



Town of Inuvik
 Passenger Transportation
Application for Vehicle Approval



Application Type: New Renewal Add Endorsement Other: _____

License Plate #:	Taxi Unit #: (If Applicable)
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Applicant Name:	
Address:	
PO Box #:	Email:
Home Telephone # () -	Cell Phone #: () -
Preferred Method of Correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail	

Vehicle Information:

Make:	Model:	Color:	Year of Manufacture:
V.I.N. #			
Registered Owner of Vehicle:			
The Vehicle will be Operating in the Fleet of: (Name of Passenger Transportation Business)			

<input type="checkbox"/> Copy of Registration Attached (Required)
<input type="checkbox"/> Copy of Insurance Attached (Required) <i>(Must show a policy value of at least \$2,000,000 liability/damage)</i>
<input type="checkbox"/> Mechanical Inspection Form Attached (Required)

Endorsement(s) Requested:

- Accessible Taxi** (does not permit regular taxi service)
 - Fee of \$100.00
 - Must schedule inspection with Bylaw Officer

- Charter Service**
 - Fee of \$100.00
 - Must schedule inspection with Bylaw Officer

- Shuttle**
 - Fee of \$10.00
 - Permit will be sent to you by mail (when approved)

- Bus**
 - Fee of \$10.00
 - Permit will be sent to you by mail (when approved)

I certify that I am familiar with the Passenger Transportation Bylaw, the Highway Traffic Bylaw, and the provisions of the Motor Vehicles Act; and I understand that it is my responsibility to review these laws regularly. I certify that the information in this application is true and correct to the best of my knowledge. I understand that I must renew my permit prior to the date of expiry indicated on the permit; and I also understand that a permit is not transferable to another vehicle, and that I cannot operate a vehicle that does not have a valid permit. I certify that I will maintain a minimum of \$2,000,000 in public liability and damage insurance and valid registration on the above vehicle for the duration of this permit.

 SIGNATURE OF APPLICANT

 DATE