

Application for Permit Renewal (Alberta Equivalent Level of Safety)

Dangerous Goods Transportation and Handling Act, Section 5(1)

Section A: Stakeholder Information

Company Name:					
Operating As (O/A):	(Must be proper registered owner name as appears on vehicle registration) MVID #:				
Business Address:					
City/Town:		Province:			
Postal Code:	Phone :	 Fax:			
Mailing Address: (if different from above)					
Email Address:					
Section B: Renewal Application Information					
Permit Precedent(s) Requ	ested:				
Permit Number(s):					
Section C: Renewal A	uthorization				
Name of permit contact (company representative):				
Contact Number:	· · · · · · ·	Position:			
Email:					
Any information provided in this app		Section 33(c) of the Freedom of Information and Protection of Privacy Act. rifying compliance information. If you have questions about the collection of insportation at 1-800-272-9600.			
Submit your completed	I renewal form by clicking on the S	UBMIT VIA EMAIL tab at the top right of this form,			
email: trans.dangerousgoods@gov.ab.ca, fax: 780-427-1044 or mail it to the address listed above.					
	Once the renewal form is received by our section you may be contacted by a Dangerous Goods Inspector to verify compliance to the permit conditions. Please ensure all contact information is correct.				
verify compliar	ice to the permit conditions. Pleas	e ensure all contact information is correct.			
email: <u>trans.dange</u> Once the renewal form	orm is received by our section you may be contacted by a Dangerous Goods Inspector to				

	INTERNAL USI	E ONLY	
Safety Fitness Rating:	Reviewed:	Denied:	
Service Restrictions:	Approved:	Revoked:	