

Instructions	Office Use Only		
If you have any questions about the information collected on this form, please contact the Operations Manager, ServiceOntario Driver & Vehicle Contact Centre at 416 235-2999 or 1 800 387-3445 or visit www.serviceontario.ca. The personal information provided by you on this form is collected to assist with	Operator Number	Office Number	
payment verification for the Ministry of Transportation's driver, vehicle and carrier products and services, for which the Ministry is responsible under the <i>Highway Traffic Act.</i>	Business Date (yyyy/mm/dd)		
Note: Under provincial legislation, a false statement from the applicant may result in a penalty.	Fee Paid		
Applicant's Information			

Name/Company/Dealer

Address											
Unit/Apt/Suite Numb	er Street Number	Street Name	PO					PO Box	Rural Route		
Lot Number	Concession	Township		City/Town							
Province/State		Postal Cod			de/Zip Code Country						
Daytime Telephone Number Alternate Teleperet.			hone Number Email Address				Addres	SS			
Ontario Identification Number											
Please select and provide one (1) of the Ontario identification numbers below.											
Driver's Licence (DL) Number Licence Plate Number											
Registrant Identification Number (RIN)					Dealer Number						
Commercial Vehicle Operator's Registration (CVOR) Number											
Motor Vehicle Inspection Station (MVIS) Number						Vehicle Identification Number (VIN)					
If you do not have any of the Ontario identification numbers requested please select 🔲 Not Available											
Credit Card Infor	mation										
Name of Cardholder as it appears on the credit card Name of the C						ne Credit Card Com	redit Card Company				
Uisa 🗌						Master Card	Master Card American Express				
Name of the Signing Authority (If different than name of Cardholder)											
Signature of Cardholder or Signing Authority									Date (yyyy/m	m/dd)	
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Credit Card Number									Card Expiration	on Date (mm/yy)	