

Notes	Office Use Only	
Under provincial legislation, a false statement from the applicant may result in a penalty. The personal information provided by you on this form is collected to assist with payment verification for the Ministry of Transportation's driver, vehicle and carrier products and services, for which the Ministry is responsible under the <i>Highway Traffic Act</i> . If you have any questions about the information collected on this form, please contact the Operations Manager, ServiceOntario Driver and Vehicle Contact Centre at 416-235-2999 or 1-800-387-3445 or visit www.serviceontario.ca .	Operator Number	Office Number
	Business Date (yyyy/mm/dd)	
	<input type="checkbox"/> Fee Paid	

Applicant's Information

Name/Company/Dealer

Address

Unit Number	Street Number	Street Name		PO Box	Rural Route
Lot Number	Concession	Township	City/Town		
Province/State		Postal/ZIP Code	Country		
Daytime Telephone Number ext.		Alternate Telephone Number	Email Address		

Ontario Identification NumberProvide **one (1)** of the Ontario identification numbers below.

<input type="checkbox"/> Driver's Licence (DL) Number	_____
<input type="checkbox"/> Licence Plate Number	_____
<input type="checkbox"/> Registrant Identification Number (RIN)	Dealer Number _____
<input type="checkbox"/> Commercial Vehicle Operator's Registration (CVOR) Number	National Safety Code (NSC) Number _____
<input type="checkbox"/> Motor Vehicle Inspection Station (MVIS) Number	_____
<input type="checkbox"/> Vehicle Identification Number (VIN)	_____

If you do not have any of the Ontario identification numbers requested please select ► ☐ Not Available / None of the above**Applicant Acknowledgement**

I understand how my stored payment information will be used.

- I consent to store this payment information.
- I understand I will be notified when any changes are made to the terms of use.
- I understand that transactions will contain the necessary payment details when storing or using cards on file (payment information).

Credit Card Information

Name of Cardholder as it appears on the credit card	Name of the Credit Card Company <input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Name of the Signing Authority (If different than name of Cardholder)	
Signature of Cardholder or Signing Authority	Date (yyyy/mm/dd)
Credit Card Number	Card Expiration Date (mm/yy)