

Appendix A – Farm Combination Vehicle Pilot - Application Form

Operation Details	
Owner's Representative (name):	
Master Number:	
Farm Registration Number:	
Contact Name (First, Last):	
Contact Number (Telephone):	
Contact Number (Fax):	
Email Address:	
Street Address:	
City:	
Postal Code:	
Province:	
Insurance Company:	
Policy Number :	

Farm Tractor (Tow Vehicle) Data	
Vehicle Make:	
Vehicle Model:	
Model Year:	
License Plate Number:	
VIN Number:	
Registered Weight(kg):	
Manufacturer's Rated Horsepower:	
Manufacturer's Gross Vehicle Weight Rating:	
Front Axle Weight (loaded, KG):	
Rear Axle Weight (loaded, KG):	
Maximum rated transport speed (km/h):	
Number of axles:	
Number of braked axles:	
Equipped with headlights? (Yes/No):	

Primary (First) Towed Implement Data	
Implement Make	
Implement Model	
Model Year	
Implement Type (Air seeder, etc.)	
Cargo carried (if applicable)	
Maximum loaded transport weight (kg)	
Maximum rated transport speed (km/h)	
Number of axles	
Number of braked axles	
Brake type	
Equipped with brake & signal lights? (Yes/No)	

Following (second) Towed Implement Data	Indicate N/A if same as first implement
Implement Make	
Implement Model	
Model Year	
Implement Type (Air seeder, etc.)	
Cargo carried (if applicable)	
Maximum transport weight (kg)	
Maximum rated transport speed (km/h)	
Number of axles	
Number of braked axles	
Brake type	
Equipped with brake & signal lights? (Yes/No)	
Single line or dual line brakes?	

Combination Data:	
Total Vehicle Train Height (m)	
Total Vehicle Train Length (m)	
Total Vehicle Train Width (m)	

Route Data (Single Route Approval)	
Starting Location	
Ending Location	
Description of Route (Attach to application, include each turn and road name)	
Municipal approval received (If travelling on municipally owned roads, yes/no)	
Frequency of travel (daily, weekly, monthly)	
Route surveyed by owner to verify no hazards that prevent FCV use (yes/no)	

Route Data (Operating Zone Approval Approval)	
Starting Location	
Description of Route (desired radius of travel, up to 25km)	
Municipal approval received (If travelling on municipally owned roads, yes/no)	
Frequency of travel (daily, weekly, monthly)	
Routes surveyed by owner to verify no hazards that prevent FCV use (yes/no)	

Applicant Signature
Signature:
Date:

Completed application forms can be submitted to SMP@novascotia.ca Please copy (cc) the address FCV@novascotia.ca at the same time.