



The information requested in this form is necessary to process your application. The communication of this information is governed by the provisions of the *Act respecting Access to documents held by public bodies and the Protection of personal information.* 

#### **IMPORTANT**

- Only legal persons not established or not carrying on a business in Québec and natural persons may use the English version of the form.
- The "Required documents" section indicates which documents you must attach to your application

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Numéro de demande :

Numéro de revenu:

<ul> <li>Identification</li> </ul>				
Business				
Business name				
Québec enterprise number	er (NEQ)			
Other name under which	you do business,	if applicable		
Individual Male	Female	1.1		
Last name		First name		
Québec enterprise numbe	er (NEQ)			
Other name under which	you do business,	if applicable		
iness address* (If you do b	ousiness from you	ır home, your home address is	s your business address.)	
nber	Street			Apartment
	Street		Province or state	Apartment Postal code
mber v, village or municipality	Street		Province or state	

#### E-mail

<sup>\*</sup> The Commission favors e-mails to transmit correspondence. In the absence of an e-mail address, correspondence is sent by fax or by mail. You must advise the Commission of any changes to this information as soon as possible.

2 – Decisions modifying	the safety rating	
Decision number:		
3 – Registration identific	cation numbers to be reviewed	t e e e e e e e e e e e e e e e e e e e
Registration identification	number (RIN)	R   R   R
4 – Officers, partners or	directors	
>> Fill in this section if yo	u are applying for a review of the ra	ting of an officer, a partner or a director.
Name		Position
5 – Justification		
Please provide an explanation	on justifying your application. You m	ay also attach any relevant documents.
6 – Declaration and sign	nature	
I declare that the information	given in this form is true and accur	ate.
Signature	Name (in block letters)	Year Month Day
	False de	claration

Whoever makes a false declaration or provides false information is guilty of an offence and is subject to the penalties provided for under the Act and sanctions imposed by the Commission, in addition to costs.

## Required documents

For each of the rights addressed in section 3 of this form (RIN), you must append the following document, issued by the Société de l'assurance automobile du Québec (<a href="www.saaq.gouv.qc.ca/en/reach-us">www.saaq.gouv.qc.ca/en/reach-us</a>). This document must have been issued within the last 29 days:

✓ Conduct Record (Owners and Operators of Heavy Vehicles file).

## **Fees**

The cost of processing an application are \$115 for <u>each</u> Registration identification number (RIN) indicated at section 3 and <u>each</u> Officer, partner or director indicated at section 4 of this form.

# Submit your application

Send the signed form along with the payment and the required documents:

Online: It's quick and easy and it allows you to pay in a secure manner:

Go to www.ctq.gouv.qc.ca, choose "Services en ligne" (Online services, available in French only) and click

on the tab for transmitting an application "Transmission d'une demande" (in French only).

By mail: Commission des transports du Québec

200, chemin Sainte-Foy, 7<sup>th</sup> floor Québec (Québec) G1R 5V5

## To reach us

Web site: www.ctq.gouv.qc.ca

**Telephone:** Montreal area: 514 873-6424

All other areas: 1 888 461-2433