



Ministry
of
Transportation

**Commercial Vehicle Operator's Registration
(CVOR) Application
Individual**

Carrier Sanctions and Investigation Office
CVOR Processing Section
301 St. Paul Street, 3rd Floor
St. Catharines ON L2R 7R4 Canada

Telephone: 905-704-2500
Toll Free: 1-800-387-7736 Extension 42520
Facsimile: 905-704-2525
Website: www.mto.gov.on.ca

**Please consult the accompanying GUIDE when completing this form.
Print or type information.**

CVOR #/Registrant Identification # (RIN) if it has been assigned: _____ - _____ - _____

Name of Operator: _____

Section A. PURPOSE OF THIS APPLICATION – Please check the applicable box below.

- ☐ 6. Update (CVOR Certificate has been issued)
- ☐ 7. Original CVOR Certificate
- ☐ 8. Replacement of CVOR Certificate (Only complete the 1st two pages)
9. Voluntary Termination (Only complete the attached "Voluntary Termination" Form)

Section B. CVOR CERTIFICATE REPLACEMENT ONLY –\$5.00 FEE

10. Method of Payment (Check the appropriate box)

- ☐ Cheque ☐ Money Order
- ☐ Credit Card
- ☐ Cash ☐ Debit Card

(Payment by Cash or Debit Card – in person only.)

11. If paying by credit card, provide the following information.

- Card No. _____
- Expiry Date _____
- Authorized Payment \$ _____
- Name of Cardholder _____
- Cardholder's Signature: _____

FOR MINISTRY USE ONLY

Assigned to: _____ District Code: _____ Deposit Date: _____

Approved to process by: _____ on _____ Transaction # _____

Processed on: _____ Office # _____ Op # _____ Amount Received \$ _____

☐ Cheque returned – not required. ☐ Cheque ☐ Money Order

☐ Refund requested on _____ for \$ _____ ☐ Credit Card ☐ Debit Card ☐ Cash

Section C. OPERATOR'S GENERAL INFORMATION

PROVIDE INFORMATION HERE

12. CVOR # or Registrant Identification # (RIN):	
13. Driver's Licence # and Issuing Province, State or Country:	Driver's Licence # _____ Province, State or Country _____
14. Sex and Date of Birth: (Year/Month/Day)	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (Year/Month/Day) ____/____/____
15. Surname, Given Name and Initials:	_____ _____ _____
16. Registered Business Name: <i>Applies only to operators based outside Ontario. If new registrant or if reporting a name change or correction, submit supporting documentation. See item 16 of the guide.</i>	_____ _____ _____
17. Ontario commercial motor vehicle plate numbers: <i>Applies only to new registrants.</i> Please provide the plate numbers.	Plate #s _____ _____ _____
18. Registrant's Home Address: <i>A post office box will not be accepted.</i>	_____ _____ _____
19. Mailing Address (if different from above):	_____ _____ _____
20. Business Telephone Number: Extension	<i>Include area code</i> () _____ - _____ Extension _____
21. Alternate Telephone Number: Extension	<i>Include area code</i> () _____ - _____ Extension _____
22. Business Fax Number:	<i>Include area code</i> () _____ - _____
23. Business email Address:	
24. Preferred language to receive your next CVOR Application:	<input type="checkbox"/> English <input type="checkbox"/> French
25. Type of Operator (Carrier):	Check the appropriate box: <input type="checkbox"/> H For-Hire Carrier <input type="checkbox"/> P Private Carrier <input type="checkbox"/> O Owner-Operator – My commercial motor vehicles are operated under a CVOR certificate other than my own.

Section C. OPERATOR'S GENERAL INFORMATION (continued)

PROVIDE INFORMATION HERE

<p>26. Commodities (or passengers) transported in Ontario:</p>	<p>Place a "1" in front of the major commodity and a "2" or "3" to identify any others (maximum of 3):</p> <table> <tr><td>_____</td><td>AG</td><td>Aggregate</td></tr> <tr><td>_____</td><td>AP</td><td>Auto Parts</td></tr> <tr><td>_____</td><td>BL</td><td>Bulk Liquids</td></tr> <tr><td>_____</td><td>DL</td><td>Dressed Lumber</td></tr> <tr><td>_____</td><td>BD</td><td>Dry Bulk</td></tr> <tr><td>_____</td><td>EX</td><td>Excavation</td></tr> <tr><td>_____</td><td>GF</td><td>General Freight</td></tr> <tr><td>_____</td><td>HE</td><td>Heavy Equipment</td></tr> <tr><td>_____</td><td>HG</td><td>Household Goods</td></tr> <tr><td>_____</td><td>LV</td><td>Livestock</td></tr> <tr><td>_____</td><td>NO</td><td>None (other activities)</td></tr> <tr><td>_____</td><td>PT</td><td>Passengers – Municipal Transit</td></tr> <tr><td>_____</td><td>PO</td><td>Passengers – Others</td></tr> <tr><td>_____</td><td>PS</td><td>Passengers – School Buses</td></tr> <tr><td>_____</td><td>PE</td><td>Perishable</td></tr> <tr><td>_____</td><td>RF</td><td>Raw Forest Products</td></tr> <tr><td>_____</td><td>SI</td><td>Steel/Iron</td></tr> <tr><td>_____</td><td>WA</td><td>Waste</td></tr> </table>	_____	AG	Aggregate	_____	AP	Auto Parts	_____	BL	Bulk Liquids	_____	DL	Dressed Lumber	_____	BD	Dry Bulk	_____	EX	Excavation	_____	GF	General Freight	_____	HE	Heavy Equipment	_____	HG	Household Goods	_____	LV	Livestock	_____	NO	None (other activities)	_____	PT	Passengers – Municipal Transit	_____	PO	Passengers – Others	_____	PS	Passengers – School Buses	_____	PE	Perishable	_____	RF	Raw Forest Products	_____	SI	Steel/Iron	_____	WA	Waste
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<p>27. Dangerous Goods/HAZMAT Carrier: <i>See guide for class descriptions</i></p> <p>Classes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", check the box for each class of dangerous goods carried:</p> <table> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2.1</td> <td><input type="checkbox"/> 2.2</td> <td><input type="checkbox"/> 2.3</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> All</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2.1	<input type="checkbox"/> 2.2	<input type="checkbox"/> 2.3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> All																																										
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<p>28. Recognized Authority under Ontario's Driver Certification Program:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																						
<p>29. Number of Ontario Motor Vehicle Inspection Stations (MVIS):</p> <p>Ontario MVIS Licence # (<i>Specify one only</i>):</p>	<p>Number of Ontario MVIS: _____</p> <p>Ontario MVIS Licence # (<i>Specify one only</i>):</p> <p>_____ - _____</p>																																																						
<p>30. Do you operate commercial motor vehicles outside Ontario?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If "No", skip to item 34.</p>																																																						
<p>31. National Safety Code (NSC) Numbers - <i>other than your CVOR #</i>:</p>	<table> <tr> <td><u>Issuing Jurisdiction</u></td> <td><u>NSC #</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Issuing Jurisdiction</u>	<u>NSC #</u>	_____	_____	_____	_____																																																
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<p>32. United States Department of Transportation (US DOT) #:</p>	<p>_____</p>																																																						
<p>33. International Fuel Tax Agreement (IFTA) – Issuing Jurisdiction and IFTA Account #:</p>	<table> <tr> <td><u>Issuing Jurisdiction</u></td> <td><u>Account #</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Issuing Jurisdiction</u>	<u>Account #</u>	_____	_____																																																		
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Section D. OPERATIONAL DATA

34. Commercial Motor Vehicle (CMV) Fleet Size Information (Refer to instructions below)
DO NOT COMPLETE SHADED AREAS

35. Time Period						Number of Commercial Motor Vehicles (CMVs) operated or, for new registrants, expected to operate in Ontario under your CVOR certificate (Do not include the number of trailers)						Distance Travelled or, for new registrants, distance expected to be travelled by all Commercial Motor Vehicles Operated in Ontario (1 mile = 1.609 kilometre)				46. Number of Persons Driving your CMV Fleet (include owner- operators)
From			To			36. CMVs Owned by You	37. CMVs Leased and/or Rented by You	38. CMVs Owned by Owner- Operators	39. Total CMVs	40. Number of Double- Shifted CMVs	41. Total Fleet Size	42. Number of Kilometres within Ontario	43. Number of Kilometres Outside Ontario	44. Total Kilometres	45. Adjusted Fleet Size	
Y	M	D	Y	M	D											
A	Information on MTO Record:															
B																
C																
D																
E																
F																
G																

NOTE: Report additional changes on a separate sheet of paper.

Please complete: _____

Print Authorized Name

Authorized Signature

Date (Year/Month/Day)

47. Instructions:

- If you are a **new registrant** or have not operated commercial motor vehicles in Ontario for at least the past 6 months (e.g. seasonal work), provide an estimate for the next 12 months.
- Report **corrections** or **updates** to the information pre-printed in row A in the rows below. Make sure that you complete the “Time Period” dates and that any “0” values displayed in row A or that you provide are applicable.
- Use a separate line to report **changes** and their specified period.
- If you have **no changes** to report or were **inactive** for any period of time, complete the “Time Period” dates and indicate, “No changes” or “Inactive”, as applicable, on the blank line.
- To report periods during which you worked as an **owner-operator** under a CVOR certificate other than your own, only complete the “Time Period” dates and indicate “Owner-operator under contract” on the blank line.
- For definitions (e.g. commercial motor vehicles, double-shifted commercial motor vehicles) and further details, please refer to the guide.

Section E. OPERATOR'S DECLARATION

48. For New Registrants Only. Is your privilege of operating commercial motor vehicles currently suspended, cancelled or revoked in any North American jurisdiction?

☐ No ☐ Yes If yes, indicate by which jurisdiction _____

Failure to disclose this information may result in the suspension or cancellation of your operating privilege.

49. I, the undersigned, solemnly declare that the information contained in this form is true and acknowledge and accept the responsibilities imposed by law in relation to the operation of commercial motor vehicles.

Print Authorized Name

Authorized Signature

Date (Year/Month/Day)

NOTE: This application must be signed by the registrant.

50. Contact Person for this application (if other than the operator):

Name _____

Position/Relationship to the operator _____

Address _____

Telephone Number (include area code) () _____ - _____ Extension _____

Fax Number (include area code) () _____ - _____

NOTE: The information requested in this application is collected under the authority of the Ontario *Highway Traffic Act* and is used to evaluate eligibility to obtain and hold a CVOR certificate. Direct enquiries to our office at the location shown on the front page of this form.

CHECKLIST

To ensure efficient processing of your application:

- ☐ Have you completed and signed the application?
- ☐ Have you enclosed any required legal documentation and supporting documents, as specified in the guide?
- ☐ If you are requesting the replacement of a CVOR certificate, have you enclosed the required fee?
- ☐ If you are voluntarily requesting to no longer be registered under the CVOR Program, have you completed and signed the "Voluntary Termination" form?

RETURN ADDRESS

Please return the application by mail to:

**Ministry of Transportation
Carrier Sanctions and Investigation Office
CVOR Processing Section
301 St. Paul Street, 3rd Floor
St. Catharines, ON L2R 7R4
Canada**

VOLUNTARY TERMINATION

CVOR #
Application #
District Code

Who should complete this form?

- Carriers who no longer require a CVOR certificate.

Who must sign this form?

- An officer, director or partner (*for corporation/partnership*);
- The individual, or a trustee, or an executor or administrator of the Estate (*for individual registrant*).

(Please print)

I, (Name) _____,

(Position/relationship to the operator, e.g. director) _____, declare that, as of

(Year/Month/Day) ____/____/____, the operator to whom the CVOR # ____ - ____ - ____

is assigned no longer requires to be registered under the CVOR Program, for the following reason:

The operator:

1. ☐ does not operate, in Ontario, commercial motor vehicles as defined under subsection 16(1) of the *Highway Traffic Act* (HTA)
2. ☐ has filed for bankruptcy (Provide supporting documentation)
3. ☐ is operating commercial motor vehicles in Ontario under a different legal name (Provide new name and CVOR #)
4. ☐ _____ - ____ - ____
no longer requires oversize/overweight permits and is otherwise exempt from holding a CVOR certificate
5. ☐ has sold the business
6. ☐ Other (provide details) _____

The operator voluntarily requests to no longer be registered under the CVOR Program.

Name of Operator

Authorized Signature

Telephone (include area code) () _____ - _____

Fax (include area code) () _____ - _____

____/____/____
Date (Year/Month/Day)

PLEASE MAIL THIS REQUEST TO:

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CVOR Processing Section
301 St. Paul Street, 3rd Floor
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Canada