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Application Type

Based on the above criteria, are you applying as a Corporation or as an Individual? *

☐ Corporation ☒ Individual

Please read the instructions carefully before completing this application.

Instructions

- Fields marked with an asterisk (*) are mandatory.
- You will be required to complete and submit a copy of the mandatory Consent and Authorization form <https://forms.mgcs.gov.on.ca/en/dataset/sr-e-5072>.
- Your identification/supporting document must be submitted with the application:
 - Individual applications must include a copy of one of the following:
 - Ontario's Driver's License
 - Non-Ontario Driver's License
 - If you do not have a Driver's Licence, you must provide a copy of one of the following:
 - Passport
 - Ontario Photocard
 - Canadian Permanent Residence Card (with signature)
 - Canadian Citizenship Card with Photo (issued prior to February 1, 2012)
 - Canadian Birth Certificate or Proof of Birth Document issued by a U.S. Jurisdiction
- Failure to provide the required documents may result in the application being returned as 'incomplete' and delay the processing time.
- The application must be signed by the applicant.

Applicant Role

How do you identify your role in this application process? *

- ☐ I am the applicant client applying on my own behalf.
- ☐ I am a Service Provider applying on behalf of the applicant client.
- ☐ I am a Company Representative applying on behalf of the applicant client.

1. Driver's Licence Information

Do you have a Driver's Licence? *

- ☐ Yes, I have an Ontario Driver's Licence
- ☐ Yes, I have a non-Ontario Driver's Licence
- ☐ No, I do not have a Driver's Licence

If yes,

Driver's Licence Number *

Driver's Licence Jurisdiction *

Note: Please include a scanned copy of your Driver's Licence with your completed application.

If no, please include a scanned copy of **one** of the following identifications/supporting documents:

- Passport
- Ontario Photocard
- Canadian Permanent Residence card (with signature)
- Canadian Citizenship Card with Photo (issued prior to February 1st, 2012)
- Canadian Birth Certificate or Proof of Birth Document issued by a U.S. jurisdiction

2. Client Details

Last Name *		First Name *	
Middle Name	Date of Birth (yyyy/mm/dd) *	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	
Preferred Language of Communication * <input type="checkbox"/> English <input type="checkbox"/> French	Phone Number * ext.	Mobile Number	
Email Address *	Preferred Method of Communication * <input type="checkbox"/> Email <input type="checkbox"/> Mail		

Physical Address

Apt/Suite/Unit Number	Street Number *	Street Name *	
City/Town/Township *	Province/State *	Postal/ZIP Code *	
Country *			

Would you like to add a mailing address? *

☐ Yes ☐ No

Mailing Address

Apt/Suite/Unit Number	Street Number *	Street Name *	PO Box
City/Town/Township *	Province/State *	Postal/ZIP Code *	
Country *			

3. Company Representative Details

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

Do you want to add a Company Representative? *

- ☒ Yes ☐ No

Last Name *	First Name *
Position with Company *	Phone Number * ext.
Email Address *	

4. Service Provider Details

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

Do you want to add a Service Provider? *

☒ Yes ☐ No

Service Provider Business Name *

Phone Number *

ext.

Email Address *

5. Business Information

Which type of commercial motor vehicles (CMV) will be operated by the business? * (Select all that apply)

☐ Truck (including mobile crane and concrete pumps) ☐ School Bus

☐ Bus (excluding school bus) ☐ Tow Truck

Number of CMVs business expects to operate over the next year * (Maximum Value: 999)

Number of Drivers * (Maximum Value: 9999)

United States Department of Transportation Number (US DOT#)

Do you transport dangerous goods? *

☐ Yes ☐ No

Is your privilege of operating commercial motor vehicles currently suspended, cancelled, or revoked in any North American jurisdiction? *

☐ Yes ☐ No

If yes, indicate which jurisdiction(s) *

Will you be conducting business in other provinces outside Ontario? *

☐ Yes ☐ No

Do you have insurance in place? *

☐ Yes ☐ No

If yes,

Name of Insurance Company (not an Agent/Broker) *

Policy Number *

If no,

Insurance not yet in place?

Insurance will need to be in place before the Commercial Vehicle Operator's Registration (CVOR) certificate can be used. Any changes to insurance information should be reported to the ministry within 15 days.

6. Declaration

☐ I certify the information contained in this application is true. *

Authorized Name (print) *

Authorized Signature *

Date (yyyy/mm/dd) *

7. CVOR Application Fee and Payment Information

CVOR Application Processing Fee: \$255.00 CAD

This fee is non-refundable and to be paid in Canadian Funds **only**.

Method of Payment *

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Cheque (payable to the Minister of Finance) |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Certified Funds (payable to the Minister of Finance) |

Note:

Visa Debit and Mastercard Debit are **only** accepted through the online application.

The application fee is subject to change at any time, without notice.

An application received without proper payment or supporting documents will be returned and processing will be delayed.

Payment is non-refundable and is to be made in Canadian funds **only**.

Do not send cash by mail.