

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

Legal name of Corporation as it appears on your Articles/Certificate of Incorporation *

☐ I understand and confirm the following:

- The above-named corporation is 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 in this company name, and to create and maintain a public record;
- If granted a CVOR certificate, this corporation will bear the responsibility imposed by law to ensure the safe operation of commercial motor vehicles;
- A corporate officer of this company will be required to ensure that any commercial motor vehicles operating under this CVOR certificate are insured in accordance with provincial and federal law;
- A corporate officer of this company must notify the Registrar of Motor Vehicles within 15 days of any change in company name, address, email address, or fleet size (if the change is greater than 20%) as set out in Ontario Regulation 424/97;
- I am a corporate officer/director of this named corporation and I approve of this application;
- 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

☐ This corporation has authorized

Name of Service Provider or Company Representative

to submit a CVOR certificate application on behalf of the corporation and I am giving authorization to the Ministry of Transportation to collect personal information for the purpose of assessing the application. However, it is the corporation's 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 Corporate Officer or Director

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

Corporate Officers

All corporate officers **must** be listed and will be verified with Ministry of Government & Consumer Services

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

Do you have any additional corporate officers to add?

☒ Yes (if yes, please complete the fields below) ☐ No (if no, please complete section B, if applicable)

Print Name	Position
Signature	Date (yyyy/mm/dd) <div>Delete</div>
Print Name	Position
Signature	Date (yyyy/mm/dd) <div>Delete</div>
Print Name	Position
Signature	Date (yyyy/mm/dd) <div>Delete</div>

Corporate Officer (+)

B. Company Representative and Service Provider Authorization/Update

Client Details

CVOR Number (if applicable)

Legal Name *

Company Address / Place of Business

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
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Position with company

Telephone Number ext.	Email Address	Delete
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[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
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[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.

Corporate Officer/Director's 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 or call 1-800-387-7736 (within Ontario) or 416-246-7166.

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