

Alberta Carrier Excellent Safety (ACES) Applicant Information

Carrier / Organization Name:	
Address of principal place of business: (Street Address, City, Prov, Postal Code)	
Office Phone Number:	
Email Address: (Primary email for communication)	
Primary Contact Person: (Name and Title)	
Carrier - MVID #:	
Carrier – National Safety Code #	
Carrier – Safety Fitness Certificate #:	

General Information:

<p>1. Has your organization held a ‘Satisfactory’ Safety Fitness rating for the past 3 years? Yes No</p> <p>If No, please review ACES website for information.</p>
<p>2. Please review the ACES Program Entrance Eligibility Criteria and the Safety Performance Measure Criteria and confirm if your organization meets all criteria for entrance into the ACES program. Yes No</p> <p>If Yes, submit required documents (i.e. TPA NSC audit completed within the past 12 months with an overall audit score of 10% or less and fatigue violation rate of 10% or less).</p> <p>If No, please review Program Entrance Eligibility Criteria and Safety Performance Measure Criteria</p>
<p>3. Has your organization been involved in a major safety event in the last 12 months? (i.e. wheels-off / collisions / bridge strikes / highway incidents /etc.) Yes No</p> <p>If Yes, provide details and any supporting documents describing the event(s) and any action that was taken.</p>
<p>4. Please provide any additional safety-related information or initiatives that demonstrate your commitment to a safe work environment.</p>

Signature:

Date:
(MM/DD/YYYY)

Email: compliance.info@gov.ab.ca, www.alberta.ca

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Classification: Public

