

# Long Combination Vehicle (LCV) Evaluation

***This application will evaluate your company's safety, maintenance, training and procedures to determine if you may operate in Saskatchewan.***

## Applicant Information

Carrier name:

Contact name:

National Safety Code (NSC) number:

Mailing address:

Email address:

Phone:

Please describe the nature of your business and what you transport:

Other jurisdictions where your company operates LCVs:

Have you ever been refused an LCV permit? If yes, please explain:

Have you ever had a certificate cancelled or suspended? If yes, please explain:

Has the Applicant, the Applicant's partners, Directors, Shareholders or beneficial owners of the applicant motor carrier, at any time have been subject to a "Conditionals" or "Unsatisfactory" safety fitness rating in any jurisdiction in North America, including Saskatchewan, or any commercial transportation operation? If **yes**, please explain.

*Signature*

*Date*

**Please return completed application along with copies of carrier profiles for the past 12 months from all jurisdictions in which the company operates or has operated; written safety and maintenance plan; written LCV driver certification process; and a copy of the current permit from Alberta or Manitoba (if applicable) to:**

**Saskatchewan Ministry of Highways Trucking Programs**

830 – 800 Central Ave.  
Prince Albert, SK S6V 6Z2  
Email: allan.sheremata@gov.sk.ca  
Phone: 306-953-3666

## LCV Driver List

Date:

Driver name	License Class and Jurisdiction*	Driver License Number	Driver License Expiry date	2 year/ 150,000 KM experience	LCV Card Expiry Date*	Annual LCV training Date	Professional Driver Improvement Course (PDIC) Date	Other certifications (Transportation of Dangerous Goods, First Aid, Hours of Service)	Driver Abstract date*
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*\*please submit copies of the following as well*