Insurance Corporation of British Columbia

Prorate Vehicle Application

Mailing address: ICBC
PO Box 7500 Stn Terminal
Vancouver BC V6B 5R9

Telephone: 604-443-4450
Toll Free in BC: 1-800-665-4336
Fax: 604-443-4451

PRORATE ACCOUNT NO.	FLEET NO.	EFFECTIVE DATE (yyyymmdd)
B C		
NAME OF REGISTRANT		
PERSON TO CONTACT		
TELEPHONE NUMBER ( )	FAX NUMBER ( )	

Type of transaction

- ☐ AV - Add vehicle
- ☐ CV - Change vehicle information
- ☐ RV - Replace vehicle
- ☐ DV - Delete vehicle (Attach void cab card)
  - ☐ - Store credits
  - ☐ - Refund credits

Vehicle type

TK - Truck
TT - Truck Tractor
BS - Bus

ICBC USE ONLY

Weight Group Number _____.
Weights in Canada to be in Kgs./Weights in US to be in Lbs./QC # of axles.

Vehicles listed on this page (within weight group indicated at left) will be authorized to operate in the jurisdictions and at the weights listed below. Use additional page(s) for more vehicles using same weight group. Use separate page(s) for any vehicle with a weight difference in any jurisdiction.

CANADA	Kgs.	US	Lbs.	US	Lbs.	US	Lbs.	US	Lbs.	US	Lbs.
(BC) British Columbia		(AL) Alabama		(ID) Idaho		(MI) Michigan		(NY) New York		(TN) Tennessee	
(AB) Alberta		(AZ) Arizona		(IL) Illinois		(MN) Minnesota		(NC) North Carolina		(TX) Texas	
(SK) Saskatchewan		(AR) Arkansas		(IN) Indiana		(MS) Mississippi		(ND) North Dakota		(UT) Utah	
(MB) Manitoba		(CA) California		(IA) Iowa		(MO) Missouri		(OH) Ohio		(VT) Vermont	
(ON) Ontario		(CO) Colorado		(KS) Kansas		(MT) Montana		(OK) Oklahoma		(VA) Virginia	
(QC) Quebec		(CT) Connecticut		(KY) Kentucky		(NE) Nebraska		(OR) Oregon		(WA) Washington	
(NB) New Brunswick		(DE) Delaware		(LA) Louisiana		(NV) Nevada		(PA) Pennsylvania		(WV) West Virginia	
(NS) Nova Scotia		(DC) Dist. of Columbia		(ME) Maine		(NH) New Hampshire		(RI) Rhode Island		(WI) Wisconsin	
(PE) Prince Edward Is.		(FL) Florida		(MD) Maryland		(NJ) New Jersey		(SC) South Carolina		(WY) Wyoming	
(NF) Newfoundland		(GA) Georgia		(MA) Massachusetts		(NM) New Mexico		(SD) South Dakota		(MX) Mexico	

Vehicle Information

REGISTRATION NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION (SERIAL) NUMBER	VEHICLE TYPE	AXLES	PURCHASE PRICE	TRADE-IN	DATE OF PURCHASE YY MM DD	TAXABLE OWNER, LESSOR OR LESSEE	BC SOCIAL SERVICE TAX NO. (LESSOR)	MONTHLY LEASE AMOUNT	LEASE START DATE YY MM DD

Deletions

REGISTRATION NUMBER	VEHICLE IDENTIFICATION (SERIAL) NUMBER	TAXABLE OWNER OR LESSEE

DECLARATION — The undersigned declares that the information provided in this application and the attached is true and correct.

REGISTRANT SIGNATURE _____ PRINT NAME & TITLE _____ DATE _____

MV1510V (122009)