



In the Matter of the Motor Carrier Act

**Application for Motor Carrier License to
Furnish Specialty School Bus Service**

To the Nova Scotia Utility and Review Board, 1601 Lower Water Street, Suite 300, or Postal Unit M, P.O. Box 1692, Halifax, Nova Scotia B3J 3S3.

The application of _____
Name

of _____
City, Town, and Municipality

Telephone _____ Fax _____ Email _____

states as follows:

- 1. The full name and address of the applicant is

- 2. The applicant applies for a license as a Motor Carrier to furnish school bus service as follows:

- 3. The following are brief particulars of contracts or arrangements made by the applicant with School Boards, School Trustees or other school authorities:

4. The following is a list showing the kind, year of manufacture, maker's name, serial number and maximum seating capacity (excluding the driver's seat) of each vehicle to be operated by the applicant to furnish school bus service:

Kind	Seating Capacity	Maker's Name	Serial Number	GVWR

Note: If above space is insufficient to contain all vehicles, prepare list on paper of identical width and paste on.

5. The vehicles listed above to be operated by the applicant to furnish school bus service meet the standards prescribed by the regulations made under the Motor Carrier Act.
6. If the within application is granted, the applicant, prior to the issuance of a license under the Motor Carrier Act will:
- (a) obtain motor vehicle liability insurance policies satisfactory to the Board; and
 - (b) file with the Board a certificate of the insurers certifying that the insurance required by the Motor Carrier Act and the regulations made thereunder has been placed or effected in respect to each motor vehicle.

Dated at _____ this _____ day of _____ 20____

County of _____, Province of _____ _____
Signature of applicant

Declaration

In the matter of the Motor Carrier Act

I, _____ of _____

in the County of _____, Province of _____, make oath and say

- a) that I am the _____ and have knowledge of the matters herein set out
Applicant, or agent, officer, or solicitor of the applicant
- b) that the statements set out in the foregoing application are true and correct

Sworn to at _____

in the County of _____

Province of _____

this _____ day of _____ A.D. 20 ____ before me



Notary Public or Commissioner

Signature of Applicant