Long Combination Vehicle (LCV) Exemption Permit Application

This application considers ALL National Safety Code (NSC) vehicles registered to your company that travel into, through or from Alberta and ALL drivers who operate those NSC vehicles, including those that may operate under an LCV permit.

- Information submitted in this application can be subject to audit at any time.
- Review of application may take up to 7 days.
- Must submit permit renewal form with application
- Submit Page 1 and Appendix A of this application if adding additional driver.

Date: _____

New Application

Renewal _____ _____
Current Permit # *Expiry Date*

Revision _____ _____
Current Permit # *Expiry Date*

National Safety Code (NSC) Number: _____ *(shown on Safety Fitness Certificate)*

MVID _____

Section A: Carrier Information

Name of Registered Owner of Vehicles (Applicant):

_____
(Company or Individual's Name. Trade names are not acceptable)

Principal Place of Business: _____

City / Town: _____

Postal Code: _____ Telephone #: _____ Fax #: _____

Contact Name: _____

Contact Address: _____

E-mail: _____

Section B: Application Information

1. Identify the base plated jurisdiction(s) (provinces) of all the vehicles requiring permits to operate Long Combination Vehicles.

A Carrier Profile including current safety rating must be submitted with this application if vehicles are registered in a jurisdiction other than Alberta.

Jurisdiction

2. In the last 12 months, have you been

(a) denied a permit or had <u>any</u> permit or certificate cancelled or suspended by any jurisdiction?

◯ Yes ◯ No

(b) associated with a carrier or company that had <u>any</u> permit or certificate cancelled by any jurisdiction?

◯ Yes ◯ No

If YES, list jurisdiction(s) and Safety Fitness identification number(s)

_____ _____
(Jurisdiction) *(Safety Fitness Number)*

_____ _____
(Jurisdiction) *(Safety Fitness Number)*

Comments

_____

_____

_____

_____

3. **Has the Applicant, the Applicant's partners, Directors, Shareholders or beneficial owners of the applicant motor carrier, at any time been subject to a "Conditions" or Unsatisfactory" safety fitness rating in any jurisdiction in North America, for any commercial transportation operation?**

◯ Yes ◯ No

If YES, list jurisdiction(s) and Safety Fitness identification numbers(s)

_____ _____
(Jurisdiction) *(Safety Fitness Number)*

_____ _____
(Jurisdiction) *(Safety Fitness Number)*

Section C: National Safety Code Compliance

1. **If this application is for a carrier to operate and permit base plated vehicles from a jurisdiction other than Alberta, have you undergone a full National Safety Code (NSC) audit?**

◯ Yes ◯ No

If YES, Fill in table for each Jurisdiction with base plated LCV vehicles

Jurisdiction	Date of Audit	Audit Score

If NO, the department will determine when an Audit will be required.

Section D: Driver Information

1. Complete the attached **Driver Checklist *(Appendix A)*** that identifies the drivers that will be authorized to operate under this permit. You are required to forward updated Driver Checklist to central.permits@gov.ab.ca immediately after any changes are made.
2. Have all drivers **listed on the Driver Checklist Appendix A** who are authorized to operate vehicles under this permit, completed applicable training as listed in ***Appendix B***

◯ Yes ◯ No

If NO, explain: *(No driver, even if included on the Driver Checklist, can use the permit until all the required trainings are completed)*

_____

_____

Section E: Collision Information

The permit holder must investigate and document the results of every traffic accident involving a commercial vehicle registered to the permit holder for more than 4500 kilograms that resulted in:

a) The death of a person;
b) An injury requiring treatment by a medical doctor;
c) A condition that causes an employee to lose consciousness

Note: At any time Alberta Transportation may verify that collision evaluations are being conducted, preventability is being determined as specified, reports are being prepared and retained, and actions are being taken to ensure future similar collisions are being avoided

Section F: Safety Review

Prior to issuance of this permit, the department will determine:

a) Whether this permit application is complete;
b) Whether your vehicles meet the requirements, as defined by the *Attached Conditions for the Operation of Long Combination Vehicles*
c) That the following information is acceptable:
   i. the contents of your current Alberta Carrier Profile;
   ii. past compliance to "safety laws" in Alberta or in any other jurisdiction;
   iii. the results of an Alberta NSC Audit ;
   iv. content and implementation of applicant's policies/procedures regarding driver training on compliance for operation of a long combination vehicles,
   v. content and implementation of applicant's written policies/procedures regarding the applicant's compliance to all permit conditions; and
   vi. any other information Permitting and Approvals considers appropriate.

At the end of this preliminary review, Alberta Transportation may:

a) Issue the permit for the full year;
b) Issue the permit with a reduced time period;
c) Apply conditions to be satisfied prior to issuing or renewing the permit;
d) Table the application until it is considered "complete" or Applicant is verified as being in compliance;
e) Not support issuing the permit due to safety/compliance concerns.

The application may be returned if the applicant has failed to provide all requested information.

Section G: Permit Conditions

Summary of Permit Conditions:

a. Permit Holder must have and maintain an acceptable Carrier Profile (including R-Factor score), general NSC compliance (including good audit score) and permit compliance (including good Permit Inspection score, when available).
b. Only drivers who have been fully trained in all required industry-related courses are authorized to utilize the permit exemption.
c. All drivers, dispatchers, and transportation safety management, operating or responsible for compliance under the permit, must have successfully completed the training specified in the *Attached Conditions for the Operation of Long Combination Vehicles*
d. The Permit Holder must have and implemented a written policy which identifies that they effectively monitor the compliance of each driver to the permit conditions.
e. The Permit Holder must have and implemented specific written policies and procedures identified in their safety program to ensure that all conditions of the permit are being complied with at all times.

Do you understand and agree to abide by these policies?

◯ Yes ◯ No

If NO, explain:

_____

_____

_____

Section H: Certification

I certify that I understand and agree to abide by the above requirements, and that information provided in this application is true and correct.

_____ _____

Print Name *Signature*

_____ _____

Position/Title *Date*

_____

Phone / Email Address

Email or Mail Completed Application to:

Central Permit Office
Permitting and Approvals
401 4920 51 Street
Red Deer, AB T4N 6K6

Email: central.permits@gov.ab.ca

Phone: 800-662-7138 or 403-342-7138
(Toll Free in Alberta by first dialing 310-0000)

Driver Checklist
Appendix A

Carrier _____

MVID _____

Long Combination Vehicle (LCV) Driver List as of _____

DRIVER'S NAME	Birth Date mm/dd/yy	Driver License Class and Jurisdiction	Driver License Number	Driver License Expiry Date mm/dd/yy	2 YEAR / 150,000 km Experience with Articulated Vehicle YES / NO	Driver's Abstract Date* mm/dd/yy	LCV Certificate Issue Date* mm/dd/yy	LCV Certificate Expiry Date mm/dd/yy	Number of Criminal Code Convictions in Past 36 Months (should not be any)	Number of Moving Convictions in Past 12 Months (should not be more than 2)	Number of Moving Convictions in Past 36 Months (should not be more than 3)	PDIC Course Date * * mm/dd/yy	LCV Course Date mm/dd/yy	Annual Training Date * * * mm/dd/yy
Sample Driver	01/15/65	1 / AB	123-789	01/31/17	Yes	02/20/16	03/19/16	03/18/17	0	0	0	02/14/15	01/16/12	01/31/16

* Driver's Abstract date should not be more than one month prior to the issue date of the LCV Driver's Certificate
* * Proof of passing a PDIC course within the last 48 months
* * * Received instruction on all current regulations and permit conditions for LCV's within the past 12 months

Driver Checklist
Appendix A

Carrier _____

MVID _____

Long Combination Vehicle (LCV) Driver List as of _____

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***** **Driver's Abstract date should not be more than one month prior to the issue date of the LCV Driver's Certificate**

*** *** **Proof of passing a PDIC course within the last 48 months**

*** * *** **Received instruction on all current regulations and permit conditions for LCV's within the past 12 month**

Minimum Driver Requirements

Appendix B

The driver must meet the following qualifications:

1. Hold a valid Class 1 driver's license or equivalent.
2. Have a minimum of 24 months or 150,000 km of driving experience with articulated vehicles
3. Passed a Professional Driver Improvement Course (PDIC) within the past 48 months.
4. Passed the Alberta Motor Transport Association's "Longer Combination Vehicles (LCV) Driver Training Course" or equivalent.
5. Provide a Driver's Abstract to the Carrier, dated not more than one month prior to the issue date of the LCV Driver's Certificate. The abstract must show no driving-related criminal code convictions in the past 36 months; not more than 2 moving convictions (violations) in the past 12 months; and not more than 3 moving convictions (violations) in the past 36 months. The date of conviction and the current date will be the dates used to determine time periods.
6. In the last 12 months the driver has been instructed on all current regulation, permit conditions and issues covering the operation of LCV's.

Sample of LCV Driver Certificate

Appendix C

Sample LCV Driver Certificate as referenced in:
Attached Conditions for the Operation of Long Combination Vehicles, **General Provisions A(7), page 1.**

(Company Name)

(Company logo)

John Doe
(Employee Name)

is authorized to operate a Long Combination Vehicle (LCV) under permit.

Issue Date: May 6, 2015

Expiry Date May 5, 2016

Signature of Company Official

_____

Print name of Company Official

_____