
Part 1 - Carrier Information

Carrier Name: _____

Address: _____

Phone #: () _____ NSC #: _____ MVID #: _____

Part 2 - Content Requested

For vehicles in NSC Program (*Standard Report*) For vehicles NOT in NSC Program Both vehicle types
(NSC vehicles operate under a Safety Fitness Certificate)

Time Period Requested Past 12 Months or: From: _____ To: _____
year/month/day year/month/day

Part 3 - Method to Return Carrier Profile

Mail No Access to Internet

Where internet access is available, please register through our On-line Services website at <https://www.trans.gov.ab.ca/TravisWebLogin/redirect.htm> to retrieve your carrier profile.
If you are a new user, select "Need a User ID? Register" and follow the instructions provided to register.

Part 4 - Authorization

By signing below I certify that I am an employee of the carrier identified in Part 1 and the carrier has authorized me to request and obtain a carrier profile.

Authorized Carrier Representative: (*Print Name*): _____

Date: _____ Signature: _____

Job Title (with carrier identified in Part 1): _____

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