

MANITOBA SAFETY FITNESS CERTIFICATE APPLICATION FOR EXTRA-PROVINCIAL FARMERS

This application is specifically for farmers who require a Safety Fitness Certificate because they are using farm trucks to transport their **own** farming products to market outside Manitoba. This application contains sections which are not applicable to farmers whose regulated vehicles are **all** registered for farm use (A6 registration class). Any non-applicable sections have been noted as 'not applicable' in red bold print. The remainder of the application and/or schedules must be completed and included in your submission.

SAFETY FITNESS CERTIFICATES (SFC) ARE VALID FOR ONE YEAR AND MUST BE RENEWED ANNUALLY PRIOR TO VEHICLE REGISTRATION

- It is the responsibility of the applicant to notify the Motor Carrier Safety Program of any changes to their contact information, operations, or insurance coverage.
- It is the responsibility of the applicant to submit their renewal application prior to the SFC expiry date to allow sufficient time to process the application.
- Processing times vary throughout the year. Expect higher than normal processing times during the peak SFC renewal period December through March.
- Applicants should keep a copy of submitted documents for their records and must keep a copy of a valid SFC in their regulated vehicle(s).
- A new compliance officer must have successfully completed the New Entrant Training (NET) course not earlier than 180 days before being designated as the carrier's compliance officer (**not applicable**)
- All information and documentation provided will be verified through Manitoba Public Insurance, Manitoba Companies Office and/or other government agencies as required.
- Refer to the attached Safety Fitness Certificate Application Guide for additional information or visit [Safety Fitness Certificates | Transportation and Infrastructure | Province of Manitoba](#)

**THE MOTOR CARRIER SAFETY PROGRAM SENDS ALL COMMUNICATIONS ELECTRONICALLY.
PLEASE ADD SFC@GOV.MB.CA AND MCSAFETY@GOV.MB.CA TO YOUR SAFE SENDER LIST
AND CHECK YOUR JUNK OR SPAM FOLDER FOR MISSED MESSAGES.**

MANITOBA SAFETY FITNESS CERTIFICATE APPLICATION

New Applicant **\$200.00 New Application Fee (not applicable)**

Renewal National Safety Code (NSC): MB _____

SFC Expiry Date: _____

PART 1: APPLICANT INFORMATION

Are you applying as a **Sole Proprietor** (individual) or as a **Corporation** (business entity)?

Sole Proprietor – complete **1A** then proceed to **Part 2**

Corporation – complete **1B** then proceed to **Part 2**

1A Sole Proprietor (complete 1A only – do not complete 1B)

The applicant's name provided will be listed on the Safety Fitness Certificate and **must match** the 'Registered To / Insured By' name on the vehicle(s) registration and the insured name on third party liability.

A sole proprietor application **must** include a copy of a valid driver's license.

Last Name: _____ First Name: _____

Driver's License No: _____

Operating As / Trade Name: (if applicable) _____
As registered with the Manitoba Companies Office

Business Information: Sole proprietors may be required to provide additional documentation such as a Home-Based Business permit or a parking lease/contract.

Business Address: (cannot be PO Box) _____

City/Town: _____ Postal Code: _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

Email Address: _____
Communications from the Motor Carrier Safety Program will be sent to this email address.

Mailing Address: (if different from business address) _____

City/Town: _____ Postal Code: _____

Facility Address: (if different from business address) _____
where vehicle(s) are parked

City/Town: _____ Postal Code: _____

1B Corporation (to be completed by business entities only)

The applicant's business name provided here will be listed on the Safety Fitness Certificate and **must match** the 'Registered To / Insured By' name on the vehicle registration(s), the insured name on third party liability and the business name as registered with the Manitoba Companies Office.

Legal Business Name: _____ **Operating/Trade Name:** (If applicable) _____

Business Type:
 Corporation Partnership Not-for-Profit Charity First Nation Government

Business Information: Corporations may be required to provide additional documentation such as a Home-Based Business permit or a parking lease/contract.

1C Business Address: The location where business records are kept including driver and vehicle records. Must be a physical street address or legal land description. Cannot be a PO Box.

Street Address/Legal Land Description: _____
 City/Town: _____ Postal Code: _____
 Phone No.: _____ Cell No.: _____ Fax No.: _____
 Email Address: _____
Communications from the Motor Carrier Safety Program will be sent to this email address.

1D Mailing Address: (if different from business address)

Street Address/Legal Land Description: _____
 City/Town: _____ Postal Code: _____

1E Facility Address (if different from business address) Where vehicle(s) are parked. Cannot be a PO Box.

Street Address/Legal Land Description: _____
 City/Town: _____ Postal Code: _____

Corporate Officer Information

1F Corporate officers are the owners, partners, directors, officers, and/or shareholders of a business entity. Corporate applications **must** include:

- the required corporate officer information in Schedule A
- a copy of a valid driver's license for **each** corporate officer listed on Schedule A

All corporations must complete and submit:
Schedule A – Corporate Officer Information
Valid Driver's License for Each Corporate Officer

PART 2: OPERATING AUTHORITY INFORMATION

Operating Authority Issued by Manitoba & Other Jurisdictions

2A	<p>Does the applicant, corporate officer(s) or compliance officer hold (past or present) additional National Safety Code (NSC) number(s) issued by Manitoba or other Canadian provinces?</p> <p style="text-align: center;">If Yes, list NSC number(s) below and submit: Carrier Profile Summary for each issued NSC</p> <p>MB _____ SK _____ AB _____ BC _____</p> <p>ON _____ QC _____ NB _____ NL _____</p> <p>NS _____ PEI _____ NU / NWT / YT _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	<p>Does the applicant, corporate officer(s) or compliance officer hold a United States Department of Transportation (DOT) number and Motor Carrier (MC) number?</p> <p>If Yes, list the number(s) and carrier safety rating assigned by the Federal Motor Carrier Safety Association:</p> <p>U.S. DOT: _____ U.S. MC: _____</p> <p><input type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> UNSATISFACTORY</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2C	<p>Has the applicant, corporate officer(s) or the compliance officer ever had a motor carrier operating authority cancelled, revoked or suspended in any jurisdiction?</p> <p>If Yes, which jurisdiction(s)? _____</p> <p>List the associated NSC and/or DOT number(s): _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3: TYPE OF OPERATION

Check <input checked="" type="checkbox"/> Yes or No		
3A	Will the applicant be operating a bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3B	Will the applicant be operating a business of leasing motor vehicles to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3C	Will be applicant be operating an accredited vehicle inspection station? If Yes , indicate the inspection station number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3D	Will the applicant be transporting their own farming product(s) for the purpose of selling them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If transporting commodities for compensation, submit: Automobile Third Party Liability Policy or Certificate of Insurance</p>		

Check ✓ all that apply	
3E	Where will the vehicle(s) be operating? <input type="checkbox"/> Manitoba <input type="checkbox"/> Other Canadian Jurisdiction(s) <input type="checkbox"/> United States <input type="checkbox"/> Mexico
3F	Does the applicant have an International Registration Plan (IRP) Number? If Yes , indicate the IRP No. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
3G	Does the applicant have an International Fuel Tax Agreement (IFTA) Number? If Yes , indicate the IFTA No. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
If operating regulated vehicle(s) outside Manitoba, submit: Automobile Third Party Liability Policy or Certificate of Insurance	

PART 4: REGULATED VEHICLES & KILOMETRIC TRAVEL

A regulated vehicle is a truck or truck tractor with a GVW rating of 4,500 kgs or greater, or a bus with a seating capacity of 11 or more passengers including the driver.
Do not include trailers and vehicles under 4,500 kgs.

4A	Regulated vehicles registered in Manitoba	Number of vehicles:
Estimated Kilometres Travelled (past 12 months)		
4B	Estimated km for all jurisdictions combined	Total km:
4C	Estimated km for Manitoba only	Total km:

PART 5: COMMODITY INFORMATION

5A Principal Commodities Transported by the Applicant - Check ✓ all that apply.		
<input type="checkbox"/>	Building Material	<input type="checkbox"/>
<input type="checkbox"/>	Courier/Small Parcels	<input type="checkbox"/>
<input type="checkbox"/>	Erected Building/Structures	<input type="checkbox"/>
<input type="checkbox"/>	General Freight/LTL	<input type="checkbox"/>
<input type="checkbox"/>	Livestock	<input type="checkbox"/>
<input type="checkbox"/>	Metal Products	<input type="checkbox"/>
<input type="checkbox"/>	Passengers	<input type="checkbox"/>
<input type="checkbox"/>	Pulp/Paper Products	<input type="checkbox"/>
<input type="checkbox"/>	Transportation Equipment	<input type="checkbox"/>
<input type="checkbox"/>	Chemicals	<input type="checkbox"/>
<input type="checkbox"/>	Dairy Products	<input type="checkbox"/>
<input type="checkbox"/>	Farm Products	<input type="checkbox"/>
<input type="checkbox"/>	Gravel, Sand, Mud/Soil, Concrete	<input type="checkbox"/>
<input type="checkbox"/>	Mail	<input type="checkbox"/>
<input type="checkbox"/>	Metal Ores	<input type="checkbox"/>
<input type="checkbox"/>	Petroleum Products	<input type="checkbox"/>
<input type="checkbox"/>	Refuse, Waste, Sewage, Etc.	<input type="checkbox"/>
<input type="checkbox"/>	Used Household Goods	<input type="checkbox"/>
<input type="checkbox"/>	Construction/Industrial Equipment	<input type="checkbox"/>
<input type="checkbox"/>	Dry Bulk Commodities	<input type="checkbox"/>
<input type="checkbox"/>	Farm Supplies/Equipment	<input type="checkbox"/>
<input type="checkbox"/>	Groceries/Pharmaceuticals	<input type="checkbox"/>
<input type="checkbox"/>	Meat/Fish	<input type="checkbox"/>
<input type="checkbox"/>	Miscellaneous Manufactured Articles	<input type="checkbox"/>
<input type="checkbox"/>	Primary Forest Products	<input type="checkbox"/>
<input type="checkbox"/>	Textiles	<input type="checkbox"/>
<input type="checkbox"/>	Vehicles	<input type="checkbox"/>
<input type="checkbox"/>	Other – Specify: _____	

5B	Transportation of Dangerous Goods - Check ✓ Yes or No.	
	Will the applicant be transporting dangerous goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will the dangerous goods be the classification or quantity which requires an Emergency Response Assistance Plan (ERAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If transporting dangerous goods, submit: Schedule B – Transportation of Dangerous Goods & Automobile Third Party Liability Policy or Certificate of Insurance		

PART 6: COMPLIANCE OFFICER AND NEW ENTRANT TRAINING CERTIFICATION

Designation of Compliance Officer (not applicable)	
6A	The individual carrier or a corporate officer must designate an individual to serve as the carrier's compliance officer. The compliance officer is responsible for promoting compliance by the carrier and the carrier's employees, ensuring the carrier meets the safe operating and record keeping responsibilities under the Manitoba Highway Traffic Act, its regulations, and the National Safety Code Standards. Select the designator's role below and complete the required fields.
<input type="checkbox"/> I am an individual carrier	Last Name: _____ First Name: _____
<input type="checkbox"/> I am a corporate officer	Last Name: _____ First Name: _____
6B	The designated compliance officer must be one of the following: the individual carrier, one of the carrier's corporate officers with management responsibility or the carrier's employee. Compliance officer responsibilities cannot be contracted to a third party. Select the compliance officer's role with the carrier below and complete the required fields.
<input type="checkbox"/> The individual carrier <input type="checkbox"/> The corporate officer <input type="checkbox"/> The carrier's employee	Last Name: _____ First Name: _____ Driver's License No: _____ Expiry Date: _____ <small>yyyy/mm/dd</small> Phone: _____ Email: _____
Applicants must submit: Valid Driver's License for the Compliance Officer	

New Entrant Training Certification - Check Yes or No (not applicable)

A new compliance officer **must** have successfully completed the New Entrant Training (NET) course not earlier than 180 days before being designated as the carrier's compliance officer.

6C	Has the carrier designated a new compliance officer? If Yes , indicate the NET certificate completion date: _____ (yyyy/mm/dd)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If designating a new compliance officer, submit:
NET Certificate of Completion

PART 7: PERIODIC MANDATORY VEHICLE INSPECTION

7A Truck tractors in the farm registration category that are 21,952 kgs or greater must have a valid Periodic Mandatory Vehicle Inspection (PMVI) to operate in Manitoba.

Number of Truck Tractors 21,952 or greater	Required PMVI Documentation
9 OR LESS TRUCK TRACTORS	A valid PMVI for each truck tractor.
10 OR MORE TRUCK TRACTORS	Schedule C – Periodic Mandatory Vehicle Inspection Attestation

Submit above noted PMVI documentation based on the number of regulated farm vehicles which require an annual PMVI.
Do not include trailers and vehicles under 4,500 kgs.

PART 8: CARRIER REPRESENTATIVE

8A Designating a carrier representative is optional and allows a third party to communicate with the Motor Carrier Safety Program on the carrier's behalf including authorization to release carrier information to the designated third party. All carrier information is confidential and is never shared with any third party without carrier authorization and/or consent.

To designate a carrier representative, submit:
Schedule D – Carrier Representative Authorization

PART 9: DECLARATION

The application, schedules, declarations, and authorizations therein, must be signed by the Sole Proprietor whose name will appear on the Safety Fitness Certificate or a named Corporate Officer with legal signing authority for the carrier.

All initials and signatures must be inked or digitally verifiable.

This declaration is made in support of a Manitoba Safety Fitness Certificate application by

_____ to Manitoba Transportation and Infrastructure for the
(Print Corporation or Sole Proprietor Name)

issuance of a Manitoba Safety Fitness Certificate.

_____ I declare that neither the applicant, nor any principal, director, officer, partner, or designated compliance officer of
(Initial) the applicant has had a safety fitness certificate in Manitoba or operating authority in any other province, territory, state, cancelled, revoked, withdrawn and/or deemed unsatisfactory.

_____ I declare that the information I have submitted in all parts of these forms is true and to the best of my ability is
(initial) complete and accurate. I understand Manitoba may refuse to issue a safety fitness certificate if the applicant has provided false, misleading or incomplete information in the application process.

_____ I declare that I am knowledgeable in the rules and regulations governing commercial vehicle transport in Manitoba
(Initial) and that I understand my obligations under the National Safety Code. I further declare that I am committed to execute my motor carrier business in compliance and accordance with these rules, standards and regulations.

_____ I authorize Manitoba Transportation and Infrastructure to verify any information provided in this application and
(Initial) acknowledge that relevant safety fitness information will be published in the Carrier Profile and Carrier Snapshots (C-SNAP) Internet web pages maintained by the department.

_____ I understand that false, misleading or incomplete information provided on this application form may result in
(Initial) the immediate suspension or revocation of the safety fitness certificate, even if the information is discovered after the safety fitness certificate has been issued.

_____ I understand that any person who makes a false statement of fact on this application is guilty of an offence under
(Initial) s. 224(1) of the Highway Traffic Act and is liable on summary conviction to a fine of not more than \$5000.

_____ I hereby certify that I have the authority to sign this declaration.
(Initial)

Print Name: _____ Position Title: _____

Authorized Signature: _____ Date: _____

SCHEDULE A – CORPORATE OFFICER INFORMATION

**List all corporate officer(s) information including a copy of a valid driver's license for each officer.
Submit more than one Schedule A if required.**

Last Name: _____	First Name: _____
Position Title: _____	Email: _____
Phone Number: _____	Driver's License No: _____
Residential Address (cannot be a PO Box): _____	
City/Town: _____	Province: _____ Postal Code: _____
Last Name: _____	First Name: _____
Position Title: _____	Email: _____
Phone Number: _____	Driver's License No: _____
Residential Address (cannot be a PO Box): _____	
City/Town: _____	Province: _____ Postal Code: _____
Last Name: _____	First Name: _____
Position Title: _____	Email: _____
Phone Number: _____	Driver's License No: _____
Residential Address (cannot be a PO Box): _____	
City/Town: _____	Province: _____ Postal Code: _____
Last Name: _____	First Name: _____
Position Title: _____	Email: _____
Phone Number: _____	Driver's License No: _____
Residential Address (cannot be a PO Box): _____	
City/Town: _____	Province: _____ Postal Code: _____

Print Name: _____ Carrier Name: _____

Authorized Signature: _____ Date: _____

SCHEDULE B - TRANSPORTATION OF DANGEROUS GOODS

Submit if transporting dangerous goods

Please indicate all classes/divisions of dangerous goods transported:

Class 1 Explosives

- Class 1.1 mass explosion hazard
- Class 1.2 projection hazard but not mass explosion hazard
- Class 1.3 fire hazard either a minor blast hazard or a minor projection hazard or both
- Class 1.4 no significant hazard beyond package
- Class 1.5 very insensitive substances with mass explosion hazard
- Class 1.6 extremely insensitive articles with no mass explosion hazard

Class 2 Gases

- Class 2.1 flammable gases
- Class 2.2 non-flammable and non-toxic gases
- Class 2.2 oxygen and oxidizing gases
- Class 2.3 toxic gases

Class 3 Flammable Liquids

- Class 3.0 flammable liquids

Class 4 Flammable Solids

- Class 4.1 flammable solids
- Class 4.2 spontaneously combustible substances
- Class 4.3 water reactive substances

Class 5 Oxidizing Substances & Organic Peroxides

- Class 5.1 oxidizing substances
- Class 5.2 organic peroxides

Class 6 Toxic and Infectious Substances

- Class 6.1 toxic substances
- Class 6.2 infectious substances

Class 7 Radioactive Materials

- Class 7.0 radioactive materials

Class 8 Corrosive Substances

- Class 8.0 corrosive substances

Class 9 Misc. Products, Substances or Organisms

- Class 9.0 miscellaneous products, substances, or organism

This declaration **must** be signed by the Sole Proprietor whose name will appear on the Safety Fitness Certificate or a named Corporate Officer with legal signing authority for the carrier.

Print Name: _____

Carrier Name: _____

Authorized Signature: _____

Date: _____

SCHEDULE C – PERIODIC MANDATORY VEHICLE INSPECTION ATTESTATION

10 Or More Truck Tractors – Submit This Attestation

9 Or Less Truck Tractors – Do Not Submit This Attestation

Section 2.1 of the Periodic Mandatory Vehicle Inspection Regulation requires truck tractors that are registered in the farm trucks registration category (A6) with a GVWR of 21,952 kgs or greater, to have a periodic mandatory vehicle inspection completed once every 12 months.

This attestation **must** be signed by the Sole Proprietor whose name will appear on the Safety Fitness Certificate or a named Corporate Officer with legal signing authority for the carrier.

I, _____, attest that _____
(Print Name) (Carrier Name)

is compliant with Section 2.1 of the Periodic Mandatory Vehicle Inspection Regulation, and that truck tractors registered in the farm trucks registration category with a GVWR of 21,952 kgs or greater have a valid Periodic Mandatory Vehicle Inspection (PMVI) Certificate at the time of this application.

Authorized Signature: _____ Date: _____

SCHEDULE D – CARRIER REPRESENTATIVE AUTHORIZATION

Submit this form if designating a representative. Authorization is valid for one SFC renewal cycle.

Carrier (Legal Name): _____

Operating As / Trade Name: _____

National Safety Code Number: **MB** _____

I _____ am authorizing _____
(Print Name) (Third Party Legal Name)

to act on behalf of _____ in interactions with Manitoba Transportation
(Carrier Name)

and Infrastructure's Motor Carrier Safety Program with respect to the following:

Check ✓ all that apply

- User ID and password to access the named carrier's safety records in Manitoba's carrier profile system
- Submission of the named carrier's Safety Fitness Certificate application
- Inquiries and responses related to support the named carrier's Safety Fitness Certificate application
- Inquiries with respect to the named carrier's safety records
- Inquiries and responses related the carrier's safety fitness rating
- Inquiries and responses related to the named carrier's performance thresholds

Third Party: _____ **Email:** _____
(legal name)

If authorizing specific staff from a third party agency, provide the names and email addresses:

Name _____ Email: _____

Name _____ Email: _____

Name _____ Email: _____

This authorization **must be signed by the Sole Proprietor whose name will appear on the Safety Fitness Certificate or a named Corporate Officer with legal signing authority for the carrier.**

Authorized Signature: _____ Date: _____