



info@barcodecanadainc.com  
TEL: (905) 936-6511 - FAX: (905) 936-9070

## CVOR APPLICATION FORM

Legal Business Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

U.S. DOT # \_\_\_\_\_

MC# \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Address: \_\_\_\_\_

### Payment

Visa \_\_\_ Mastercard \_\_\_ Am-Ex \_\_\_ # \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiry: \_\_\_\_\_

Is your privilege of operating commercial motor vehicles currently suspended, cancelled or revoked in any North American jurisdiction? ( Yes \_\_\_ or No \_\_\_ )

Do you transport Dangerous Goods in a quantity that require placards displayed on vehicle?  
( Yes \_\_\_ or No \_\_\_ )

Total number of vehicles \_\_\_\_\_

### Miles or KM travelled in past 12 months:

In Ontario \_\_\_\_\_  
Total Double Shifted \_\_\_\_\_  
Rest of Canada \_\_\_\_\_  
US / Mexico distance \_\_\_\_\_  
Total # of drivers \_\_\_\_\_

### Estimated Miles or KM travelled in next 12 months:

In Ontario \_\_\_\_\_  
Total Double Shifted \_\_\_\_\_  
Rest of Canada \_\_\_\_\_  
US / Mexico distance \_\_\_\_\_  
Total # of drivers \_\_\_\_\_

### Please scan and forward:

1. Copy of Passport
2. Copy of Drivers License
3. Copy of Insurance (Showing Ins. Company and Policy #)
4. Copy of Certificate of Incorporation or Business Registration

Return to - [info@barcodecanadainc.com](mailto:info@barcodecanadainc.com) or FAX (905) 936-6511



## Consent Statement

Date: \_\_\_\_\_

Consented Agent EMAIL: info@barcodecanadainc.com

Consented Agent PHONE: 905 936-6511

Consented Agent FAX: 905 936-9070

To whom it may concern:

We the undersigned, hereby authorize (NAME) Barcode Canada Inc.  
to act on our behalf in all manners relating to applying for a carrier code. Any  
and all acts carried out by NAME Barcode Canada Inc.  
on our behalf shall have the same affect as acts of our own.

This authorization is valid until further written notice from (YOUR COMPANY  
NAME) \_\_\_\_\_

Sincerely,

(Company officer signature) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_