



**Certification Type**

<b>Indicate type of certification program:</b> <input type="checkbox"/> Driver Certification <input type="checkbox"/> Instructor Training
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**Facility Information**

FACILITY NAME			DTC# (for existing facilities)
HEAD OFFICE ADDRESS		CITY	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)	FACSIMILE (if available)

**Office Locations**

OFFICE ADDRESS		CITY	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)	FACSIMILE (if available)
OFFICE ADDRESS		CITY	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)	FACSIMILE (if available)
OFFICE ADDRESS		CITY	POSTAL CODE
PHONE	CELL (if available)	EMAIL (required)	FACSIMILE (if available)

**Classroom Locations**

CLASSROOM ADDRESS		CITY	POSTAL CODE
PHONE			FACSIMILE (if available)
CLASSROOM ADDRESS		CITY	POSTAL CODE
PHONE			FACSIMILE (if available)
CLASSROOM ADDRESS		CITY	POSTAL CODE
PHONE			FACSIMILE (if available)

**Facility Declaration**

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