

Vehicle Registration Application

Kingston Area Taxi Commission (KATC)
 12-1201 Division Street
 Kingston , Ontario, K7K 6X4
 Phone: 613-547-3763 Fax: 613-547-2857
 Hours: 9:00 am to 5:00 pm, Weekdays
 Email: info@katc.ca / www.katc.ca



The personal information on this form is collected under the authority of By-Law No.2. The information will be used to license, regulate and govern taxi owners, drivers and businesses licenced under the provisions set forth in By-Law No.2. Questions regarding the collection of this information should be directed to the Licencing Manager, 613-547-3763 ext. 101.

Applicant & Licence Information

Type of Taxi Vehicle Registration applied for:				
Applicant's Name: Last		First		Middle Initial(s)
Company Name:			Badge #	
Address			Apt./Unit #	
City	Province	Postal Code	Phone #	
Cell #	Email Address			

Vehicle & Plate Information (Attach copy of Vehicle Ownership and Plate Portion)

Company Driving for:				Taxi Plate #	
Year	Make	Model	Colour	Body Type (ie. 4 Door)	
Vehicle VIN #:		Odometer (kilometers):		Ontario Plate #	

Vehicle Insurance & Safety Information (Attach copies of Insurance Liability Card and Safety Certificate)

Insurance Broker:		Policy #:	
Policy Start Date:	Policy Expiration Date:	Policy Liability Amount:	
Type of Vehicle Safety Certificate:			Licensee Number:
Name of Garage (if Safety certificate issued from other than Service Ontario MTO):			
Safety Certificate #:	Date of Inspection:	Trade Code and Certificate #:	

Consent:

I am the applicant herein and am aware that a search will be made to process my application for a licence and I consent to the Kingston Area Taxi Commission making inquiries to the Ministry of Transportation.

Signature of Applicant	Date (MM/DD/YY)
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