquiries to:**

Ministry of Transportation  
Commercial Safety and Compliance Branch  
Licensing, Permits and Support Office  
301 St. Paul Street, 3rd Floor  
St. Catharines, Ontario L2R 7R4  
Canada

For additional information, visit [www.ontario.ca](http://www.ontario.ca) or call 1-800-387-7736 (within Ontario) or 416-246-7166.

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