

UNITED STATES MOTOR CARRIER SAFETY FITNESS CERTIFICATE (SFC) APPLICATION

MANITOBA SAFETY FITNESS CERTIFICATES ARE VALID FOR ONE YEAR AND MUST BE RENEWED ANNUALLY

- It is the responsibility of the applicant to notify the Motor Carrier Safety Program of any change 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 high volume periods.
- Applicants should keep a copy of all forms submitted for their records.
- Carriers must keep a copy of a valid SFC in their regulated vehicle(s) and produce it to any enforcement officers upon request.
- Designated compliance officers may require certification in the New Entrant Training (NET) Course prior to issuing a SFC.

**MOTOR CARRIER SAFETY PROGRAM SENDS ALL COMMUNICATIONS ELECTRONICALLY.
THE SAFETY PROGRAM COMMUNICATIONS COME FROM
SFC@GOV.MB.CA AND MCSAFETY@GOV.MB.CA.**

**REMEMBER TO ADD THESE EMAILS TO YOUR “SAFE SENDER” LIST AND CHECK YOUR
JUNK OR SPAM FOLDER IF YOU THINK YOU HAVE MISSED AN EMAIL FROM US.**

UNITED STATES MOTOR CARRIER SAFETY FITNESS CERTIFICATE (SFC) APPLICATION

New Applicant ☐ **\$200 New Application Fee** (*new applicants will be contacted for payment*)

Renewal ☐ National Safety Code (NSC): MB _____
NSC is listed on the SFC

Safety Fitness Certificate Expiry Date: _____

Part 1: APPLICANT INFORMATION

The applicant's name provided here is known as your 'Carrier' name. It will appear on your Safety Fitness Certificate and must match the name on the vehicle registration and liability insurance.

Carrier Name - Complete 1A or 1B – Do Not Complete Both Sections

1A Corporation, Organization, Limited Partnership, etc:	1B Sole Proprietor												
Name: _____ (Legal Business Name)	Name: _____												
Operating/Trade Name: _____	Driver's License Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
Names of all Directors, Officers and Shareholders: (attach list if needed)													
Name: _____													
Name: _____													
Name: _____													
Name: _____													
Name: _____													
Business Entities Must Submit Articles of Incorporation	Operating/Trade Name: _____												

United States Motor Carrier – Safety Fitness Certificate Application

1C	Permanent Address or Principal Place of Business <i>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 number.</i>
Street Address/Legal Land Description: _____ City/Town/State: _____ Zip Code: _____ Phone No.: _____ Cell No.: _____ Fax No.: _____ Primary Email Address: _____ <div style="color: red; font-weight: bold; font-size: small;">Please notify this office if your primary email address changes.</div>	
1D	Mailing Address (if different from permanent address)
Street Address/Legal Land Description/PO Box: _____ City/Town/State: _____ Zip Code: _____	
1E	Facility Address (if different from permanent address) <i>Where vehicle(s) are parked, stored, or operated from. Cannot be a PO BOX number.</i>
Street Address/Legal Land Location: _____ City/Town/State: _____ Zip Code: _____	

Part 2: OPERATING AUTHORITY INFORMATION

2A	Operating Authority Issued by Other Jurisdictions
<p>Does the applicant hold (past or present) a National Safety Code, Safety Fitness Certificate or Commercial Vehicle Operating Registration (CVOR) issued in any Canadian Province, <u>including Manitoba</u>, or a registration number issued by the U.S. or Mexico?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, indicate all issued number(s) below:</p> <p>Canada:</p> <p> MB _____ AB _____ BC _____ NB _____ NL _____ NWT _____ NS _____ NU _____ ON _____ PEI _____ QC _____ SK _____ YT _____ </p> <p>International:</p> <p> United States (DOT) _____ U.S. Motor Carrier _____ Mexico _____ </p>	

United States Motor Carrier – Safety Fitness Certificate Application

2B	Has the applicant's right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2C	Has any partner, shareholder or owner of the corporation's right to operate a motor carrier business ever been cancelled or withdrawn in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES to 2B or 2C:</p> <p>Which province, territory, state, country: _____</p> <p>List the certificate number(s), registration number(s) withdrawn: _____</p>		

Part 3: TYPE OF OPERATION

Check ✓ Yes or No		
3A	Will the applicant be operating a school bus? <i>Vehicle Inspections are required every 6 months</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3B	Will the applicant be in the business of leasing motor vehicles to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3C	<p>Will the applicant be transporting goods or passengers for compensation (payment)?</p> <p>For Compensation: Carriers who provide a transportation service of goods or passengers for direct or indirect compensation (payment).</p> <p>Not For Compensation: Carriers who transport goods that are the property of the registered owner of the vehicle.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check ✓ all that apply		
3D	Where will the vehicle(s) be operating?	
	<input type="checkbox"/> Manitoba <input type="checkbox"/> Other Canadian Jurisdictions <input type="checkbox"/> United States <input type="checkbox"/> Mexico	
3E	<p>Does the application have an International Registration Plan (IRP) Number?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, indicate the IRP No. _____</p> <p>International Registration Plan (IRP) is a vehicle registration system for trucks and buses operating inter-jurisdictionally between Manitoba and other provinces or states throughout North America.</p> <p>Visit https://www.mpi.mb.ca/international-registration-plan/ for more information.</p>	
3F	<p>Does the application have an International Fuel Tax Agreement (IFTA) Number?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, indicate the IFTA No. _____</p> <p>IFTA is an agreement among Canadian provinces and most U.S. states that simplifies the reporting of fuel taxes by carriers who operate in more than one member province or state.</p> <p>Visit https://www.gov.mb.ca/finance/taxation/motor.htmlifta for more information.</p>	

Part 4: REGULATED VEHICLES AND KILOMETRES TRAVELLED

Regulated vehicles are trucks or tractors with a registered GVW of 4,500 kgs (10,000 lbs) or greater, or passenger vehicles or buses with a seating capacity of 11 or more passengers, including the driver.

Trailers and underweight vehicles are not included.

4A	Number of regulated vehicles in fleet		
Estimated Kilometres or Miles Travelled (past 12 months)			
4B	Estimated in Manitoba only	KM:	Miles:
4C	Estimated total for all jurisdictions	KM:	Miles:

Part 5: COMMODITY INFORMATION

5A	Principal Commodities Transported by the Applicant - Check ✓ all that apply.					
	Building Material		Chemicals		Construction/Industrial Equipment	
	Courier/Small Parcels		Dairy Products		Dry Bulk Commodities	
	Erected Building/Structures		Farm Products		Farm Supplies/Equipment	
	General Freight/LTL		Gravel, Sand, Mud/Soil, Concrete		Groceries/Pharmaceuticals	
	Livestock		Mail		Meat/Fish	
	Metal Products		Metal Ores		Miscellaneous Manufactured Articles	
	Passengers		Petroleum Products		Primary Forest Products	
	Pulp/Paper Products		Refuse, Waste, Sewage, Etc.		Textiles	
	Transportation Equipment		Used Household Goods		Vehicles	
	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
<p><i>If the carrier is transporting Dangerous Goods:</i></p> <p>Submit Schedule B – Transportation of Dangerous Goods</p> <p>Transporting dangerous goods requires a minimum \$1 million CAD third party automobile liability. Transporting dangerous goods with ERAP requires a minimum \$2 million CAD third party automobile liability.</p>						

Part 6: COMPLIANCE OFFICER AND NET CERTIFICATION**Designation of Compliance Officer**

6A Compliance Officers are responsible for 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. Compliance officers cannot be contracted to a third-party agency.

Designation of Compliance Officer:Check ☒ all that apply

- ☐ the operator (owner of the regulated vehicle(s), carrier)
- ☐ the operator's employee (paid staff person)
- ☐ the operator's corporate officer with management responsibility (company director with day-to-day responsibilities within the company)

Print Name:

Driver's License No.:

Phone:

Email:

New Entrant Training (NET) Course Certification - Check ☒ Yes or No

6B	Was the carrier's U.S. DOT# issued after August 1, 2025?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6C	Has the carrier changed its designated compliance officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6D	Does the carrier have a Conditional safety rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes to 6B, 6C or 6D**, the carrier **must** have its designated compliance officer complete the NET course administered by the Manitoba Trucking Association. The NET course helps carriers develop the key components of a safety plan to prepare them to meet the criterion for obtaining a SFC in Manitoba.

Submit NET Certificate and Safety Plan or Paid NET Registration

Part 7: PERIODIC MANDATORY VEHICLE INSPECTION**7A**

Periodic Mandatory Vehicle Inspections (PMVI) are required annually for all **regulated vehicles**. U.S. motor carriers must have a valid PMVI for all regulated vehicles operating in Manitoba.

Submit Schedule C – Periodic Mandatory Vehicle Inspection Attestation

Part 8: ADD A CARRIER REPRESENTATIVE – OPTIONAL**8A**

This schedule is optional. It allows the Safety Program to communicate with your designated third party, such as a consulting agency or insurance broker. All carrier information is confidential and 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 individual whose name will appear on the Safety Fitness Certificate OR an individual 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, Organization or Sole Proprietor Name)

issuance of a Manitoba Safety Fitness Certificate.

_____ I declare that neither the applicant nor any principal, director, officer or partner of the applicant have had an SFC
(Initial) certificate in Manitoba or any other province, territory or state that has been 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 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 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. I
(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 incomplete or inaccurate information provided on this application form may result in the
(Initial) immediate suspension or revocation of the Safety Fitness Certificate pursuant to s.322.1(3) of the Highway Traffic Act.

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

Important: Under s. 312.2(7)(a) of the Highway Traffic Act, Manitoba may refuse to issue a safety fitness certificate if the operator has provided false, misleading or incomplete information in the application process. Manitoba may revoke or suspend a safety fitness certificate if the false, misleading or incomplete information is discovered after the safety fitness certificate has been issued. Any person who makes a false statement of fact on this application is guilty of an offence under s. 224(1) of the Highway Traffic Act and is liable on summary conviction to a fine of not more than \$5,000.

Print Name: _____ Job Title: _____

Authorized Signature: _____ Date of Declaration: _____



Transportation Operations Division
Motor Carrier Safety & Permits
Unit C – 1695 Sargent Ave.
Winnipeg MB R3H 0C4
Phone 204-945-5322 Fax 204-948-2078
Toll free Phone 1-877-340-9068
Email: SFC@gov.mb.ca

SCHEDULE A - CERTIFICATE OF INSURANCE

Submit this form, completed by the insurance broker, OR provide a copy of the Certificate of Insurance from your insurance provider.

ISSUED TO: MANITOBA TRANSPORTATION AND INFRASTRUCTURE, PROVINCE OF MANITOBA, Winnipeg, MB

This certificate is evidence of continuing insurance coverage for:

INSURED'S NAME (Carrier Name): _____

ADDRESS: _____ **CITY/TOWN:** _____

NATIONAL SAFETY CODE No: _____

Policy Number:	Policy Type: Policy must be Automobile Liability with Personal Liability (PL) & Property Damage (PD).	Effective Date: MM/DD/YY	Liability Limit: PL & PD Coverage Check <input type="checkbox"/> Amount
Enter Policy Number: _____	<input type="checkbox"/> Automobile Liability The Safety Program does not accept garage, commercial, general, or cargo policies.	EFFECTIVE DATE / / 20____ EXPIRY DATE / / 20____	<input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$ 1,000,000 <input type="checkbox"/> \$ 1,500,000 <input type="checkbox"/> \$ 2,000,000 <input type="checkbox"/> \$ _____

VEHICLES COVERED: ☐ **BLANKET Policy**

☐ **SPECIFIED Policy** *A list of the specified vehicles must be attached and must include year make and serial/VIN number.*

I hereby certify that all insurance policies listed herein are valid and subsisting and contain an endorsement under which the insurer agrees to give Manitoba Transportation and Infrastructure a minimum of **15** days prior notice in the event of cancellation, lapse or policy change that may reduce coverage below legislated limits. Manitoba Highway Traffic Act, Regulation 93/2015 3(2).

NAME OF INSURER (Insurance Provider): _____

ADDRESS: _____

TELEPHONE: _____ **FACSIMILE:** _____

DATED THIS _____ **DAY OF** _____, 20____.

AGENCY NAME: _____

PRINT AGENCY REPRESENTATIVE NAME: _____

AGENT SIGNATURE: _____ **TELEPHONE NO.:** _____

SCHEDULE B - TRANSPORTATION OF DANGEROUS GOODS

Submit this form 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 individual whose name will appear on the Safety Fitness Certificate
OR an individual who has signing authority for the carrier.***

Carrier Name: _____

Authorized Signature: _____

Date: _____



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Email: SFC@gov.mb.ca

SCHEDULE C – PERIODIC MANDATORY VEHICLE INSPECTION ATTESTATION

Regulated vehicles are trucks or tractors with a registered GVW of 4,500 kgs (10,000lbs) or greater, or passenger vehicles with a seating capacity of 11 or more passengers including the driver.

Section 3(1) of the Periodic Mandatory Vehicle Inspection Regulation, under the Manitoba Highway Traffic Act, requires that all vehicles be inspected within an applicable period. For commercially plated vehicles with a registered gross vehicle weight of 4,500 kg or more, the prescribed schedule for a periodic mandatory vehicle inspection (PMVI) is once every 12 months. For buses, the prescribed schedule for a periodic mandatory vehicle inspection is once every 6 months.

ATTESTATION:

I, _____, attest that _____
(Print Signatory's Name) (Carrier Name)

understands and is compliant with Section 3(1) of the Periodic Mandatory Vehicle Inspection Regulation, under The Highway Traffic Act and that all registered regulated vehicles operating in Manitoba have a valid Periodic Mandatory Vehicle Inspection Certificate at the time of this application.

This declaration must be signed by the individual whose name will appear on the Safety Fitness Certificate OR an individual who has signing authority for the carrier.

Authorized Signature: _____ Date of Attestation: _____



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Email: SFC@gov.mb.ca

SCHEDULE D – CARRIER REPRESENTATIVE AUTHORIZATION

Submit this form to allow a third party to interact with the Motor Carrier Safety Program on the carrier's behalf including authorization to release carrier information to the designated third party.

Carrier (Legal Name): _____

Operating As or Trade Name: _____

National Safety Code Number: **MB** _____

I _____ is authorizing _____
(Print Signatory's Name) (Third Party Agency Legal Name)

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

Transportation and Infrastructure's 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 Agency: (Legal Name): _____

Name of Agency Staff Authorized to access named Carrier's information:

Name _____ Email: _____

Name _____ Email: _____

Name _____ Email: _____

***This authorization must be signed by the individual whose name will appear on the Safety Fitness Certificate
OR an individual who has signing authority for the carrier.***

Authorized Signature: _____ Effective Date: _____