



Driver Certification Facility

Personnel List

This form must be completed as part of your application for authorization as a commercial vehicle or motorcycle skills assessment certification facility.

Facilities must also apply in writing for approval of any additions or changes to personnel as set out in your Driver Certification Agreement with ICBC.

Facility Information

FACILITY NAME	DTC #
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Signing Authorities (The person(s) authorized to act as Signing Authority for the above mentioned facility)

Name (Please Print)	Title	Signature of Signing Authority

Assessment Officers (The person(s) authorized to act as Assessment Officers for the above mentioned facility)

Name (Please Print)	Driver's Licence #	Assessment Type (Class 1, MSA, air brakes etc.)	Signature of Assessment Officer

Instructors (The person(s) authorized to act as Instructors for the above mentioned facility)

Name (Please Print)	Driver's Licence #	Training Type (Class 1, MSA, air brakes etc.)

Facility Declaration

To the Insurance Corporation of British Columbia	
I declare that the above information is true and correct.	
_____	_____
SIGNATURE OF FACILITY SIGNING AUTHORITY	DATE