

Applicant Details

1	Applicant Name (as listed with Registry of Companies for Newfoundland and Labrador)			
	Operating Name (if different than the legal name)		HST Registrant #	
	Mailing Address			
	Street/P.O. Box	City/Town	Province	Postal Code

Physical Office Location (where records will be maintained)

2	Street	City/Town	Province	Postal Code
	Primary Contact Name			
	Telephone Number	Fax Number (optional)	Email Address (optional)	Alternate Telephone Number

Provide the approximate number of drivers (select one option only)

3	<input type="checkbox"/> 1 -10 vehicles	<input type="checkbox"/> 11 - 25 vehicles	<input type="checkbox"/> 26 - 100 vehicles	<input type="checkbox"/> 100+ vehicles
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What type and name of technology will be used to connect the public to your company's ride-sharing service?

4	<input type="checkbox"/> Online-enabled application: _____
	<input type="checkbox"/> Digital Platform: _____
	<input type="checkbox"/> Software: _____
	<input type="checkbox"/> Website: _____
	<input type="checkbox"/> Other: _____

Applications must include the following:

5	Applicants MUST have the following attached:
	<input type="checkbox"/> Copy of the Transportation Network Company's policies and procedures relating to criminal record checks of drivers affiliated with the Transportation Network Company.
	<input type="checkbox"/> A list of drivers affiliated with the Transportation Network Company; including confirmation that your company has received a Certified Criminal Record Check acceptable to the Registrar, and complete consent form for the collection, use and disclosure of any personal information, per driver in accordance with the Transportation Network Company Regulations. (Do NOT submit certificates and forms).
	<input type="checkbox"/> A current Certificate of Good Standing from the Registry of Companies.
	<input type="checkbox"/> Proof of insurance acceptable to the Registrar.

PRIVACY STATEMENT

Personal information contained on this form is collected under the authority of the **Highway Traffic Act (HTA)** and may be used to issue a Transportation Network Company Licence, Section 6 of the **HTA** allows MRD to disclose an applicants personal information to law enforcement, select federal, provincial and municipal officials. Personal information collected by the Government of Newfoundland and Labrador is protected under the **Access to Information and Protection of Privacy, 2015 (ATIPP) Act**. If you have any questions about the collection or use of this information please direct inquiries to 1-877-636-6867 (Mon to Fri 8:30 a.m. to 4:00 p.m. NL time) or RegistrarMRD@gov.nl.ca

Attestations

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- I/we understand the application fee and license fee will be invoiced within 30 days as per the department's [Fees Policy](#).
- I/we confirm that the drivers and vehicles affiliated with our Transportation Network Company are covered by a motor vehicle liability policy containing provisions which insure third parties against loss for amounts not less than \$200,000.00.
- I/we confirm that the drivers and vehicles affiliated with our Transportation Network Company are covered by a motor vehicle liability policy containing provisions which insure against liability arising out of bodily injury, death or damage to property belonging to a passenger for the amount of \$1,000,000.00.
- I/we acknowledge that officials in the department will conduct an audit annually, or as necessary, to verify the company's compliance with the regulations.
- I/we certify that the transportation network company is a HST registrant as defined in paragraph 2(dd) of the **Revenue Administration Act**.
- I/we certify that a global positioning system which is capable of monitoring and recording the locations of all vehicles affiliated with our transportation network company is used.
- I/we certify that the information disclosed in this application and these attestations is true and accurate at the time of application. Providing false or misleading information may result in the refusal of this application and penalties as outlined in the **Highway Traffic Act**.

Director/Owner Signature

Director/Owner Name (please print)

Date

FOR OFFICE USE ONLY

Approved **Denied** **Temporary Extension**

Master Number _____ **Customer Number** _____ **Invoice Number** _____

Reviewer _____

Notes _____

