

(This form should be submitted on corporate letterhead)

**Accredited Company Declaration
Candidate(s) eligible for the designation of
Certified Professional Bus Operator (CPBO)**

With this duly authorized declaration, an Accredited Company may submit a list* or attach individual applications for certification signed by each applicant.

*Note: Each list to include the full name and occupational title of each candidate and duly signed by the authorized representative appearing in this document.

It is recommended that the submitted list of candidates or group of signed applications attached to this declaration be considered by the Motor Carrier Passenger Council of Canada Accreditation and Certification Board for recognition as **Certified Professional Bus Operator (CPBO)**.

Declaration

Having administrative authority for documentation affecting this recommendation of eligible Candidates, and being responsible for the accuracy of all statements made herein, I/We attest that all the applicants whose names appear on this list have successfully completed the MCPCC Accredited Training Program for Certified Professional Bus Operator and meets all criteria listed below for Certification:

- Fulfill the NOS for Certified Professional Bus Operator
- Satisfy the experience requirements, that being three (3) years bus operator experience within the last five-year period including the year of application for certification
- Hold the applicable valid driver's license(s) for the sector to which certification is being sought
- Have read, understood and committed to comply with the Code of Ethics

thereby exemplifying and meriting the recognition of CPBO with all the rights and privileges as authorized by the Motor Carrier Passenger Council of Canada.

With my/our signature(s) I/we certify that each Candidate named herein, is duly employed by:

Name of Employer _____

Address of Employer _____

Telephone _____ E-mail: _____

Name of Registered Evaluator: _____

Signed by the CEO or designate (s)

Second Signature, if applicable

Name _____

Name _____

Signature _____

Signature _____

Position Title _____

Position Title _____

Telephone _____

Telephone _____

E-mail _____

E-mail _____

For the purposes of processing and considering these candidates I/we have satisfied myself/ourselves that the information released complies with applicable privacy legislation and /or applicable collective agreements. This information will be treated as confidential and private. I/we understand that we may be contacted by the MCPCC for purposes of processing and considering these applicants for certification.