



LEDUC COUNTY
 101, 1101 – 5 Street, Nisku, AB.
 Phone (780) 955-7226, Fax (780) 955-7814
 APPLICATION TO REGISTER FOR GRAVEL HAUL 2017

Date: _____ Driver(s): _____
 Company Name: _____ Address: _____
 Owner: _____
 Address : _____
 Home phone: _____ Cell: _____ Home phone: _____ Cell: _____
 Drivers License No. _____ Driver License No. _____
 Truck License No. _____ Email : _____
 Legal Truck Capacity _____ tonnes

Type of Unit – Single Axle/Tandem/Tridrive/Tractor – With Pup/Tandem Pup/Tri-Axle Pup/Tri-Axle Wagon/Quad Wagon/Clam/Belly Dump/Other – Specify: _____
 (Circle Appropriately)

GENERAL INFORMATION:

1. If a Leduc County ratepayer, give legal land description. _____
2. If you have previously hauled for the County, how many seasons/year? _____
3. Trucking rates for the gravelling program will be based regular negotiated agreements.
4. If your application is accepted, you must, maintain a Commercial Vehicle Inspection Program Certificate.

CONDITIONS:

1. Agree to adhere to Leduc County Safety Program and ensure you are equipped with a safety vest and steel toe boots, and agree to wear such when working in the County right-of-way.
2. A maximum of 70 km/h is imposed on County gravel roads for all trucks on the gravel haul (either empty or loaded) unless posted lower. As well, drivers are to obey all traffic signs.
3. Any person, who speeds, operates a unit in an unsafe/dangerous manner or causes any disorder may be suspended/dismissed from the gravel haul for duration of from three (3) workdays to the balance of the season.
4. Upon acceptance or approval of registration for the gravel haul, this truck unit is to be available and at use for the County from the start of the gravelling program through its completion. Should the truck unit be withdrawn from service during the program, then the unit can only be reinstated, if at all, in accordance with procedures prescribed by the County, Contract Agreement or Public Works Committee.
5. All truckers must submit their G.S.T. Number. _____
6. The County offers no guarantee of approval to any applicant.

DOCUMENTATION (MUST BE PROVIDED WITH APPLICATION):

1. **Liability Insurance** (minimum required coverage is \$2,000,000.00)
 Name of Insuring Company _____
 Agent and Address _____
 Policy No. _____ Coverage \$ _____
2. Provide ongoing proof of current liability coverage.
3. **Worker’s Compensation Board** – an account is required to be **OBTAINED AND MAINTAINED** in good standing. A letter of clearance from WCB to be provided with application.

ACCOUNT: NO.: _____

PRIORITIES FOR SELECTION OF TRUCKERS FOR GRAVEL HAUL:

1. Special consideration will be given to those truckers who have provided continuous satisfactory service to the County.
2. A ratepayer, preferably residing within the boundaries of the County.
3. A resident of the County (outside of the incorporated urban centers).
4. Requirements as per contract agreement.

I/We hereby agree to accept/certify the correctness of the above information and have provided all additional required information.

SignatureDate