

# Reassessment of a safety rating

The information collected by means of this form is required to process your application. All confidential information gathered shall be kept confidential to the extent provided for by the laws governing the activities of the Commission des transports du Québec. The transmission of information to another public body, if applicable, as well as its use to develop statistics, conduct a study, a survey or an investigation, or for verification purposes, is rigorously governed by the Act respecting Access to documents held by public bodies and the Protection of personal information.

#### **IMPORTANT**

- Only legal persons not established or not carrying on a business in Québec and natural persons may use the English version of the form.
- The "Required documents" section indicates which documents you must attach to your application

<ul><li>Identification</li></ul>				
Business				
Business name				
Québec enterprise numbe	er (NEQ)			
Other name under which	you do business	, if applicable		
Individual				
Last name		First name		
Québec enterprise numbe	er (NEQ)			
Other name under which	you do business	, if applicable		
siness address* (If you do b	ousiness from yo	ur home, your home address	s is your business address.)	
ımber	Street			Apartment
y, village or municipality			Province or state	Postal code
ty, village or municipality			Province or state	Postal code

### E-mail

<sup>\*</sup> The Commission favors e-mails to transmit correspondence. In the absence of an e-mail address, correspondence is sent by fax or by mail. You must advise the Commission of any changes to this information as soon as possible.

2 – Decision(s) tha	at modified the safety rating(s)	
Decision number:		
3 – Register Identi	ification Number(s) subject to the reassessment	
Only indicate the Reg Register Identificatio	gister Identification Number(s) that are subject to the reasses  on Number (RIN)  R	ssment.
4 – Officers, partne	ers or directors (if the reassessment concerns their	r safety rating)
	nly if are asking for a reassessment of the safety rating of are name and position of the person or people whose safety rating	
Name	Position	
5 – Justification		
Please provide an exp	olanation justifying your application. You may also attach any	relevant documents.
6 – Declaration an	d signature	
I declare that the infor	mation given in this form is true and accurate.	
Signature	Name (in block letters)	Year Month Day
	False declaration	
	se declaration or provides false information is guilty of an of sanctions imposed by the Commission, in addition to costs.	ffence and is subject to the penalties provided

## Required documents

For each of the rights addressed in section 3 of this form (RIN), you must append the following document, issued by the Société de l'assurance automobile du Québec (<a href="www.saaq.gouv.qc.ca/en/reach-us">www.saaq.gouv.qc.ca/en/reach-us</a>). This document must have been issued within the last 29 days:

✓ Conduct Record (Owners and Operators of Heavy Vehicles file).

#### **Fees**

The cost of processing an application are \$118 for <u>each</u> Registration identification number (RIN) indicated at section 3 and each Officer, partner or director indicated at section 4 of this form.

## Submit your application

Send the form along with the payment and the required documents:

Online: It's quick and easy and it allows you to pay in a secure manner:

Go to www.ctq.gouv.qc.ca, choose "Services en ligne" (Online services, available in French only) and click

on the tab for transmitting an application "Transmission d'une demande" (in French only).

By mail: Commission des transports du Québec

200, chemin Sainte-Foy, 7<sup>th</sup> floor Québec (Québec) G1R 5V5

#### To reach us

Web site: www.ctq.gouv.qc.ca

**Telephone:** Montreal area: 514 873-6424

All other areas: 1 888 461-2433