

Avec vous,  
au cœur de votre sécurité

Date of the application

Year Month Day

**Note:** Please fill out the form on screen.

**Heavy Vehicle Owner, Operator or Driver** (Mandatory fields are marked with an asterisk (\*).)

<input type="checkbox"/> Heavy vehicle owner or operator (HVOO)	<input type="checkbox"/> Heavy vehicle driver
Business name*	Last name*
Identification number*	First name*
Register Identification Number (RIN) from the Commission des transports du Québec	Driver's licence number*

**Person Filing the Application** (Mandatory fields are marked with an asterisk (\*).)

Last name*		First name*	
Title or position		Business name*	
<b>Business address</b>	Street number	Street name	
Municipality		Province	Postal code
Telephone*	Extension	Email*	

**Type of Adjustment**

<input type="checkbox"/> Offence	<input type="checkbox"/> Accident
<input type="checkbox"/> "Driver" out-of-service order	<input type="checkbox"/> Vehicle fleet
<input type="checkbox"/> Mechanical inspection certificate	<input type="checkbox"/> More than one type
<input type="checkbox"/> Other, specify: _____	

**Events Concerned**

<b>Date of the event</b>	Year	Month	Day	Event number	<b>Date of the event</b>	Year	Month	Day	Event number
<b>Date of the event</b>	Year	Month	Day	Event number	<b>Date of the event</b>	Year	Month	Day	Event number

If the application concerns more than four events, please provide the required information about the additional events (dates and event numbers) in the "Details and Description" section.

**Details and Description**

Please enclose any supporting documents with your application (*Notice of Non-Liability for an Accident, Application to Have an HVOO Record Adjusted – Heavy Vehicle Rental Company, power of attorney, rental contract, lease agreement, etc.*).

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