



Notification sent via email transmission to [ptboard@gov.bc.ca](mailto:ptboard@gov.bc.ca) (cc: [Kathleen.Mitten@gov.bc.ca](mailto:Kathleen.Mitten@gov.bc.ca)) and documents have been scanned to SharedData (Applications) folder.

Applicant Name: PACIFIC COAST CO-OP TAXI

Application No. 0082/14

## Administrative Documents attached:

- The Registrar's application transmittal memorandum
- Reports generated from the Branch database
- Emails between Branch and the Applicant's Lawyer's Assistant

*Total # Pages (incl. cover) 17*  
**Branch File: LEFT**

Ministry of  
Transportation  
and Infrastructure

Passenger Transportation  
Branch

Suite 313 – 1500 Woolridge Street  
Coquitlam BC V3K 0B8

E-mail  
[passengertransportationbr@gov.bc.ca](mailto:passengertransportationbr@gov.bc.ca)

Telephone 604 527 2198  
Fax 604 527 2205  
Web: [www.th.gov.bc.ca/rpt](http://www.th.gov.bc.ca/rpt)



Ministry of  
Transportation  
and Infrastructure

Passenger Transportation  
Branch

## M E M O R A N D U M

**Date:** June 5, 2014

**To:** Jan Broocke  
Director & Secretary  
to the Passenger Transportation Board

**From:** Kristin Vanderkuip  
Registrar & Director  
Passenger Transportation Branch

**Re: File Transmittal Per Division 3, Section(s) 26 (1) of the PTA**

**Application No.:** 0082/14  
**Applicant Name:** PACIFIC COAST CO-OP TAXI  
**DBA:** N/A  
**Applicant's Address:** VANCOUVER, BC  
**PT Licence No.:** N/A  
**PT Licence Expiry Date:** N/A

**Summary of Current  
Licence:** N/A

**Summary of Application:** New Special Authorization (PDV) with 32 identifiers, utilizing 24 sedan or minivan taxi with a seating capacity between 2 and 7 passengers plus driver and 8 wheelchair accessible taxis with a seating capacity between 2 and 7 passenger plus driver.

**Proposed Service Area**

Originating Area: Vancouver BC

Destination Area: Greater Vancouver Regional District (GVRD)

The applicant is requesting return trips, reverse trips (limited) and reverse trips(unlimited), taxi authorizations and to provide transportation services under a contract to a company.

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PACIFIC COAST CO-OP TAXI  
June 5, 2014  
Page 2

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Application No. 0082/14

**Supporting Documentation:** PDV Vehicle Proposal, PDV Proposed Terms and Conditions of Licence, Proposed Rates, Municipal Notice, Condensed Operating Plan, Accessible Service Plan, Business Plan, Public Need Indicators, Financial Information, Disclosure of Passenger Transportation Ownership, Disclosure of Unlawful Activity and Bankruptcy.

**Comments:** The applicant submitted a letter dated March 25, 2014 (attached) which was received at the Branch on March 27, 2014 advising the Branch that the three directors of Pacific Coast Co-op Taxi are Surinder <sup>s21</sup> Grewal, Satnarr <sup>s22</sup> Thiara and Harpal <sup>s22</sup> Nagra.

In support of the applicant's letter of March 25, 2014, The applicant's Lawyer submitted Notices of Change of Directors submitted to the Registrar of Companies but have not yet been processed by the Registrar of Companies (copies attached).

Please find Application No. 0082/14, attached for your review and consideration.

Thank you.

  
Kristin Vanderkuip  
Registrar & Director  
Passenger Transportation Branch

/adn

**Ng, Anne TRAN:EX**

---

**From:** Katrina Volkenant <katrina@dvclawyers.com>  
**Sent:** Wednesday, June 4, 2014 12:32 PM  
**To:** Ng, Anne TRAN:EX  
**Cc:** 'Ajitpal Morrow'  
**Subject:** RE: Pacific Coast Co-op Taxi  
**Attachments:** Registry Filings 2.pdf

Yes they have - please see the further two Notices which obviously haven't been processed yet either.

That should fill in all the gaps.

Thanks very much.

Katrina Volkenant  
Legal Assistant

De Jager Volkenant & Company  
Barristers & Solicitors  
#5 - 15243 - 91 Avenue, Surrey, BC V3R 8P8  
Phone: (604) 953-1500 / Fax: (604) 953-1501 Toll Free: 1-866-953-1500 [www.dvclawyers.com](http://www.dvclawyers.com)

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This message is intended only for the addressee. It may contain privileged or confidential information. Any unauthorized disclosure is strictly prohibited. If you have received this message in error, please notify us immediately so that we may correct our internal records. Please then delete the original email. Thank you.

-----Original Message-----

**From:** Ng, Anne TRAN:EX [<mailto:Anne.Ng@gov.bc.ca>]  
**Sent:** June 4, 2014 12:23 PM  
**To:** 'Katrina Volkenant'  
**Cc:** 'Ajitpal Morrow'  
**Subject:** RE: Pacific Coast Co-op Taxi

Hi Katrina,

Thank you for your email and attached Annual Report and Notice of Directors for Pacific Coast Co-op Taxi.

From reviewing the BC Online search for the Co-op, the list includes seven directors. We would like to know if the following directors have also ceased from being directors (but have not been named in the Notice of Change of Directors form submitted to BC Registry Services):

s22

s22

s22

Thank you for your assistance.

Regards,



Anne Ng  
Registration Officer  
Passenger Transportation Branch  
Ministry of Passenger Transportation and Infrastructure Suite 313 - 1500 Woolridge Street Coquitlam BC V3K 0B8  
604.527.2202 (direct)  
Fax: 604.527.2205

This message, including any attachments, is confidential and may contain privileged information intended to be relied upon by the sender and/or the person(s) named above. If you are not the intended recipient or have received this message in error, immediately notify the sender by reply email, permanently delete the original transmission from the sender, including any attachments, without making a copy and confirm these actions in your reply email.

-----Original Message-----

From: Katrina Volkenant [<mailto:katrina@dvclawyers.com>]  
Sent: Wednesday, June 4, 2014 11:14 AM  
To: Ng, Anne TRAN:EX  
Cc: Ajitpal Morrow  
Subject: Pacific Coast Co-op Taxi

Hello Anne,

Please see the attached Annual Report and Notice of Directors that have been submitted for filing with the BC Registry. It will take a couple of weeks before the Registry has them processed, but they have been submitted. I trust this will be sufficient for your purposes. Please let me know if you have any questions.

Katrina Volkenant  
Legal Assistant

De Jager Volkenant & Company  
Barristers & Solicitors  
#5 - 15243 - 91 Avenue, Surrey, BC V3R 8P8  
Phone: (604) 953-1500 / Fax: (604) 953-1501 Toll Free: 1-866-953-1500 [www.dvclawyers.com](http://www.dvclawyers.com)

-----  
This message is intended only for the addressee. It may contain privileged or confidential information. Any unauthorized disclosure is strictly prohibited. If you have received this message in error, please notify us immediately so that we may correct our internal records. Please then delete the original email. Thank you.

-----Original Message-----

From: Ajitpal Morrow  
Sent: June 4, 2014 11:05 AM  
To: Katrina Volkenant  
Subject: Anne Ng email address ([Anne.Ng@gov.bc.ca](mailto:Anne.Ng@gov.bc.ca))

Hi, Katrina,  
Please find the PTB file handler Ms. Anne Ng's email and please also forward me the copy, thanks and appreciate your help.

Regards,

Ajitpal

Sent from my iPhone



Ministry  
of Finance  
BC Registry Services

Mailing Address:  
PO Box 9431 Stn Prov Govt  
Victoria BC V8W 9V3  
Location:  
2nd Floor -- 940 Blanshard Street  
Victoria BC  
www.fin.gov.bc.ca/registries

# COOPERATIVE ASSOCIATION NOTICE OF CHANGE OF DIRECTORS FORM 5

Cooperative Association Act

FILING FEE: \$20.00

Telephone: 250 356-8809

## Instructions:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

**Item A** Enter the incorporation number of the cooperative association. This number is located in the upper right-hand corner of the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.

**Item B** Enter the cooperative association's name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.

**Item F** The residential address of a director must be a complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the director.

**Item G** An individual who has ceased being a director cannot sign this form.

If changes occurred on more than one date, you must complete a separate Notice of Change of Directors form for each date.

**Filing fee: \$20.00.** Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

**A** INCORPORATION NO. OF COOPERATIVE ASSOCIATION  
CP 0002135

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

SENT FOR FILING WITH  
THE REGISTRAR OF COMPANIES

DATE June 2, 2014

**Freedom of Information and Protection of Privacy Act (FOIPPA):** Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Cooperative Association Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

## **B** NAME OF COOPERATIVE ASSOCIATION

PACIFIC COAST CO-OP TAXI

**C** DATE OF  
CHANGE OF  
DIRECTORS

YYYY / MM / DD  
2014/03/25

## **D** Full names of new directors appointed or elected:

LAST NAME	FIRST NAME AND INITIALS (IF ANY)

## **E** Full names of persons who have ceased to be directors:

LAST NAME	FIRST NAME AND INITIALS (IF ANY)

## **F** Full names and addresses of all the directors of the association as at the date of change listed above:

LAST NAME	FIRST NAME & INITIALS (IF ANY)	RESIDENTIAL ADDRESS	PROVINCE/STATE	POSTAL CODE/ZIP CODE
GREWAL	Surinder			
THIARA	Satnam			
NAGRA	Harpal			

## **G** CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)	SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION	DATE SIGNED YYYY / MM / DD
LUKE A. JOHNSON - SOLICITOR	X	2014/05/30

FIN 743/WEB Rev. 2008 / 7 / 2

RECEIVED  
JUN 04 2014  
PASSENGER TRANSPORTATION BRANCH





**BC Registry  
Services**

**COOPERATIVE ASSOCIATION  
ANNUAL REPORT  
FORM 3**

*Cooperative Association Act*

**FILING FEE: \$30.00**

Telephone: 250 356-8609  
www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt  
Victoria BC V8W 9V3

Location: 2nd Floor - 940 Blanshard Street  
Victoria BC

**Instructions:**

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

- Item A** Enter the incorporation number of the cooperative association. This number is located in the upper right-hand corner of the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
- Item B** Enter the cooperative association's name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
- Item C** Enter the date of the Annual General Meeting.
- Item E** Enter the complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the office.
- Item F** List full name and address of all directors as of the adjournment of the Annual General Meeting. The residential address of a director must be a complete physical address.

**Filing Fee: \$30.00** Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

**A INCORPORATION NUMBER OF COOPERATIVE ASSOCIATION**

**CP 0002135**

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

SENT FOR FILING WITH  
THE REGISTRAR OF COMPANIES

DATE June 2, 2014

**Freedom of Information and Protection of Privacy Act (FOI/PPA):** Personal information provided on this form is collected, used and disclosed under the authority of the FOI/PPA and the Cooperative Association Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

**B NAME OF COOPERATIVE ASSOCIATION**

PACIFIC COAST CO-OP TAXI

**C DATE OF FINANCIAL  
YEAR END**

YYYY/MM/DD  
2013/12/31

**D DATE OF ANNUAL  
GENERAL MEETING**

YYYY/MM/DD  
2014/03/25

**E FULL PHYSICAL ADDRESS OF REGISTERED OFFICE (include postal code)**

s22

PROVINCE | POSTAL CODE

s22

**F DIRECTORS (List full names and addresses of all directors)**

LAST NAME	FIRST NAME & INITIALS (IF ANY)	RESIDENTIAL ADDRESS	PROVINCE/STATE	POSTAL CODE/ZIP CODE
GREWAL	Surinder			
THIARA	Satnam	s22		
NAGRA	Harpal			

**G CERTIFIED CORRECT - I have read this form and found it to be correct.**

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

LUKE A. JOHNSON - SOLICITOR

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

*[Signature]*

DATE SIGNED

YYYY/MM/DD

2014/05/30

REG 719WEB Rev. 2011/07/05

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JUN 04 2014  
PASSENGER TRANSPORTATION BRANCH





**BRITISH COLUMBIA**  
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Ministry  
of Finance  
BC Registry Services

Mailing Address:  
PO Box 9431 Stn Prov Govt  
Victoria BC V8W 9V3  
Location:  
2nd Floor - 940 Blanshard Street  
Victoria BC  
www.fin.gov.bc.ca/registries

**COOPERATIVE ASSOCIATION  
NOTICE OF CHANGE OF DIRECTORS  
FORM 5**

Cooperative Association Act

FILING FEE: \$20.00

Telephone: 250 356-8609

**Instructions:**

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

- Item A** Enter the incorporation number of the cooperative association. This number is located in the upper right-hand corner of the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
- Item B** Enter the cooperative association's name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
- Item F** The residential address of a director must be a complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the director.

**Item G** An individual who has ceased being a director cannot sign this form. If changes occurred on more than one date, you must complete a separate Notice of Change of Directors form for each date.

**Filing fee: \$20.00.** Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

**A INCORPORATION NO. OF COOPERATIVE ASSOCIATION**  
**CP 0002135**

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THE REGISTRAR OF COMPANIES

DATE May 20, 2014

**Freedom of Information and Protection of Privacy Act (FOIPPA):** Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Cooperative Association Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 250 356-1196, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

**B NAME OF COOPERATIVE ASSOCIATION**

PACIFIC COAST CO-OP TAXI

**C DATE OF CHANGE OF DIRECTORS**

YYYY / MM / DD

2012/10/06

**D Full names of new directors appointed or elected:**

LAST NAME

FIRST NAME AND INITIALS (IF ANY)

s22

**E Full names of persons who have ceased to be directors:**

LAST NAME

FIRST NAME AND INITIALS (IF ANY)

s22

s22

s22

**F Full names and addresses of all the directors of the association as at the date of change listed above:**

LAST NAME	FIRST NAME & INITIALS (IF ANY)	RESIDENTIAL ADDRESS	PROVINCE/STATE	POSTAL CODE/ZIP CODE
SEE ATTACHED				

**G CERTIFIED CORRECT - I have read this form and found it to be correct.**

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

DATESIGNED

YYYY / MM / DD

LUKE A. JOHNSON - SOLICITOR

X

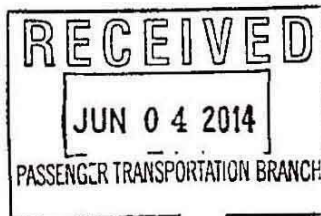
2014 / 05 / 20

FIN 743/WEB Rev. 2008 / 7 / 2

**RECEIVED**  
**JUN 04 2014**  
PASSENGER TRANSPORTATION BRANCH

LAST NAME	FIRST NAME	RESIDENTIAL ADDRESS	PROVINCE	POSTAL CODE

s22





Ministry  
of Finance  
BC Registry Services

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PO Box 9431 Stn Prov Govt  
Victoria BC V8W 9V3  
Location:  
2nd Floor - 940 Blanshard Street  
Victoria BC  
www.fin.gov.bc.ca/registries

# COOPERATIVE ASSOCIATION NOTICE OF CHANGE OF DIRECTORS FORM 5

Cooperative Association Act

FILING FEE: \$20.00

Telephone: 250 356-8609

## Instructions:

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**Item G** An individual who has ceased being a director cannot sign this form.

If changes occurred on more than one date, you must complete a separate Notice of Change of Directors form for each date.

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**A** INCORPORATION NO. OF COOPERATIVE ASSOCIATION  
**CP 0002135**

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THE REGISTRAR OF COMPANIES

DATE May 20, 2014

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## **B** NAME OF COOPERATIVE ASSOCIATION

PACIFIC COAST CO-OP TAXI

**C** DATE OF  
CHANGE OF  
DIRECTORS  
YYYY / MM / DD  
2013/08/25

## **D** Full names of new directors appointed or elected:

LAST NAME	FIRST NAME AND INITIALS (IF ANY)

## **E** Full names of persons who have ceased to be directors:

LAST NAME	FIRST NAME AND INITIALS (IF ANY)

## **F** Full names and addresses of all the directors of the association as at the date of change listed above:

LAST NAME	FIRST NAME & INITIALS (IF ANY)	RESIDENTIAL ADDRESS	PROVINCE/STATE	POSTAL CODE/ZIP CODE
SEE ATTACHED				

## **G** CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

LUKE A. JOHNSON - SOLICITOR

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

X

DATE SIGNED

YYYY / MM / DD

2014/05/20

FIN 743/WEB Rev. 2008/7/2

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PASSENGER TRANSPORTATION BRANCH



BRITISH  
COLUMBIA

The Best Place on Earth

## PTM WEB

[Logout](#)

## Applicant / Licensee

[Clear](#)[Delete](#)**Client Number:** 201974403**Client Status:****Legal Name:** PACIFIC COAST CO-OP TAXI**Carrier  
Condition:**[Copy to Clipboard](#)

FRASER RPO

**Profile Status:**

s21

P.O. BOX 60484

**Safety Rating:**

VANCOUVER BC V5W 4B5

**Audit Status:****Organization Type:** Cooperative**Certification #:****Document Type:** REGISTERED COOPERATIVE / SOCIETY**Certification  
Type:** ORIGINAL**Document Id:** 0002135**FR FILING:** NONE**Prorate Acct:** NONE

## Financial Responsibility

No F/R # exists for this client.

## Add PT Licence Number to List

**PT Licence Number:**[Add](#)



# BRANCH FILE ONLY DOCUMENTS

(DO NOT SCAN TO PT BOARD WITH MEMO)

- ☐ RIGHT SIDE (**SUPERSEDED** applicant documents)
- ☒ LEFT SIDE (Branch/applicant **CORRESPONDENCES\***)

\* Send the applicant a "summarized" request for final clarification and include their response in the file transmitted to Board

NSC



Ministry of  
Transportation and Infrastructure  
Passenger Transportation  
Branch

## MEMORANDUM

### Registrar File Review Notes

Application No.: 82/14  
Applicant Name: PACIFIC COAST CO-OP TAXI  
DBA: N/A  
Applicant's Address: VANCOUVER, BC  
PT Licence No.: N/A  
PT Licence Expiry Date: N/A  
Date Registrar Review: June 5, 2014  
Registration Officer: Anne Ng

Application Received Date: April 10, 2014

**Summary of Application:** New Special Authorization (PDV) with 32 identifiers, utilizing 24 sedan or minivan taxi with a seating capacity between 2 and 7 passengers plus driver and 8 wheelchair accessible taxis with a seating capacity between 2 and 7 passenger plus driver.

#### Proposed Service Area

Originating Area: Vancouver BC

Destination Area: Greater Vancouver Regional District (GVRD)

The applicant is requesting return trips, reverse trips (limited) and reverse trips(unlimited), taxi authorizations and to provide transportation services under a contract to a company.

#### Supporting Documentation:

1. PDV Vehicle Proposal
2. PDV Proposed Terms and Conditions of Licence,
3. Proposed Rates (Initial flag rate: \$3.20. Distance rate: \$1.84, Metered waiting time rate: \$32.86)
4. Municipal Notice (Municipal Notice City of Vancouver)
5. Condensed Operating Plan
6. Accessible Service Plan
7. Business Plan
8. Public Need Indicators (market analyses, 6 letters of support)
9. Financial Information (Financial Plan, Projected Balance Sheet (July 2014 to June 2015 and July 2015 to June 2016), Projected Income Statement (July 2014 to June 2015, July 2015 to June 2016), Cash Flow Forecast 2014 – June 2015, July 2015 – June 2016, July 2016 to June 2017)
10. Disclosure of Passenger Transportation Ownership (from 3 directors – Surinder s22 Grewal, Satnam s22 Thiara, Harpal s22 Nagra – See letter dated March 25, 2014 and Notice of Change of Directors – attached to application)
11. Disclosure of Unlawful Activity and Bankruptcy (from 3 directors – Surinder s22 Grewal, Satnam s22 Thiara, Harpal s22 Nagra – See letter dated March 25, 2014 and Notice of Change of Directors – attached to application)

**Registrar File Review Notes**

PACIFIC COAST CO-OP TAXI  
DBA: N/A  
Application No. 82/14  
June 5, 2014  
Page 2

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**Investigation Summary:**

s21

**Director Information**

The applicant submitted a letter dated March 25, 2014 which was received at the Branch on March 27, 2014 advising the Branch that the three directors of Pacific Coast Co-op Taxi is Surinder s22 Grewal, Satnam s22 Thiara and Harpal s22 Nagra.

Update to Note:

June 4, 2014: The applicant's Lawyer, De Jager Volkenant & Company – Legal Assistant – Katrina Volkenant submitted an email advising that the an Annual Report and Notice of Directors have been submitted to the BC Registry and will take a couple of weeks to process. Current Directors include: s22

Harpal Nagra. s22

s22

June 4, 2014: The Registration Officer emailed the Lawyer's assistant inquiring – there are currently 7 directors listed on the co-op search. And the Notice of change of Directors shows 2 ceased to be directors, 3 current directors, what is the status for the remaining 2. On the same day, Katrina advised that the following directors have ceased being directors: s22

s22

NSC Status:

Complaints:

Violation Tickets:

Administrative Penalties:

s21

June 4, 2014: Registration Officer Review and Preliminary Investigation Completed.

**Meeting Notes:**



# Interoffice Notes

Application #: 82114  
PT Reference #: N/A

June 3, 2014 - Registration Officer spoke with Surinder s22 Grewal (Director) of the Co-op regarding current directors - changes - See letter dated March 25, 2014 - persons named as signatories. Surinder will submit an update after speaking with BC Registry - regarding - Directors / Officers and submit a new Signing Authority form if needed. /adm.



# Interoffice Notes

Application #: 82114  
PT Reference #: 8

May 9/14 - Ajitpal Morrow called this afternoon regarding deadline. I asked him to refer to the requirement letter, which is May 28, 2014. He thought the deadline was May 9, 2014. Adn.

**Ng, Anne TRAN:EX**

---

**From:** Ng, Anne TRAN:EX  
**Sent:** Tuesday, May 27, 2014 2:49 PM  
**To:** 'Ajitpal Morrow'  
**Subject:** RE: Regarding Application # 82/14

Hi Surinder,

Your new deadline for submitting requirements is now June 12, 2014 for application no. 82/14.

Thank you.

Regards,

*Anne Ng*

Registration Officer  
Passenger Transportation Branch  
Ministry of Passenger Transportation and Infrastructure

Suite 313 – 1500 Woolridge Street  
Coquitlam BC V3K 0B8  
604.527.2202 (direct)  
Fax: 604.527.2205

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**From:** Ajitpal Morrow s22  
**Sent:** Tuesday, May 27, 2014 12:19 PM  
**To:** Ng, Anne TRAN:EX  
**Subject:** Re: Regarding Application # 82/14

Hello ma'am,

Till June 12th would be great.  
Your assistance in this is very much appreciated.

Truly,  
Surinder s22 Grewal,  
Director  
Pacific Coast Co-op Taxi

On May 27, 2014, at 11:33 AM, "Ajitpal Morrow" <

s22

wrote:

Hello ma'am,  
Two weeks should be enough,

Truly,  
Surinder s22 Grewal  
Director  
Pacific Coast Co-op Taxi

On May 27, 2014, at 11:23 AM, "Ng, Anne TRAN:EX" <[Anne.Ng@gov.bc.ca](mailto:Anne.Ng@gov.bc.ca)> wrote:

Good Morning Surinder and Ajitpal,

Thank you for your email. Could you please advise me what date you would like to extend your deadline until?

Thank you for your assistance.

Regards,

*Anne Ng*

Registration Officer  
Passenger Transportation Branch  
Ministry of Passenger Transportation and Infrastructure

Suite 313 – 1500 Woolridge Street  
Coquitlam BC V3K 0B8  
604.527.2202 (direct)  
Fax: 604.527.2205

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---

**From:** Ajitpal Morrow s22  
**Sent:** Tuesday, May 27, 2014 10:32 AM  
**To:** Ng, Anne TRAN:EX  
**Subject:** Re: Regarding Application # 82/14

Hello Ma'am,

Thanks for your mail, as per our last Annual General Body Meeting of the CO-OP Mr. Surinder s22 Grewal, Mr. Satnam s22 Thiara and Mr. Harpal s22 Nagra were selected by members as Directors of the CO-Op and accordingly BC registry was notified, (copy of minutes from last AGM held as proof will be sending today along with other documents) and but for some reason they haven't updated the information.

So we would like to ask you for few days of extension period so we can set things straight.

Truly,  
Surinder s22 Grewal,  
Director  
Pacific Coast Co-op Taxi

On May 26, 2014, at 11:44 AM, "Ng, Anne TRAN:EX" <Anne.Ng@gov.bc.ca> wrote:

Good Morning Ajitpal,

Thank you for submitting requirements received via fax this morning. Please note the following items are outstanding:

1. **Special Authorization Application form**

Section 4: Please add the number of identifiers (vehicles and plates) you are applying for at the end of "New PDV: I am requesting the following number of identifiers (vehicle plates and decals)".

According to the PDV Vehicle Proposal form, it states that you are applying for 32 identifiers.

2. **Disclosure of Passenger Transportation Ownership form**

- a) Each director must complete and submit a copy of this form.

Note: According to BC Online, Pacific Coast Co-op Taxi currently has 7 directors. Please see the attached document.

- b) To date, you have submitted a form for Satnam Singh Thiara and Surinder Singh Grewal.

Please note that under Relationship to Applicant asks for a percentage of Ownership share; however, you have included "equal" for both forms. Please revise these two forms to include a percentage.

Link to  
form: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1214>

3. **Disclosure of Unlawful Activity and Bankruptcy form**

Each director and officer must complete a copy of this form.

Note: According to BC Online, Pacific Coast Co-op Taxi currently has 7 directors. Please see the attached document.



Link to  
form: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1208>

If you have any questions, please contact me.

Thank you.

Regards,

*Anne Ng*

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**From:** Ajitpal Morrow s22  
**Sent:** Friday, May 23, 2014 5:52 PM  
**To:** Ng, Anne TRAN:EX  
**Subject:** Regarding Application # 82/14

Respected Madamme',

We have tried to send you the corrected and revised documents via PDF file but are facing some problem its not going through, so just to make sure we will be faxing you a copy of it and personally drop one in your office on monday.

Regards,

Surinder s22 Grewal,  
Director  
Pacific Coast Co-op Taxi  
<CoopandMiscEntitySearch - Pacific Coast Co-op Taxi.txt>

**Ng, Anne TRAN:EX**

---

**From:** Sundquist, Doris TRAN:EX  
**Sent:** Tuesday, May 27, 2014 2:28 PM  
**To:** Ng, Anne TRAN:EX  
**Subject:** RE: Regarding Application # 82/14

Yes, thanks Anne for checking in. Doris

---

**From:** Ng, Anne TRAN:EX  
**Sent:** Tuesday, May 27, 2014 1:17 PM  
**To:** Sundquist, Doris TRAN:EX  
**Subject:** FW: Regarding Application # 82/14

Hi Doris,

The applicant emailed me again with June 12, 2014. Is that okay?

---

**From:** Ajitpal Morrow s22  
**Sent:** Tuesday, May 27, 2014 12:19 PM  
**To:** Ng, Anne TRAN:EX  
**Subject:** Re: Regarding Application # 82/14

Hello ma'am,

Till June 12th would be great.  
Your assistance in this is very much appreciated.

Truly,  
Surinder s22 Grewal,  
Director  
Pacific Coast Co-op Taxi

On May 27, 2014, at 11:33 AM, "Ajitpal Morrow" s22 wrote:

Hello ma'am,  
Two weeks should be enough,

Truly,  
Surinder s22 Grewal  
Director  
Pacific Coast Co-op Taxi

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Thank you for your assistance.

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So we would like to ask you for few days of extension period so we can set things straight.

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Director  
Pacific Coast Co-op Taxi

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1. Special Authorization Application form



Section 4: Please add the number of identifiers (vehicles and plates) you are applying for at the end of "New PDV: I am requesting the following number of identifiers (vehicle plates and decals)".

According to the PDV Vehicle Proposal form, it states that you are applying for 32 identifiers.

**2. Disclosure of Passenger Transportation Ownership form**

- a) Each director must complete and submit a copy of this form.

Note: According to BC Online, Pacific Coast Co-op Taxi currently has 7 directors. Please see the attached document.

- b) To date, you have submitted a form for Satnam Singh Thiara and Surinder Singh Grewal.

Please note that under Relationship to Applicant asks for a percentage of Ownership share; however, you have included "equal" for both forms. Please revise these two forms to include a percentage.

Link to  
form: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1214>

**3. Disclosure of Unlawful Activity and Bankruptcy form**

Each director and officer must complete a copy of this form.

Note: According to BC Online, Pacific Coast Co-op Taxi currently has 7 directors. Please see the attached document.

Link to  
form: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1208>

If you have any questions, please contact me.

Thank you.

Regards,

*Anne Ng*

Registration Officer  
Passenger Transportation Branch  
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Respected Madamme',

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Regards,

Surinder s22 Grewal,  
Director  
Pacific Coast Co-op Taxi

<CoopandMiscEntitySearch - Pacific Coast Co-op Taxi.txt>

**Ng, Anne TRAN:EX**

---

**From:** Ng, Anne TRAN:EX  
**Sent:** Tuesday, May 27, 2014 11:04 AM  
**To:** Sundquist, Doris TRAN:EX  
**Subject:** RE: Regarding Application # 82/14

Hi Doris,

Pacific Coast Co-op Taxi has applied for a Special Authorization licence with 32 identifiers. I sent them a requirement letter with the deadline of May 28, 2014 to submit outstanding requirements.

From reading their email below, they are amending their list of directors with BC Registry to only have Mr. Surinder s22 Grewal, Mr. Satnam s22 Thiara and Mr. Harpal s22 Nagra as directors. Currently, there are 7 directors.

Are we able to give the applicant a few days of extension so that BC Registry can update their records?

Anne.

---

**From:** Ajitpal Morrow s22  
**Sent:** Tuesday, May 27, 2014 10:32 AM  
**To:** Ng, Anne TRAN:EX  
**Subject:** Re: Regarding Application # 82/14

Hello Ma'am,

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Please note that under Relationship to Applicant asks for a percentage of Ownership share; however, you have included "equal" for both forms. Please revise these two forms to include a percentage.

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If you have any questions, please contact me.

Thank you.

Regards,

*Anne Ng*

Registration Officer  
Passenger Transportation Branch  
Ministry of Passenger Transportation and Infrastructure

Suite 313 – 1500 Woolridge Street  
Coquitlam BC V3K 0B8  
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Regards,

Surinder s22 Grewal,  
Director  
Pacific Coast Co-op Taxi

<CoopandMiscEntitySearch - Pacific Coast Co-op Taxi.txt>

**Ng, Anne TRAN:EX**

---

**From:** Ng, Anne TRAN:EX  
**Sent:** Monday, May 26, 2014 9:00 AM  
**To:** 'Ajitpal Morrow'  
**Subject:** RE: Regarding Application # 82/14

**Importance:** High

Good Morning Surinder,

I have received the 46 page fax from you this morning. We only need one copy of the submitted documents and do not need the original.

Thank you.

Regards,

*Anne Ng*

Registration Officer  
Passenger Transportation Branch  
Ministry of Passenger Transportation and Infrastructure

Suite 313 – 1500 Woolridge Street  
Coquitlam BC V3K 0B8  
604.527.2202 (direct)  
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Regards,



Surinder s22 Grewal,  
Director  
Pacific Coast Co-op Taxi

**Ng, Anne TRAN:EX**

---

**From:** Ng, Anne TRAN:EX  
**Sent:** April-28-14 3:53 PM  
**To:** s22  
**Subject:** Passenger Transportation Application No. 82/14  
**Attachments:** PACIFIC COAST CO-OP TAXI\_82.14.pdf

To: Sarinder s22 Grewal and Satnam s22 Thiara

Re: Passenger Transportation Application No. 82/14

Good Afternoon Sarinder and Satnam,

Please review the attached letter and enclosures.

Note: I will be mailing a copy of the letter and all documents mentioned within the letter.

Regards,

*Anne Ng*

Registration Officer  
Passenger Transportation Branch  
Ministry of Passenger Transportation and Infrastructure

Suite 313 – 1500 Woolridge Street  
Coquitlam BC V3K 0B8  
604.527.2202 (direct)  
Fax: 604.527.2205

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Transmittal via email to: s22  
(Original to follow by mail)

April 28, 2014

PACIFIC COAST CO-OP TAXI  
FRASER RPO  
P.O. BOX 60484  
VANCOUVER BC V5W 4B5

Dear Sarinder s22 Grewal / Satnam s22 Thiara:

*Requirement letter*

RE: APPLICATION NO. 82/14

The application you recently submitted to this Branch cannot be processed until the following matters have been addressed:

Please complete and submit the following:

1. Special Authorization Application form (copy enclosed)  
Section 4: Add the number of identifiers at the end of "New PDV: I am requesting the following number of identifiers (vehicle plates and decals)".

s22

2. Flip Seat Request (copy enclosed)  
Reference Sheet 6: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1200>  
Please submit a document with the title of Flip Seat Proposal and include what is included in the reference sheet (i.e. Statement, Priority Dispatch Plan, etc.) See the reference sheet for details. ✓

Ministry of  
Transportation  
and Infrastructure

Passenger Transportation  
Branch

Suite 313 - 1500 Woolridge Street  
Coquitlam, BC V3K 0B8

Telephone: 604.527.2198  
Fax: 604.527.2205  
Web: [www.th.gov.bc.ca/rpt/](http://www.th.gov.bc.ca/rpt/)

E-mail  
[passengertransportationbr@gov.bc.ca](mailto:passengertransportationbr@gov.bc.ca)



PACIFIC COAST CO-OP TAXI  
April 28, 2014  
Page 2

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Application No. 82/14

3. Accessible Service Plan

As you are applying for Wheelchair accessible taxis and flip seats, an Accessible Service Plan is required. Please refer to Reference Sheet 7 for details: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1199> ✓

4. Municipal Notice (copy enclosed)

Amend page 1 of this form to include the date and resubmit this form. ✓

5. Financial Information

Review Reference Sheet 4:

<http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1194> and ensure that all financial information has been submitted. To date, it appears that you have submitted Cash Flow Projections for 24 months. However, the Board requires Cash Flow Projections for 36 months. ✓

6. Disclosure of Passenger Transportation Ownership form (copies enclosed)

Each director must complete and submit a copy of this form.

You have submitted two of these forms without completing the first two sections. Please complete the two forms and resubmit. Also, please complete and submit forms for each director.

Link to form: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1214>

7. Disclosure of Unlawful Activity and Bankruptcy form (copies enclosed)

Each director and officer must complete this form.

Link to form: <http://www.th.gov.bc.ca/forms/getForm.aspx?formId=1208>

We have received forms for two directors. Please amend page one of this form to include "Name of person completing form" and resubmit the forms. Also, ensure that all the directors and officers complete and submit a copy of this form.

Please comply with the above and return all relevant documentation so that we can process your application as quickly as possible.

If we do not receive the required information/documents by **May 28, 2014**, your application will be forwarded, as filed, to the Passenger Transportation Board for their review. Please note the application filing fee is non refundable. This directive is pursuant to Section 4(1)(c) of the *Passenger Transportation Act* which authorizes the Registrar of Passenger Transportation to make Rules of Procedures.

PACIFIC COAST CO-OP TAXI  
April 28, 2014  
Page 3

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Application No. 82/14

Further information on Registrar's Rules and other passenger transportation processes and application forms can be viewed on the web at [www.th.gov.bc.ca/rpt](http://www.th.gov.bc.ca/rpt) or you can call the Passenger Transportation Branch at 604.527.2198 if we may be of any further assistance.

Thank you for your immediate attention to this matter.

Regards,

A Ng

Anne Ng  
Registration Officer  
Passenger Transportation Branch

Enclosures (11)





BRITISH  
COLUMBIA

Ministry of Transportation  
and Infrastructure

REGISTRAR, PASSENGER TRANSPORTATION BRANCH

**SPECIAL AUTHORIZATION  
LICENCE APPLICATION**

Part 4, Passenger Transportation Act

Office Use Only  
PT Application#

82114

About this form: Do not use this form if you are applying for a licence transfer, additional ICB vehicles, or change to PDV rates. For these instances other application forms are available on the Registrar's website or by request at the Passenger Transportation Branch.

**1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)**

☐ Individual / Sole Proprietor:

☐ Partnership  
(name each partner):

☒ Legal Entity  
(i.e. Corporation, LLC, Society, City):

Legal Name(s): "PACIFIC COAST CO-OP TAXI" ✓

**2. Identification and Contact Information**

All trade names (i.e. "doing business as"):

Safety Certificate Number: 201-974-403

Home Jurisdiction: BC

Business Mailing Address: P.O. Box #60484, Fraser R.P.O. ✓

Vancouver, BC

Postal/Zip Code: V5W 4B5 ✓

Physical Location of Records  
(if different):

s22

Postal/Zip Code: s22

Phone: s22

Fax

Email:

Website:

**3. Special authorization to operate as an Inter-City Bus (ICB)**

☐ New ICB: I am requesting the following number of identifiers (vehicle plates and decals) \_\_\_\_\_.

☐ Amendment of ICB Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_.

**4. Special authorization to operate as a Passenger Directed Vehicle (PDV)**

☒ New PDV: I am requesting the following number of identifiers (vehicle plates and decals) \_\_\_\_\_.

☐ Amendment of PDV Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_.

☐ Addition of Motor Vehicles (PDV): I am applying to add \_\_\_\_\_ identifiers (vehicle plates and decals) to my fleet; and my Passenger Transportation Licence Reference Number is \_\_\_\_\_.

**5. Application Fee (\$200) (check the appropriate box)**

s22

Note: DO NOT SUBMIT CREDIT CARD INFORMATION. Read the credit card payment instructions included in this package.

**6. Declaration(s)**

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the application and/or licence. I (we) also confirm my (our) commitment to safe operation as identified in the Passenger Transportation Act.

This form must be signed by the individual (sole proprietor), all partners in the partnership, a principal of the corporation or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Full Name: SURINDER s22 GREWAL Title: DIRECTOR

Signature: \_\_\_\_\_ s22 \_\_\_\_\_ ✓ Date: 04-02-14

Full Name: ISATNAM s22 THIARA Title: DIRECTOR

Signature: \_\_\_\_\_ s22 \_\_\_\_\_ Date: 11 April 2014 04-02-14

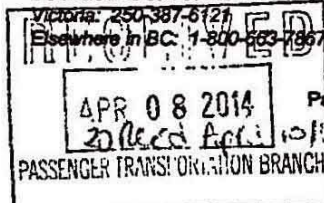
Passenger Transportation Branch  
Suite 313 - 1500 Woolridge Street  
Coquitlam, BC V3K 0B8

Phone: 604-527-2198

Fax: 604-527-2205

BC residents can call toll free through Enquiry BC:

Victoria: 250-387-6121  
Elsewhere in BC: 1-800-663-7867





## Flip Seat Request

**About this form:** Use this form only if you are asking permission to use flip seats in taxis.

**Note:** If the Board approves the use of flip seats, the Passenger Transportation Branch may require you to submit proof that the seats meet vehicle safety standards. See Division 10.07(5) of the Motor Vehicle Act Regulations.

### Applicant

Legal Name: "PACIFIC COAST CO-OP TAXI"

### Number of Flip Seats

How many **accessible taxis** will have a flip seat? 8

How many **conventional taxis** will have a flip seat? -

### Taxi Fleet Information

What is the main area that you operate in? VANCOUVER, BC

How many **accessible taxis** do you operate on a regular basis? 8

How many **conventional taxis** do you operate on a regular basis? 24

### Flip Seat Proposal

Submit a **Flip Seat Proposal** that includes the following:

- ☒ Statement that explains why you need to use flip seats.
- ☒ Evidence of public need for flip seats.
- ☐ Number of trips for persons who need an accessible taxi. Give a daily or weekly average. Submit data for at least six months.
- ☐ List of transportation service agreements that your company has. Also, state whether taxis used under those contracts will have flip seats. For example, contracts may relate to the following: airports or airlines, cruise ship terminals, ferry terminals, travel agencies, postal workers, crew transportation, school boards, and hotels.
- ☒ A Priority Dispatch Plan. (See Reference Sheet 7: Preparing an Accessible Service Plan.)

### Exemption From Some Application Requirements

If your application is only for flip seats, you do not have to include the following in your application package:

1. Business plan and financial statements
2. PDV Vehicle Proposal
3. PDV Service Proposal



## Municipal Notice | Taxi Applications

### About this Form:

The form has 2 pages. It must be completed by:

- ✓ Licensees applying to operate a taxi in a new municipality (see Part 1)
- ✓ Licensees applying to add more taxis to their fleet (see Part 1)
- ✓ New applicants applying to start a taxi service (see Part 2)

### Applicants must:

- (a) send completed forms to each municipality where they are licensed (or seek a licence) to pick up passengers, and
- (b) include copies of the forms in their application package.

**Note:** The Passenger Transportation Board sends applicants a copy of any negative comments it receives from a municipality. Applicants will have a chance to send their comments to the Board.

## NOTICE

To: Chief Administrative Officer

VANCOUVER, BC  
Name of Municipality

\_\_\_\_\_  
Date

**Please be advised that the Licensee or New Applicant listed on page 2 of this Notice is applying to the Passenger Transportation Board to provide taxi service in your municipality.**

A municipality may send comments about this application or taxi services in general to the Passenger Transportation Board by:

Fax: (250) 953-3788  
E-mail: [ptboard@gov.bc.ca](mailto:ptboard@gov.bc.ca)  
Mail: PO Box 9850 STN PROV GOVT  
Victoria British Columbia V8W 9T5

We recommend that municipalities comment **within 30 days** of receipt of this notice. This should ensure that comments are received on time.

After an applicant sends its municipal notices and submits its application, the Board publishes the application in the Board's "Weekly Bulletin." Bulletins are published on Wednesdays. They may be viewed online at: <http://www.th.gov.bc.ca/ptb/bulletins.htm>. The Board will consider any comments received up until 15 days after publication in the "Weekly Bulletin".

## Disclosure of Passenger Transportation Ownership PT Board Form 6

**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

### Name of Person Completing the Form

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

City & Province of Residence: \_\_\_\_\_

### Relationship to Applicant

Title: \_\_\_\_\_

Management Role: \_\_\_\_\_

Ownership Share: \_\_\_\_\_ %

### Ownership Interests in Other Passenger Transportation Companies

*Check one box below...*

s22 I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

s22 I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

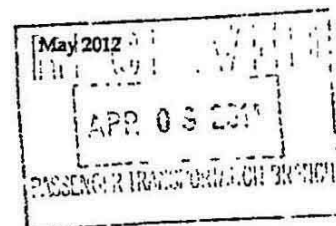
### Individual's Signature

Signature: \_\_\_\_\_

s22

Date of Signature: \_\_\_\_\_

04-02-14





## Disclosure of Passenger Transportation Ownership PT Board Form 6

**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

### Name of Person Completing the Form

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

City & Province of Residence: \_\_\_\_\_

### Relationship to Applicant

Title: \_\_\_\_\_

Management Role: \_\_\_\_\_

Ownership Share: \_\_\_\_\_ %

### Ownership Interests in Other Passenger Transportation Companies

**Check one box below...**

s22 I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

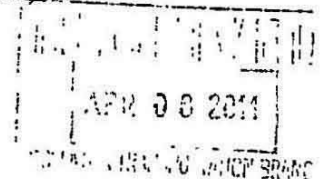
s22 I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Individual's Signature

Signature: \_\_\_\_\_ s22

Date of Signature: \_\_\_\_\_ 04-02-14





TRANSPORTATION BOARD

202- 940 BLANSHARD STREET • PO BOX 9850 STN PROV GOVT • VICTORIA BC V8W 9T5

## Disclosure of Passenger Transportation Ownership PT Board Form 6

**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

### Name of Person Completing the Form

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

City & Province of Residence: \_\_\_\_\_

### Relationship to Applicant

Title: \_\_\_\_\_

Management Role: \_\_\_\_\_

Ownership Share: \_\_\_\_\_ %

### Ownership Interests in Other Passenger Transportation Companies

**Check one box below...**

☐ I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

☐ I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Individual's Signature

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

## Disclosure of Unlawful Activity & Bankruptcy PT Board Form 5

### About This Form

This form must be completed by one or more people, depending on your organization. See question 1 for details. The information you give will be used by the Board as part of its deliberations in assessing if you are a fit and proper person as required by the *Passenger Transportation Act*. The Board may need more information depending on your answers to these questions. In assessing if you are a fit and proper person, the Board may consider, among other matters:

- *What were the circumstances of any charges, convictions or findings of guilt and any sentence imposed?*
- *How much time has passed between the charge, conviction or finding of guilt and this application?*
- *Does the behavior for which the charges were laid or convictions or finding of guilt, indicate a pattern of poor conduct and character, lack of financial integrity or a threat to the public?*
- *What, if any, corrective or remedial activities have you undertaken in relation to any charges or convictions?*

You must provide truthful answers. If you do not, and it becomes known to the Board, the Board may refuse the application or, if a licence is approved, attach conditions, suspend or cancel the licence.

Name of person completing form: \_\_\_\_\_

1. What type of licensee do you represent? Please check:

- ☐ Sole Proprietorship
- ☐ Partnership (each partner must complete this form)
- ☒ Incorporated Private Company (each director and officer must complete this form)
- ☐ Public Company (the President, Secretary and CEO must complete this form)
- ☐ Society (each director of the society must complete this form)

2. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder

- a) been charged with or convicted of an offence under the Criminal Code of Canada?
- b) been charged with or convicted of an offence under the Controlled Drugs and Substances Act or the Income Tax Act?

s22

If you answered yes to any of the above questions, please provide the following details for each conviction or finding of guilt (attach a separate sheet if needed).

- i. Description of conviction or finding of guilt
- ii. Date of conviction or finding of guilt
- iii. Description of sentence
- iv. Name and location of court
- v. Court file number (if known)

s22



3. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder ever,

a) filed for bankruptcy protection or receivership; been petitioned into bankruptcy or receivership; or made a proposal under any bankruptcy, insolvency or similar law, or had any similar action taken against you, in any jurisdiction?

s22

b) been denied or refused bankruptcy protection or reorganization under any bankruptcy or insolvency law in any jurisdiction?

If you answered "Yes" to 3(a), you must give the following information for each proceeding (attach a separate sheet if needed)

- I. Name and address of entity (if applicable)
- II. Name and address of filing party
- III. Date petition filed
- IV. Name and address of Court
- V. Name and address of trustee
- VI. Disposition or outcome

s22

**Note: Please enclose a copy of any discharge.**

If you answered "Yes" to 3(b) above, you must include the following for each proceeding (attach a separate sheet if needed)

- I. Name and address of entity (if applicable)
- II. Name and address of filing party
- III. Date petition filed
- IV. Name and address of Court
- V. Name and address of Trustee
- VI. Disposition or outcome

s22

**Name and Signature**

Name of Applicant:

SURINDER

GREWAL

Name of person completing this form:

SURINDER

s22

GREWAL

Position with the applicant (e.g., sole proprietor, partner, officer, principal):

DIRECTOR

Signature:

s22

Date:

04-02-14

## Disclosure of Unlawful Activity & Bankruptcy

### About This Form

This form must be completed by one or more people, depending on your organization. See question 1 for details. The information you give will be used by the Board as part of its deliberations in assessing if you are a fit and proper person as required by the *Passenger Transportation Act*. The Board may need more information depending on your answers to these questions. In assessing if you are a fit and proper person, the Board may consider, among other matters:

- *What were the circumstances of any charges, convictions or findings of guilt and any sentence imposed?*
- *How much time has passed between the charge, conviction or finding of guilt and this application?*
- *Does the behavior for which the charges were laid or convictions or finding of guilt, indicate a pattern of poor conduct and character, lack of financial integrity or a threat to the public?*
- *What, if any, corrective or remedial activities have you undertaken in relation to any charges or convictions?*

You must provide truthful answers. If you do not, and it becomes known to the Board, the Board may refuse the application or, if a licence is approved, attach conditions, suspend or cancel the licence.

Name of person completing form:

1. What type of licensee do you represent? Please check:

- ☐ Sole Proprietorship
- ☐ Partnership (each partner must complete this form)
- ☒ Incorporated Private Company (each director and officer must complete this form)
- ☐ Public Company (the President, Secretary and CEO must complete this form)
- ☐ Society (each director of the society must complete this form)

2. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder

- a) been charged with or convicted of an offence under the Criminal Code of Canada?
- b) been charged with or convicted of an offence under the Controlled Drugs and Substances Act or the Income Tax Act?

s22

If you answered yes to any of the above questions, please provide the following details for **each conviction or finding of guilt** (attach a separate sheet if needed).

- i. Description of conviction or finding of guilt
- ii. Date of conviction or finding of guilt
- iii. Description of sentence
- iv. Name and location of court
- v. Court file number (if known)

s22

3. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder ever,

a) filed for bankruptcy protection or receivership; been petitioned into bankruptcy or receivership; or made a proposal under any bankruptcy, insolvency or similar law, or had any similar action taken against you, in any jurisdiction?

s22

b) been denied or refused bankruptcy protection or reorganization under any bankruptcy or insolvency law in any jurisdiction?

If you answered "Yes" to 3(a), you must give the following information for each proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of trustee
- vi. Disposition or outcome

s22

**Note: Please enclose a copy of any discharge.**

If you answered "Yes" to 3(b) above, you must include the following for each proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of Trustee
- vi. Disposition or outcome

s22

**Name and Signature**

Name of Applicant:

SATNAM

s22

THIARA

Name of person completing this form:

SATNAM

THIARA

Position with the applicant (e.g., sole proprietor, partner, officer, principal):

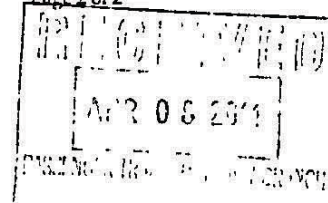
DIRECTOR

Signature:

s22

Date:

04-02-14



GA1500                      GOVERNMENT AGENTS REVENUE MANAGEMENT SYSTEM                      PAGE    1  
GST# R107864738                      TRANSACTION RECEIPT

APRIL 10, 2014    16:02                      TRANSACTION ID: 1000005                      (DUPLICATE RECEIPT)                      S15

70001 PASSENGER TRANSPORTATION BR

ITEM	PRICE	QUANT	AMOUNT
5781 PTB PASSENGER TRANS APPLIC FEE	200.00	1	200.00
DOCUMENT: NAME			
REFERENCE: ACCOUNT NO.			
PACIFIC COAST CO-OP TAXI			
82/14			

SUBTOTAL                      200.00  
GST CHARGED ON                      0.00  
PST                      0.00

TRANSACTION TOTAL                      200.00

S22  
TOTAL PAYMENT                      200.00

CHANGE                      0.00

APPLICATION # 82/14





Notification sent via email transmission to [ptboard@gov.bc.ca](mailto:ptboard@gov.bc.ca) (cc: [Kathleen.Mitten@gov.bc.ca](mailto:Kathleen.Mitten@gov.bc.ca)) and documents have been scanned to SharedData (Applications) folder.

Applicant Name: PACIFIC COAST CO-OP TAXI

Application No. 0082/14

## Application Documents attached:

- Forms and documents submitted by the applicant

*Total # Pages (incl. cover) 139*

**Branch File: RIGHT**

Ministry of  
Transportation  
and Infrastructure

Passenger Transportation  
Branch

Suite 313 – 1500 Woolndge Street  
Coquitlam BC V3K 0B8

E-mail:  
[passengertransportationbr@gov.bc.ca](mailto:passengertransportationbr@gov.bc.ca)

Telephone: 604 527 2198  
Fax: 604 527 2205  
Web: [www.th.gov.bc.ca/rpt](http://www.th.gov.bc.ca/rpt)



BRITISH  
COLUMBIA

Ministry of Transportation  
and Infrastructure

REGISTRAR, PASSENGER TRANSPORTATION BRANCH  
**SPECIAL AUTHORIZATION  
LICENCE APPLICATION**  
Part 4, Passenger Transportation Act

Office Use Only  
PT Application# 82114

About this form: Do not use this form if you are applying for a licence transfer, additional ICB vehicles, or change to PDV rates. For these instances other application forms are available on the Registrar's website or by request at the Passenger Transportation Branch.

1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)

- ☐ Individual / Sole Proprietor; ☐ Partnership (name each partner); ☒ Legal Entity (i.e. Corporation, LLC, Society, City):

Legal Name(s): "PACIFIC COAST CO-OP TAXI" /

2. Identification and Contact Information

All trade names (i.e. "doing business as"):

Safety Certificate Number: 201-974-403 Home Jurisdiction: BC

Business Mailing Address: P.O. Box # 60484, Fraser R.P.O.  
Vancouver, BC Postal/Zip Code: V5W 4B5 ✓

Physical Location of Records (if different): s22

Phone: s22 Postal/Zip Code: s22  
Email: s22 Fax: s22  
Website: s22

3. Special authorization to operate as an Inter-City Bus (ICB)

- ☐ New ICB: I am requesting the following number of identifiers (vehicle plates and decals) \_\_\_\_\_  
☐ Amendment of ICB Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_

4. Special authorization to operate as a Passenger Directed Vehicle (PDV)

- ☒ New PDV: I am requesting the following number of identifiers (vehicle plates and decals) 32 ✓  
☐ Amendment of PDV Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_  
☐ Addition of Motor Vehicles (PDV): I am applying to add \_\_\_\_\_ identifiers (vehicle plates and decals) to my fleet; and my Passenger Transportation Licence Reference Number is \_\_\_\_\_

5. Application Fee (\$200) (check the appropriate box)

s22

Note: DO NOT SUBMIT CREDIT CARD INFORMATION. Read the credit card payment instructions included in this package.

6. Declaration(s)

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the application and/or licence. I (we) also confirm my (our) commitment to safe operation as identified in the Passenger Transportation Act.

This form must be signed by the individual (sole proprietor), all partners in the partnership, a principal of the corporation or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Full Name: SURINDER s22 GREWAL Title: DIRECTOR  
Signature: s22 Date: 04-02-14  
Full Name: SATNAM s22 THIARA Title: DIRECTOR  
Signature: s22 Date: 04-02-14

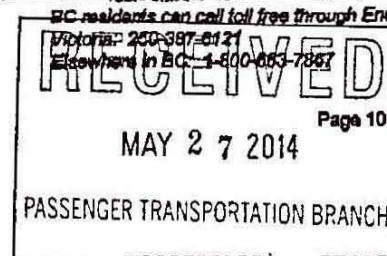
Passenger Transportation Branch  
Suite 313 - 1500 Woodridge Street  
Coquitlam, BC V3K 0B8

Phone: 604-527-2198  
Fax: 604-527-2205

BC residents can call toll free through Enquiry BC:

Victoria: 250-387-6121  
Elsewhere in BC: 1-800-663-7867

PTR 5010 (Special Authorization Licence Application Package) December 2013



Page 10 of 14



BRITISH  
COLUMBIAMinistry of Transportation  
and InfrastructureREGISTRAR, PASSENGER TRANSPORTATION BRANCH  
PASSENGER TRANSPORTATION BOARD  
**SIGNING AUTHORITY**  
Part 4, Passenger Transportation Act

About this form: Submit this form to the Registrar, Passenger Transportation Branch, with new and transfer applications; and any time there is a change in signing authority (including a change in the principals of a corporation and a change in the person(s) with delegated signing authority). This form cancels and replaces all prior Signing Authority forms submitted to the Branch.

## 1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)

☐ Individual / Sole Proprietor:☐ Partnership  
(name each partner):☒ Legal Entity  
(i.e. Corporation, LLC, Society, City):Legal Name(s): "PACIFIC COAST CO-OP TAXI" ✓

## 2. Identification and Contact Information

All trade names (i.e. "doing business as"):

Passenger Transportation Licence Number (if applicable): 201-974-403Business Mailing Address: P.O. Box # 60484, Fraser R.P.O. ✓  
Vancouver, B.C.Postal/Zip Code: V5W 4B5 ✓

Physical Location of Records

(if different): s22Postal/Zip Code: s22Phone: s22

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## 3. Persons with Delegated Signing Authority (Optional)

Full Name (Print)	Position	Signature
<u>SURINDER</u> s22	<u>GREWAL</u> DIRECTOR	
<u>SATNAM</u> s22	<u>THIARA</u> DIRECTOR	s22
<u>AJITPAL</u> s22	<u>MORROW</u> MEMBER	

## 4. Declaration of Owner(s)

I (we) understand that any delegation of signing authority to persons named in Section 3 does not relinquish or diminish the authority of the individual (sole proprietor), partners or principals to sign for and bind the carrier on matters under the Passenger Transportation Act.

I (we) authorize the persons named in Section 3 above to act on behalf of the carrier in all matters relating to the Passenger Transportation Act, Passenger Transportation Act Regulation and policies and orders of the Passenger Transportation Board.

It is the responsibility of the individual (sole proprietor), all partners in the partnership, or a principal of the corporation to formally advise the Passenger Transportation Branch of any changes to the delegation of authority.

This form must be signed by the individual (sole proprietor), all partners in the partnership, or a principal of the corporation.

Full Name: <u>SURINDER</u> s22	<u>THIARA GREWAL</u> ✓	Title: <u>DIRECTOR</u>
Signature: _____ s22		Date: <u>04-02-14</u>
Full Name: <u>SATNAM</u> s22	<u>THIARA</u> ✓	Title: <u>DIRECTOR</u>
Signature: _____ s22		Date: <u>04-02-14</u>

Passenger Transportation Branch  
Suite 313 - 1500 Woodridge Street  
Coquitlam, BC V3K 0B8

Phone: 604-527-2198

Fax: 604-527-2205

BC residents can call toll free through Enquiry BC:  
Victoria: 250-387-6121  
Elsewhere in BC: 1-800-663-7867

[PTR5002 (Signing Authority) May 2013]

PTR 5010 (Special Authorization Licence Application Package) December 2013

RECEIVED

Page 1 of 14  
MAY 30 2014

PASSENGER TRANSPORTATION BRANCH



## **Pacific Coast Co-op taxi**

P.O Box # 60484, Fraser R.P.O  
Vancouver, B.C  
V5W 4B5

March 27, 2014

Registrar of Passenger Transportation  
Passenger Transportation Branch  
Ministry of Transportation & Infrastructure  
313 - 1500 Woolridge Street  
Coquitlam, B.C. V3K 0B8

Dear Officer,

### **Re: Application for PDV License (Pacific Coast Co-op taxi)**

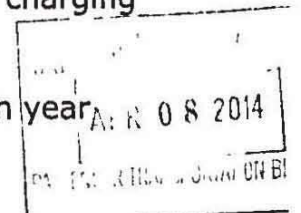
We here by apply for new special authorization license for Passenger directed Vehicle (PDV) for our association registered in the name of Pacific Coast Co-op Taxi.

We are applying for the permanent licensing of 24 seven passenger cabs and 8 wheelchair accessible vans to operate in Vancouver, reiterating our commitment to customer service and emphasizing on the improvement of the work conditions of our driver members. We present the followings in detail in our submission.

### **Proven Public Need:**

Pacific Coast Co-op Taxi research suggests that there is a public need for at least 24 seven passenger cabs to meet the demand to provide service to groups of 5 or more peoples and 8 wheelchair accessible cabs to meet the demand to provide the service to mobility challenged passengers. Seven passenger cabs are helpful to reduce the traffic congestion and pollution, because groups of 5 or 6 passenger and cyclists can use one cab instead of two conventional cabs and groups can save the money. In bad weather conditions cyclists also need van taxis to carry their cycles existing taxi companies charging \$15 plus meter charges.

Number of cabs has been increased in surrounding cities of Vancouver in year 2013 as follows:



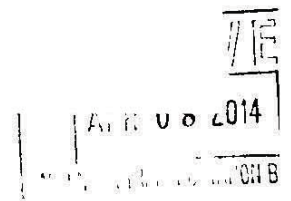
- 2% cabs increased in Richmond (2 new licenses added to current 115 Taxis) in year 2013,
- 8% cabs increased in Burnaby (9 new licenses added to existing 115 Taxis) in year 2013,
- 9% cabs increased in Coquitlam (4 new licenses added to standing 91 Taxis) in year 2013.

**Excellent Managerial, Operational & Financial Fitness:**

s21

• **Achieving sound economic conditions:**

We understand our responsibilities as a licensee and also the fact that the licensing has to happen considering the interest of all the stake holders in the



industry including the taxi drivers / employees and the end-users of the taxi industry. Operations of our company will improve standard of customer service, provide a perfect competition market situation and strengthen the work conditions of the drivers in the industry.

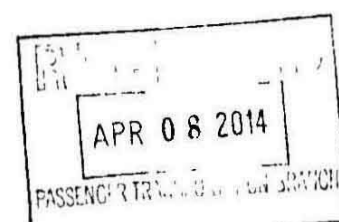
Further, we submit all of the followings as part of our application:-

- Condensed Application for your review
- Business plan
- Financial Statement and Forecasts
- Duly filled PT5010 application form
- Public Need Indicators (Refer Business Plan)
- Disclosure of passenger transportation ownership
- Disclosure of unlawful activity and bankruptcy
- PDV Vehicle Proposal
- PDV Service Proposal

Please write back to us if you need any further clarification / information on the above application.

Sincerely,

Surinder<sup>s22</sup>Grewal  
(Authorized Signatory)  
Pacific Coast Co-op taxi





# BRANCH FILE ONLY DOCUMENTS

(DO NOT SCAN TO PT BOARD WITH MEMO)

- ☒ **RIGHT SIDE (SUPERSEDED applicant documents)**
- ☐ **LEFT SIDE (Branch/applicant CORRESPONDENCES\*)**

\* Send the applicant a "summarized" request for final clarification and include their response in the file transmitted to Board

*Superseded  
by copy  
received  
May 30/14*

# PDV Proposed Terms and Conditions of Licence PT Board Form 2

## About this Form:

Submit this form when you are applying:

- ✓ for a new PDV special authorization
- ✓ to amend your service area

## Related Information

- Reference Sheet 10: Sample Terms & Conditions for Special Authorization Licences
- Operational Policy III.4: Originating Areas; Passenger Directed Vehicles

## Part A: Taxis

### Service Area

Service # \_\_\_\_\_

Originating Area:

Transportation of passengers may only originate from:

(This is where you want to pick up passengers.)

VANCOUVER, BC

**Note**

*Originating areas may be stated in terms of municipalities, regional districts or highway corridors. The Board will not accept an originating area of "anywhere in British Columbia". If you want to serve an airport, ferry terminal or other transportation hub, you need to check to see if it is in the municipality you are applying for. If not, you must include it as an originating area.*

Destination Area:

Transportation of passengers may terminate at:

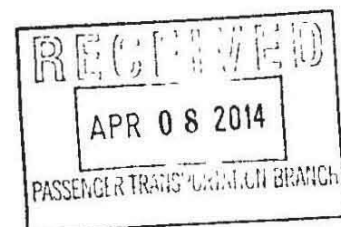
(This is where you want to drop off passengers.)

GREATER VANCOUVER, BC

**Note**

*Destination areas may be stated in terms of municipalities, regional districts or highway corridors. The Board will not accept a destination area of "anywhere in British Columbia". If you want to serve an airport, ferry terminal or other transportation hub, you need to check to see if it is in the municipality you are applying for. If not, you may need to include it as a destination area.*

*If you have more than one service area, please complete another sheet.*





BRITISH  
COLUMBIA

Ministry of Transportation  
and Infrastructure

*Supplied  
w/ copy received  
May 30/14*

REGISTRAR, PASSENGER TRANSPORTATION BRANCH  
PASSENGER TRANSPORTATION BOARD  
**SIGNING AUTHORITY**  
Part 4, Passenger Transportation Act

**About this form:** Submit this form to the Registrar, Passenger Transportation Branch, with new and transfer applications; and any time there is a change in signing authority (including a change in the principals of a corporation and a change in the person(s) with delegated signing authority). This form cancels and replaces all prior Signing Authority forms submitted to the Branch.

**1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)**

☐ Individual / Sole Proprietor:

☐ Partnership  
(name each partner):

☒ Legal Entity  
(i.e. Corporation, LLC, Society, City):

Legal Name(s):

"PACIFIC COAST CO-OP TAXI" ✓

**2. Identification and Contact Information**

All trade names (i.e. "doing business as"): \_\_\_\_\_

Passenger Transportation Licence Number (if applicable): 201-974-403

Business Mailing Address: P.O. Box # 60484, Fraser R.P.O. ✓  
Vancouver, B.C.

Postal/Zip Code: V5W4B5 ✓

Physical Location of Records  
(if different):

s22

Postal/Zip Code: s22

Phone:

s22

Fax:

Email:

Website:

**3. Persons with Delegated Signing Authority (Optional)**

Full Name (Print)	Position	Signature
<u>SURINDER</u> s22	<u>CREWMAN</u> <u>DIRECTOR</u>	_____
<u>SATNAM</u> s22	<u>THIARA</u> <u>DIRECTOR</u>	_____

s22

**4. Declaration of Owner(s)**

I (we) understand that any delegation of signing authority to persons named in Section 3 does not relinquish or diminish the authority of the individual (sole proprietor), partners or principals to sign for and bind the carrier on matters under the Passenger Transportation Act.

I (we) authorize the persons named in Section 3 above to act on behalf of the carrier in all matters relating to the Passenger Transportation Act, Passenger Transportation Act Regulation and policies and orders of the Passenger Transportation Board.

It is the responsibility of the individual (sole proprietor), all partners in the partnership, or a principal of the corporation to formally advise the Passenger Transportation Branch of any changes to the delegation of authority. This form must be signed by the individual (sole proprietor), all partners in the partnership, or a principal of the corporation.

Full Name: <u>SURINDER</u> s22	<u>THIARA CREWMAN</u> ✓	Title: <u>DIRECTOR</u>
Signature: _____ s22	_____	Date: <u>04-02-14</u>
Full Name: <u>SATNAM</u> s22	<u>THIARA</u> ✓	Title: <u>DIRECTOR</u>
Signature: _____ s22	_____	Date: <u>04-02-14</u>

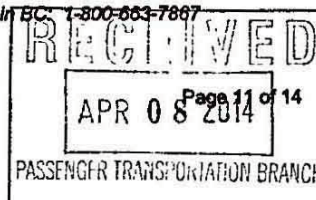
Passenger Transportation Branch  
Suite 313 – 1500 Woolridge Street  
Coquitlam, BC V3K 0B8

Phone: 604-527-2198  
Fax: 604-527-2205

BC residents can call toll free through Enquiry BC:  
Victoria: 250-387-6121  
Elsewhere in BC: 1-800-663-7867

[PTR5002 (Signing Authority) May 2013]

PTR 5010 (Special Authorization Licence Application Package) December 2013





Superseded  
w/ copy  
received  
May 27, 2014

**Disclosure of Passenger Transportation Ownership** FT Board Form 6

**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

**Name of Person Completing the Form:**

**Date:**

04-02-14

**Legal Name:**

SATNAM

s22

THIARA

**City & Province of Residence:**

SURREY, B.C.

**Relationship to Applicant:**

**Title:**

DIRECTOR

**Management Role:**

DIRECTOR

**Ownership Share:**

s22

**Ownership Interests in Other Passenger Transportation Companies:**

*Check one box below.*

s22 I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

s22 I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

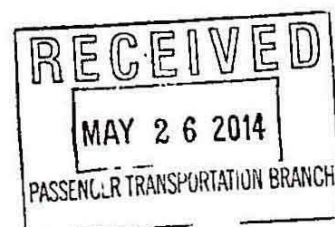
**Individual's Signature**

**Signature:**

s22

**Date of Signature:**

04-02-14



*supervised  
w/copy  
received  
May 27/14.***Disclosure of Passenger Transportation Ownership** PT Board Form 6

**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

**Name of Person Completing the Form:**

Date:

04-02-14

Legal Name:

SORINDER

s22

GREWAL

City &amp; Province of Residence:

DELTA, B.C.**Relationship to Applicant:**

Title:

DIRECTOR

Management Role:

DIRECTOR

Ownership Share:

s22

**Ownership Interests in Other Passenger Transportation Companies***Check one box below...*

s22 ☒ I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

s22 ☐ I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

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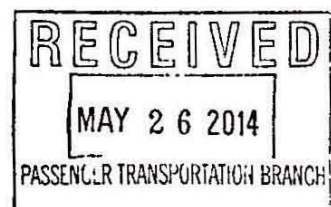
---

**Individual's Signature:**

Signature:

s22

Date of Signature:

04-02-14



BRITISH  
COLUMBIAMinistry of Transportation  
and InfrastructureREGISTRAR, PASSENGER TRANSPORTATION BRANCH  
**SPECIAL AUTHORIZATION  
LICENCE APPLICATION**  
Part 4, Passenger Transportation ActOffice Use Only  
PT Application# 82114

About this form: Do not use this form if you are applying for a licence transfer, additional ICB vehicles, or change to PDV rates. For these instances other application forms are available on the Registrar's website or by request at the Passenger Transportation Branch.

## 1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)

☐ Individual / Sole Proprietor:☐ Partnership  
(name each partner):☒ Legal Entity  
(i.e. Corporation, LLC, Society, City):

Legal Name(s): "PACIFIC COAST CO-OP TAXI" ✓

## 2. Identification and Contact Information

All trade names (i.e. "doing business as"):

Safety Certificate Number: 201-974-403

Home Jurisdiction: BC

Business Mailing Address: P.O. Box # 60484, Fraser R.P.O.

Vancouver, BC

Postal/Zip Code: V5W 4B5 ✓

Physical Location of Records  
(if different):

s22

Postal/Zip Code: s22

Phone: s22

Fax:

Email:

Website:

## 3. Special authorization to operate as an Inter-City Bus (ICB)

☐ New ICB: I am requesting the following number of identifiers (vehicle plates and decals) \_\_\_\_\_☐ Amendment of ICB Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_

## 4. Special authorization to operate as a Passenger Directed Vehicle (PDV)

☒ New PDV: I am requesting the following number of identifiers (vehicle plates and decals) \_\_\_\_\_☐ Amendment of PDV Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_☐ Addition of Motor Vehicles (PDV): I am applying to add \_\_\_\_\_ identifiers (vehicle plates and decals) to my fleet; and my Passenger Transportation Licence Reference Number is \_\_\_\_\_

## 5. Application Fee (\$200) (check the appropriate box)

s22

Note: DO NOT SUBMIT CREDIT CARD INFORMATION. Read the credit card payment instructions included in this package.

## 6. Declaration(s)

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the application and/or licence. I (we) also confirm my (our) commitment to safe operation as identified in the Passenger Transportation Act.

This form must be signed by the individual (sole proprietor), all partners in the partnership, a principal of the corporation or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Full Name: SURINDER s22

GREWAL ✓

Title: DIRECTOR

Signature: \_\_\_\_\_ s22

Date: 04-02-14

Full Name: SATNAM s22

THIARA

Title: DIRECTOR

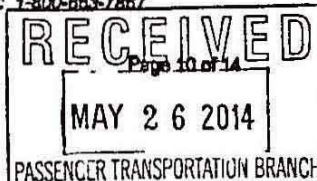
Signature: \_\_\_\_\_ s22

Date: 04-02-14

Passenger Transportation Branch  
Suite 313 - 1500 Woodridge Street  
Coquitlam, BC V3K 0B8

Phone: 604-527-2198

Fax: 604-527-2205

BC residents can call toll free through Enquiry BC:  
Victoria: 250-387-6121  
Elsewhere in BC: 1-800-663-7867



# Flip Seat Request P1 Board Form 3

See coversheet  
of May 23/14  
- Received  
May 26, 2014.  
"disregard the  
flip seats section"

**About this form:** Use this form only if you are asking permission to use flip seats in taxis.

**Note:** If the Board approves the use of flip seats, the Passenger Transportation Branch may require you to submit proof that the seats meet vehicle safety standards See Division 10.07(5) of the Motor Vehicle Act Regulations.

## Applicant

Legal Name: "PACIFIC COAST CO-OP TAXI"

## Number of Flip Seats

How many **accessible taxis** will have a flip seat? 8

How many **conventional taxis** will have a flip seat? -

## Taxi Fleet Information

What is the main area that you operate in? VANCOUVER, BC

How many **accessible taxis** do you operate on a regular basis? 8

How many **conventional taxis** do you operate on a regular basis? 24

## Flip Seat Proposal

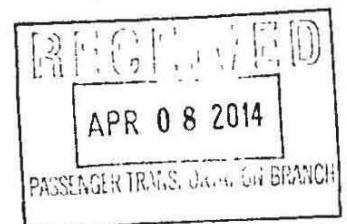
Submit a **Flip Seat Proposal** that includes the following:

- ☒ Statement that explains why you need to use flip seats.
- ☒ Evidence of public need for flip seats.
- ☐ Number of trips for persons who need an accessible taxi. Give a daily or weekly average. Submit data for at least six months.
- ☐ List of transportation service agreements that your company has. Also, state whether taxis used under those contracts will have flip seats. For example, contracts may relate to the following: airports or airlines, cruise ship terminals, ferry terminals, travel agencies, postal workers, crew transportation, school boards, and hotels.
- ☒ A Priority Dispatch Plan. (See Reference Sheet 7: Preparing an Accessible Service Plan.)

## Exemption From Some Application Requirements

If your application is only for flip seats, you do not have to include the following in your application package:

1. Business plan and financial statements
2. PDV Vehicle Proposal
3. PDV Service Proposal



Flip Seat Request

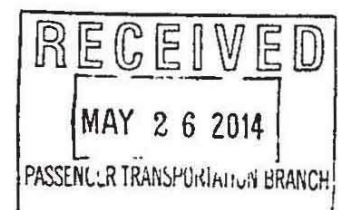
**Flip Seat Request** PT Board Form 1**About this form:** Use this form only if you are asking permission to use flip seats in taxis.**Note:** If the Board approves the use of flip seats, the Passenger Transportation Branch may require you to submit proof that the seats meet vehicle safety standards. See Division 10.07(5) of the Motor Vehicle Act Regulations.**Applicant**Legal Name: "PACIFIC COAST CO-OP TAXI"**Number of Flip Seats**How many *accessible taxis* will have a flip seat? -None-How many *conventional taxis* will have a flip seat? -None-**Taxi Fleet Information**What is the main area that you operate in? VANCOUVER, BCHow many *accessible taxis* do you operate on a regular basis? 8How many *conventional taxis* do you operate on a regular basis? 24**Flip Seat Proposal**Submit a *Flip Seat Proposal* that includes the following:

- ☒ Statement that explains why you need to use flip seats.
- ☒ Evidence of public need for flip seats.
- ☐ Number of trips for persons who need an accessible taxi. Give a daily or weekly average. Submit data for at least six months.
- ☐ List of transportation service agreements that your company has. Also, state whether taxis used under those contracts will have flip seats. For example, contracts may relate to the following: airports or airlines, cruise ship terminals, ferry terminals, travel agencies, postal workers, crew transportation, school boards, and hotels.
- ☒ A Priority Dispatch Plan. (See Reference Sheet 7: Preparing an Accessible Service Plan.)

**Exemption From Some Application Requirements**

If your application is only for flip seats, you do not have to include the following in your application package:

1. Business plan and financial statements
2. PDV Vehicle Proposal
3. PDV Service Proposal



Forms incomplete  
unacceptable

## Disclosure of Passenger Transportation Ownership PT Board Form 6

**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

### Name of Person Completing the Form

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

City & Province of Residence: \_\_\_\_\_

### Relationship to Applicant

Title: \_\_\_\_\_

Management Role: \_\_\_\_\_

Ownership Share: \_\_\_\_\_ %

### Ownership Interests in Other Passenger Transportation Companies

*Check one box below...*

s22 I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

s22 I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Individual's Signature

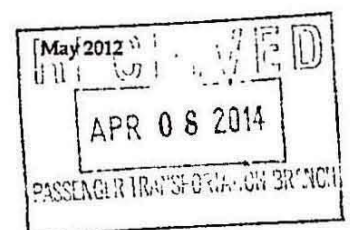
Signature: \_\_\_\_\_

s22

Date of Signature: \_\_\_\_\_

04-02-14

s22





## Disclosure of Passenger Transportation Ownership PT Board Form 6

**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

### Name of Person Completing the Form

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

City & Province of Residence: \_\_\_\_\_

### Relationship to Applicant

Title: \_\_\_\_\_

Management Role: \_\_\_\_\_

Ownership Share: \_\_\_\_\_ %

### Ownership Interest in Other Passenger Transportation Companies

Check one box below...

<sup>s22</sup>  
s22 I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

s22 I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

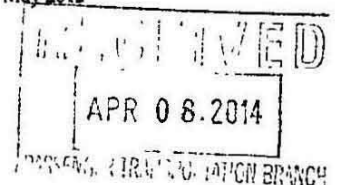
### Individual's Signature

Signature: \_\_\_\_\_

<sup>s22</sup>

Date of Signature: \_\_\_\_\_

04-02-14



## Disclosure of Unlawful Activity & Bankruptcy PT Board Form 5

### About This Form

This form must be completed by one or more people, depending on your organization. See question 1 for details. The information you give will be used by the Board as part of its deliberations in assessing if you are a fit and proper person as required by the *Passenger Transportation Act*. The Board may need more information depending on your answers to these questions. In assessing if you are a fit and proper person, the Board may consider, among other matters:

- *What were the circumstances of any charges, convictions or findings of guilt and any sentence imposed?*
- *How much time has passed between the charge, conviction or finding of guilt and this application?*
- *Does the behavior for which the charges were laid or convictions or finding of guilt, indicate a pattern of poor conduct and character, lack of financial integrity or a threat to the public?*
- *What, if any, corrective or remedial activities have you undertaken in relation to any charges or convictions?*

You must provide truthful answers. If you do not, and it becomes known to the Board, the Board may refuse the application or, if a licence is approved, attach conditions, suspend or cancel the licence.

Name of person completing form: \_\_\_\_\_

1. What type of licensee do you represent? Please check:

- ☐ Sole Proprietorship
- ☐ Partnership (each partner must complete this form)
- ☒ Incorporated Private Company (each director and officer must complete this form)
- ☐ Public Company (the President, Secretary and CEO must complete this form)
- ☐ Society (each director of the society must complete this form)

2. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder

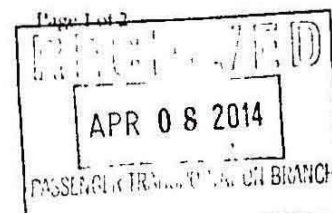
- a) been charged with or convicted of an offence under the Criminal Code of Canada?
- b) been charged with or convicted of an offence under the Controlled Drugs and Substances Act or the Income Tax Act?

s22

If you answered yes to any of the above questions, please provide the following details for each conviction or finding of guilt (attach a separate sheet if needed).

- i. Description of conviction or finding of guilt
- ii. Date of conviction or finding of guilt
- iii. Description of sentence
- iv. Name and location of court
- v. Court file number (if known)

s22



3. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder ever,

a) filed for bankruptcy protection or receivership; been petitioned into bankruptcy or receivership; or made a proposal under any bankruptcy, insolvency or similar law, or had any similar action taken against you, in any jurisdiction?

s22

b) been denied or refused bankruptcy protection or reorganization under any bankruptcy or insolvency law in any jurisdiction?

If you answered "Yes" to 3(a), you must give the following information for each proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of trustee
- vi. Disposition or outcome

s22

**Note: Please enclose a copy of any discharge.**

If you answered "Yes" to 3(b) above, you must include the following for each proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of Trustee
- vi. Disposition or outcome

s22

**Name and Signature**

Name of Applicant:

SURINDER

s22

GREWAL

Name of person completing this form:

SURINDER

GREWAL

Position with the applicant (e.g., sole proprietor, partner, officer, principal):

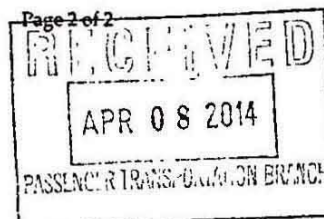
DIRECTOR

Signature:

s22

Date:

04-02-14





## Disclosure of Unlawful Activity & Bankruptcy PT Board Form 5

### About This Form

This form must be completed by one or more people, depending on your organization. See question 1 for details. The information you give will be used by the Board as part of its deliberations in assessing if you are a fit and proper person as required by the *Passenger Transportation Act*. The Board may need more information depending on your answers to these questions. In assessing if you are a fit and proper person, the Board may consider, among other matters:

- *What were the circumstances of any charges, convictions or findings of guilt and any sentence imposed?*
- *How much time has passed between the charge, conviction or finding of guilt and this application?*
- *Does the behavior for which the charges were laid or convictions or finding of guilt, indicate a pattern of poor conduct and character, lack of financial integrity or a threat to the public?*
- *What, if any, corrective or remedial activities have you undertaken in relation to any charges or convictions?*

You must provide truthful answers. If you do not, and it becomes known to the Board, the Board may refuse the application or, if a licence is approved, attach conditions, suspend or cancel the licence.

Name of person completing form: \_\_\_\_\_

1. What type of licensee do you represent? Please check:

- ☐ Sole Proprietorship
- ☐ Partnership (each partner must complete this form)
- ☒ Incorporated Private Company (each director and officer must complete this form)
- ☐ Public Company (the President, Secretary and CEO must complete this form)
- ☐ Society (each director of the society must complete this form)

2. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder

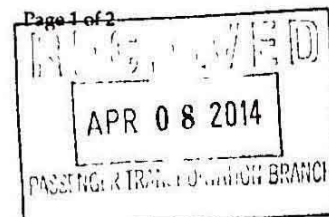
- a) been charged with or convicted of an offence under the Criminal Code of Canada?
- b) been charged with or convicted of an offence under the Controlled Drugs and Substances Act or the Income Tax Act?

s22

If you answered yes to any of the above questions, please provide the following details for each conviction or finding of guilt (attach a separate sheet if needed).

- Description of conviction or finding of guilt
- Date of conviction or finding of guilt
- Description of sentence
- Name and location of court
- Court file number (if known)

s22



3. Have you, or any business entity with which you are or have been associated as a director, officer or principal shareholder ever,

a) filed for bankruptcy protection or receivership; been petitioned into bankruptcy or receivership; or made a proposal under any bankruptcy, insolvency or similar law, or had any similar action taken against you, in any jurisdiction?

s22

b) been denied or refused bankruptcy protection or reorganization under any bankruptcy or insolvency law in any jurisdiction?

If you answered "Yes" to 3(a), you must give the following information for each proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of trustee
- vi. Disposition or outcome

s22

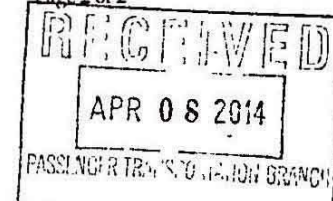
**Note: Please enclose a copy of any discharge.**

If you answered "Yes" to 3(b) above, you must include the following for each proceeding (attach a separate sheet if needed)

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of Trustee
- vi. Disposition or outcome

s22

<b>Name and Signature</b>		
Name of Applicant:	<u>SATNAM</u>	s22 <u>THIARA</u>
Name of person completing this form:	<u>SATNAM</u>	<u>THIARA</u>
Position with the applicant (e.g., sole proprietor, partner, officer, principal):	<u>DIRECTOR</u>	
Signature:	s22 _____	
Date:	<u>04-02-14</u>	



*superseded w/  
copy  
recd May 26/14*

## Municipal Notice | Taxi Applications PT Board Form 4

### About this Form:

The form has 2 pages. It must be completed by:

- ✓ Licensees applying to operate a taxi in a new municipality (see Part 1)
- ✓ Licensees applying to add more taxis to their fleet (see Part 1)
- ✓ New applicants applying to start a taxi service (see Part 2)

### Applicants must:

- (a) send completed forms to each municipality where they are licensed (or seek a licence) to pick up passengers, and
- (b) include copies of the forms in their application package.

**Note:** The Passenger Transportation Board sends applicants a copy of any negative comments it receives from a municipality. Applicants will have a chance to send their comments to the Board.

## NOTICE

To: Chief Administrative Officer

VANCOUVER, BC  
Name of Municipality

\_\_\_\_\_  
Date

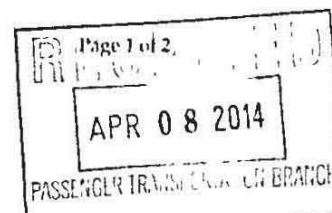
Please be advised that the Licensee or New Applicant listed on page 2 of this Notice is applying to the Passenger Transportation Board to provide taxi service in your municipality.

A municipality may send comments about this application or taxi services in general to the Passenger Transportation Board by:

Fax: (250) 953-3788  
E-mail: [ptboard@gov.bc.ca](mailto:ptboard@gov.bc.ca)  
Mail: PO Box 9850 STN PROV GOVT  
Victoria British Columbia V8W 9T5

We recommend that municipalities comment **within 30 days** of receipt of this notice. This should ensure that comments are received on time.

After an applicant sends its municipal notices and submits its application, the Board publishes the application in the Board's "Weekly Bulletin." Bulletins are published on Wednesdays. They may be viewed online at: <http://www.th.gov.bc.ca/ptb/bulletins.htm>. The Board will consider any comments received up until 15 days after publication in the "Weekly Bulletin".







BRITISH  
COLUMBIA

Ministry of Transportation  
and Infrastructure

Superseded  
w/ copy received  
May 26/14

REGISTRAR, PASSENGER TRANSPORTATION BRANCH

**SPECIAL AUTHORIZATION  
LICENCE APPLICATION**

Part 4, Passenger Transportation Act

Office Use Only

PT Application#

82114

About this form: Do not use this form if you are applying for a licence transfer, additional ICB vehicles, or change to PDV rates. For these instances other application forms are available on the Registrar's website or by request at the Passenger Transportation Branch.

**1. Legal Name of Applicant (check one of the boxes and write the FULL legal name(s) on the line(s) below)**

☐ Individual / Sole Proprietor:

☐ Partnership  
(name each partner):

☒ Legal Entity  
(i.e. Corporation, LLC, Society, City):

Legal Name(s): "PACIFIC COAST CO-OP TAXI" ✓

**2. Identification and Contact Information**

All trade names (i.e. "doing business as"):

Safety Certificate Number: 201-974-403 Home Jurisdiction: BC

Business Mailing Address: P.O. Box # 60484, Fraser R.P.O. /

Vancouver, BC Postal/Zip Code: V5W 4B5 ✓

Physical Location of Records (if different): s22

Postal/Zip Code: s22

Phone: s22 Fax: s22

Email: s22 Website: s22

**3. Special authorization to operate as an Inter-City Bus (ICB)**

☐ New ICB: I am requesting the following number of identifiers (vehicle plates and decals) \_\_\_\_\_

☐ Amendment of ICB Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_

**4. Special authorization to operate as a Passenger Directed Vehicle (PDV)**

☒ New PDV: I am requesting the following number of identifiers (vehicle plates and decals) \_\_\_\_\_

☐ Amendment of PDV Licence: My Passenger Transportation Licence Reference Number is \_\_\_\_\_

☐ Addition of Motor Vehicles (PDV): I am applying to add \_\_\_\_\_ identifiers (vehicle plates and decals) to my fleet; and my Passenger Transportation Licence Reference Number is \_\_\_\_\_

**5. Application Fee (\$200) (check the appropriate box)**

s22

Ⓢ Note: DO NOT SUBMIT CREDIT CARD INFORMATION. Read the credit card payment instructions included in this package.

**6. Declaration(s)**

I (we) declare that the statements and information contained in, attached to and submitted with this licence application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the application and/or licence. I (we) also confirm my (our) commitment to safe operation as identified in the Passenger Transportation Act.

This form must be signed by the individual (sole proprietor), all partners in the partnership, a principal of the corporation or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Full Name: SURINDER s22 GREWAL Title: DIRECTOR

Signature: s22 ✓ Date: 04-09-14

Full Name: ISATNAM s22 THIARA Title: DIRECTOR

Signature: s22 Date: Director 04-02-14

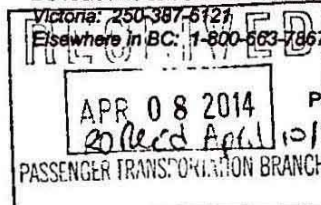
Passenger Transportation Branch  
Suite 313 - 1500 Woolridge Street  
Coquitlam, BC V3K 0B8

Phone: 604-527-2198

Fax: 604-527-2205

BC residents can call toll free through Enquiry BC:

Victoria: 250-387-6121  
Elsewhere in BC: 1-800-663-7867



*duplicate***PASSENGER****TRANSPORTATION BOARD**

222-840 BLANSHARD STREET • PO BOX 9690 STN PROV GOVT • VICTORIA BC V8W 8T8

**Disclosure of Passenger Transportation Ownership** PT Board Form 6**About this Form:** Use this form to disclose any ownership interest that you have in other passenger transportation companies. If you are a:

- ✓ partnership, each partner must make a disclosure
- ✓ private corporation, each director and officer must make a disclosure.
- ✓ public company, the President, Secretary and CEO must make disclosure
- ✓ society, each director must make a disclosure.

**Name of Person Completing the Form**

Date: 04-02-14

Legal Name: SURINDER s22 GREWAL

City & Province of Residence: DELTA, 'B.C.'

**Relationship to Applicant**

Title: DIRECTOR

Management Role: DIRECTOR

Ownership Share: s22 \_\_\_\_\_

**Ownership Interests in Other Passenger Transportation Companies****Check one box below...**

s22 ☒ I have no ownership or management involvement in any ground passenger transportation company other than the applicant company.

s22 ☐ I have an ownership interest in the following ground passenger transportation companies. Please describe the nature of your interest.

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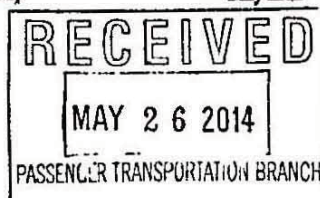


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**Individual's Signature**

Signature: \_\_\_\_\_ s22 \_\_\_\_\_

Date of Signature: 04-02-14





## Point-to-Point Rates or Flat Rates PT Board Form 12

### About this Form:

Use this form if you are applying for a:

- ✓ new Special Authorization licence and you will charge point-to-point rates
- ✓ change to your approved point-to-point rates

**Note:** Rates are not effective unless approved by the Passenger Transportation Board

### Operator

Legal Name:

### Transportation Service

Describe the type of transportation service you provide or want to provide  
(e.g. taxi, limousine, shuttle service, transportation for ESL students, etc.)

### Flat Charter Fares (Point-to-Point)

Item	Trip Description:	Rate
1.		\$ ____ per trip
2.		\$ ____ per trip
3.		\$ ____ per trip
4.		\$ ____ per trip
5.		\$ ____ per trip
6.		\$ ____ per trip
7.		\$ ____ per trip

### HST

Harmonized Sales Tax (HST) is not included.

### Additional Hourly Rate (if applicable)

In the event that a charterer (i.e. the passenger or group of passengers) extends a trip, additional charges will be applied at an hourly rate of \_\_\_\_ per hour (in increments of \_\_\_\_ hour or portion thereof).

### "Add-On" Rates (if applicable)

The following rates may also be charged:





## Hourly Charter Rates PT Board Form 11

**About this Form:** Use this form if you are applying for a:

- ✓ new Special Authorization licence and you will charge hourly rates
- ✓ change to your hourly rates

**Note:** Rates are not effective unless approved by the Passenger Transportation Board

The Board has set maximum and minimum rates for limousines being operated in the Lower Mainland and the Capital Regional District. These rates will apply to non-taxi licensees operating in these areas.

### Operator

Legal Name:

### Transportation Service

Describe the type of transportation service you provide or want to provide (e.g. taxi, limousine, shuttle service, transportation for ESL students, etc.)

### Hourly Charter Rates

Item	Vehicle or Service Description:	Rate
1.		\$ ____ per hour
2.		\$ ____ per hour
3.		\$ ____ per hour
4.		\$ ____ per hour
5.		\$ ____ per hour

### Minimum Charge

The minimum charge is \_\_\_\_ hour(s).

**Note:** Minimum charges are usually 1 hour. The Board does not generally approve a minimum charge of less than 1 hour. The Board may approve a greater minimum charge.

### Rate Increments

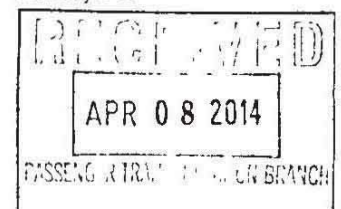
Additional charges apply for each additional \_\_\_\_ hour or portion thereof. (These are after the minimum charge.)

### HST

Harmonized Sales Tax (HST) is not included.

### "Add-On" Rates (if applicable)

The following rates may also be charged





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## Board Optional Forms Package

**This package has forms that you may use when you are making an application relating to a "Special Authorization" licence.**

**Some forms are for passenger directed vehicles (PDVs) such as taxis and limousines. Other forms are for inter-city buses (ICBs). Some may be used for both.**

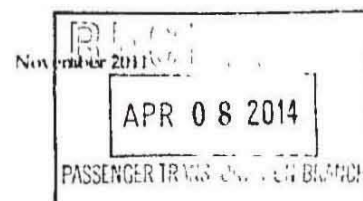
### Contents:

- Condensed Operating Plan PT Board Form 9
- Metered Taxi Rates PT Board Form 10
- Hourly Charter Rates PT Board Form 11
- Point-to-Point Rates or Flat Rates PT Board Form 12
- Individual Fares PT Board Form 13
- PDV Rules PT Board Form 14

**Updated February 2012**

PT Board Forms Package 9002

Optional Forms Package



## Part B: Limousines and Other Passenger Directed Vehicles

### Service Area

Service # \_\_\_\_\_

**Originating Area:**

Transportation of passengers may only originate from:

(This is where you want to pick up passengers.)

*Originating areas may be stated in terms of municipalities, regional districts or highway corridors. The Board will not accept an originating area of "anywhere in British Columbia". If you want to serve an airport, ferry terminal or other transportation hub, you need to check to see if it is in the municipality you are applying for. If not, you must include it as an originating area.*

**Note**

**Destination Area:**

Transportation of passengers may terminate at:

(This is where you want to drop off passengers)

*Destination areas may be stated in terms of municipalities, regional districts or highway corridors. The Board will accept a destination area of "anywhere in British Columbia". If you want to serve an airport, ferry terminal or other transportation hub, you need to check to see if it is in the municipality you are applying for. If not, you may need to include it as a destination area.*

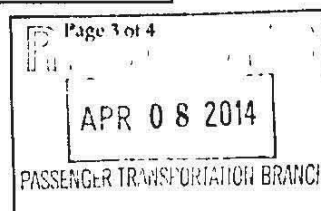
**Note**

*If you have more than one service area, please complete another sheet*

### Return or Reverse Trips

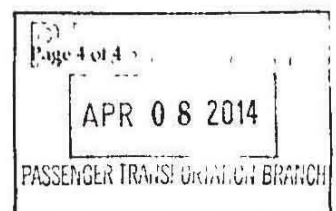
*Please check the appropriate box if you are asking for any of the following terms and conditions. Your application package should explain why you require these authorizations.*

<input type="checkbox"/>	<b>Return Trips</b> - allows you to pick up passengers in a destination area in very limited circumstances	<b>Standard Wording</b> The same passengers may only be returned from where their trip terminates in the destination area to any point in the originating area if the return trip is arranged by the time the originating trip terminates.
<input type="checkbox"/>	<b>Reverse Trips (limited)</b> - allows you to pick up passengers in a destination area in very limited circumstances	<b>Standard Wording</b> Transportation of passengers may only originate in the destination area if the transportation terminates in the originating area and the cost of the trip is billed to an active account held by the licence holder that was established before the trip was arranged.
<input type="checkbox"/>	<b>Reverse Trips (unlimited)</b> - allows you to pick up passengers in a destination area. <b>Note:</b> This is not a common term and condition of licence, especially in urban areas.	<b>Standard Wording</b> Transportation of passengers may only originate in the destination area if the transportation terminates in the originating area.





Part B: Limousines and Other Passenger Directed Vehicles (continued)	
Other Terms and Conditions	
<i>Please check the appropriate box if you are asking for any of the following authorizations</i>	
<input type="checkbox"/>	To take passengers out of BC
<input type="checkbox"/>	To provide transportation services under a contract to a company (Attach a copy of the contract or agreement to enter a contract)
<input type="checkbox"/>	Other terms and conditions (Please describe any other term and condition that you would like.)





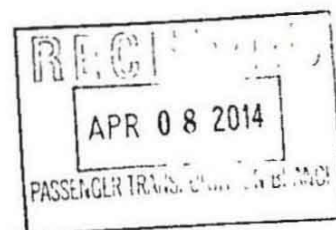
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## PDV Forms Package

Use this package to apply to the  
Passenger Transportation Board for  
special authorization to operate  
passenger directed vehicles (PDVs)  
in British Columbia.

### Contents:

- PDV Vehicle Proposal PT Board Form 1
- PDV Proposed Terms & Conditions of Licence PT Board Form 2
- Flip Seat Request Form (Taxis) PT Board Form 3
- Municipal Notice (Taxis) PT Board Form 4
- Disclosure of Unlawful Activity & Bankruptcy PT Board Form 5
- Disclosure of Passenger Transportation Ownership PT Board Form 6



**APPLICATION FOR**  
**PT5010**  
**New Special Authorization**  
**(Passenger Directed Vehicle)**

