

# Authorization of a Vehicle for the Purposes of Providing Remunerated Passenger Transportation

Avec vous,  
au cœur de votre sécurité

## Instructions

This form is intended for owners or representatives of a legal person (applicants) who wish to obtain authorization to provide remunerated passenger transportation with their vehicle. The owner is the person or business in whose name the vehicle is registered.

- ▶ Fill out this form **BEFORE** going to a service outlet.
- ▶ Fill out the form using **CAPITAL LETTERS** and black or dark blue ink.

## To be eligible, your vehicle must not:

- be equipped with an alcohol ignition interlock device
- be more than 10 years old

If your vehicle is 4 or more years old or has an odometer reading of 80,000 km or more, you must present a mechanical inspection certificate confirming that the vehicle meets the applicable standards.

## Vehicle Owner (Applicant)

Owner's last name and first name or name of the business

Enterprise number (if applicable)

Driver's licence number/SAAQ file number

Telephone

### Address

Street number

Street name

Municipality

Province

Postal code

## Vehicle

Make

Model

Year

Vehicle identification number (VIN)

Licence plate number

Odometer reading

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Will the vehicle be equipped with a taximeter?.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the vehicle equipped with a domelight?.....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the vehicle a limousine?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the vehicle adapted for wheelchair access?.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| – If so, is it equipped with:   |                          |                          |
| <input type="checkbox"/> an elevator platform?                            |                          |                          |
| <input type="checkbox"/> an access ramp?                                  |                          |                          |
| <input type="checkbox"/> Other: _____                                     |                          |                          |
| – Is the wheelchair access:   |                          |                          |
| <input type="checkbox"/> to the right of the vehicle?                     |                          |                          |
| <input type="checkbox"/> at the back of the vehicle?                      |                          |                          |
| • Is the vehicle equipped with an alcohol ignition interlock device?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the vehicle equipped with a real-time geolocation device?.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| – If so, specify the model: _____   |                          |                          |

☐ I declare that  
the information  
provided is correct.

Signature

Date (Year-Month-Day)

## Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with our licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

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