



National Safety Code Authorization

Commercial Vehicle Safety & Enforcement
National Safety Code

ATTENTION INSURANCE AGENTS AND NSC CARRIERS

THIS COMPLETED FORM MUST BE RETAINED ON FILE BY THE INSURANCE AGENT AND FORWARDED TO THE NSC PROGRAM OFFICE UPON REQUEST. A NEW AUTHORIZATION LETTER MUST BE COMPLETED FOR EVERY INSURANCE TRANSACTION.

I grant authority to _____
NAME (please print)

to operate under my National Safety Code Safety Certificate

number _____ on vehicle documents pertaining to the following
NSC Number
vehicle(s):

REGISTRATION #	PLATE #	VEHICLE DESCRIPTION

I understand and accept my responsibility for ensuring that the above-named vehicles and their drivers adhere to the standards of the National Safety Code. I understand my responsibility for monitoring and maintaining all driver and vehicle records for all vehicles operating under my safety certificate.

_____ **Carrier's Name (please print)** _____ **Phone #** _____ **Date**

_____ **Authorized Signatory** _____ **Name & Title (please print)**

Should this authority be cancelled, it is required that the National Safety Code carrier notify the NSC Office immediately in writing by email at NSC@gov.bc.ca or by fax at (250) 952-0578.

The personal information on this form is collected under the authority of the Motor Vehicle Act. The information collected will be used to administer the CVSE National Safety Code program. If you have any questions about the collection and use of this information, contact CVSE National Safety Code program office at 250-952-0576 or visit our website.

Ministry of Transportation and Infrastructure

Commercial Vehicle Safety & Enforcement Branch

Mailing Address:
PO Box 9250 Stn Prov Govt
Victoria BC V8W 9J2

Telephone: (250) 952-0576
Fax: (250) 952-0578
Email: NSC@gov.bc.ca
Website: www.cvse.ca