



## IMPOUND LOT OPERATOR APPLICATION AND INFORMATION UPDATE

*Please provide your company information and return the completed form by fax or mail. If you have more than one impound lot, complete a separate form for each one. Please print below the captions.*

Full Legal Name (dba or trade name is not acceptable)		Business Name (if different from Legal Name):	
Business Office Address (include postal code): _____ _____ _____		ICBC Vendor Number:	National Safety Code (NSC) Number:
		Business Licence Number:	Business Hours:
Signing Authority: _____	List of Local Enforcement Agencies	Telephone	Fax
Principle Contact (if different from signing authority):			
Dispatch Office Phone Number:	Office Phone Number (if different):	Size of Vehicle you can tow?	
Dedicated Fax Number (Available 24 hours, seven days per week):		Up to 3,628 kg/GVW	<input type="checkbox"/> Yes <input type="checkbox"/> No
		3,629-11,811 kg/GVW	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Limited Company <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		11,812 kg/GVW and over	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impound Lot Address (include postal code) (if this address is different than the one previously provided to us, please attach pictures showing fencing, signage and general lot conditions) _____ _____ _____		<b>Impound Lots have:</b>  Fully fenced lot (minimum 72" chain link + 12" wire overhang): <input type="checkbox"/> Yes <input type="checkbox"/> No  Restricted public access to vehicles stored under this program (minimum no unescorted public access) <input type="checkbox"/> Yes <input type="checkbox"/> No  Electronic security system(s): <input type="checkbox"/> Yes <input type="checkbox"/> No  Exterior lighting: <input type="checkbox"/> Yes <input type="checkbox"/> No  Zoned for vehicle storage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of dispatch/Communication System (e.g. cell phone, dedicated 2 way radio, CB radio, etc.):			
Signing Authority Signature:			
Print Signing Authority Full Name:			
Date (yyyy/mm/dd):		<ul style="list-style-type: none"> <li>ATTENTION NEW APPLICANTS:</li> <li>Please attach documents providing proof that your business is registered to do business in British Columbia. These documents must include a list of directors or authorized signatories.</li> <li>Please also attach pictures showing lot conditions, fencing and signage.</li> </ul>	
E-Mail Address:			