DEH CHO BRIDGE TOLL REMITTANCE AGREEMENT

IMPORTANT INFORMATION FOR USERS

(1) Part 1 and Part 3 of the Deh Cho Bridge Toll Remittance Agreement must be completed in full. Part 2 lists the terms and conditions.

(2) The completed agreement must be submitted by email, by mail or in person. Email submissions must be sent to toll_admin@gov.nt.ca. Mail and personal deliveries must be received at the following address:

Remittance Agreement Finance Office
Department of Transportation - South Slave Region
Suite 201 - 76 Capital Drive
Hay River, NT
X0E 1G2

(3) The agreement is conditional upon a successful credit review with the Department of Finance, GNWT. Results of the credit review will be communicated to the user in writing by the Registrar.

(4) If the agreement is approved, the Registrar will notify the user by returning the agreement to the user with the Registrar’s signature.

(5) If the agreement is not approved, the Registrar will notify the individual by returning the agreement with the Registrar’s written explanation.

(6) Every party to a remittance agreement must register and install an approved transponder in each vehicle under their control that will be crossing the Bridge. The authorized transponder provider is International Road Dynamics (IRD). Transponders must be purchased or leased from IRD. Each transponder must be registered prior to use on the Bridge. IRD can be contacted by phone at 1-866-903-0333 or by email at transponder.admin@irdinc.com.

(7) All electronic documents required for remittance procedures are available at the Department of Transportation website: www.tolling.dot.gov.nt.ca

Questions about the remittance agreement or general remittance procedures may be directed to toll_admin@gov.nt.ca or (867) 874-5000.
**DEH CHO BRIDGE TOLL REMITTANCE AGREEMENT**

BETWEEN THE REGISTRAR OF MOTOR VEHICLES AND______________________ (“THE USER”)

PLEASE PRINT CLEARLY

<table>
<thead>
<tr>
<th>PART 1 – USER INFORMATION</th>
</tr>
</thead>
</table>

**SECTION A:**

Legal Name ("User"): 

Registered Office Postal Address: 

City or Town: 

Territory/Province: 

Postal Code: 

Registry Number: 

NSC Number: 

Name of Owner / Director: 

Email Address of Owner / Director: 

Postal Address of Owner / Director: 

City or Town: 

Territory/Province: 

Postal Code:
<table>
<thead>
<tr>
<th>SECTION B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Name of Business:</td>
</tr>
<tr>
<td>Business Location:</td>
</tr>
<tr>
<td>Postal Address:</td>
</tr>
<tr>
<td>City or Town:</td>
</tr>
<tr>
<td>Territory/Province:</td>
</tr>
<tr>
<td>Postal Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION C:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact Person:</td>
</tr>
<tr>
<td>Title of Contact Person:</td>
</tr>
<tr>
<td>Telephone Numbers:</td>
</tr>
<tr>
<td>home number:</td>
</tr>
<tr>
<td>work number:</td>
</tr>
<tr>
<td>cell number:</td>
</tr>
<tr>
<td>Fax Number:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>
**PART 2 – IN CONSIDERATION FOR BEING PERMITTED TO USE THE DEH CHO BRIDGE, THE USER AGREES TO THE FOLLOWING TERMS AND CONDITIONS:**

1. The user agrees to accurately report and remit toll payments for every northbound crossing of the Bridge made by each vehicle under the user’s control, as per the *Deh Cho Bridge Regulations*.

2. The user agrees to accurately report and remit toll payments on or before the 28th day of the month for all northbound crossings made in the previous calendar month by vehicles under the user’s control.

3. The user agrees to make all payments by cheque. Cheques must be payable to the Government of the Northwest Territories and sent to the following address:

   Remittance Agreement Finance Office  
   Department of Transportation - South Slave Region  
   Suite 201 - 76 Capital Drive  
   Hay River, NT  
   X0E 1G2

4. The user agrees to accurately report all northbound crossings on the website <www.tolling.dot.gov.nt.ca>.

5. The user agrees to submit a report marked “NIL” even if no crossings are made by any vehicles under the user’s control in a given month.

6. The user agrees to purchase or lease an approved transponder for each vehicle under the user’s control that will be crossing the Bridge. The authorized transponder provider is International Road Dynamics (IRD). Transponders must be purchased or leased from IRD. Each transponder must be registered prior to use on the Bridge. IRD can be contacted by phone at 1-866-903-0333 or by email at <transponder.admin@irdinc.com>.

7. The user agrees to register and install an approved transponder in each vehicle under the user’s control that will be crossing the Bridge. The user agrees to contact and make appropriate arrangements with the transponder provider prior to moving a transponder to a different vehicle.

8. The user agrees to make available any document or thing for the purposes of verifying compliance with the reporting and remittance obligations under the *Deh Cho Bridge Act* and regulations as well as the terms and conditions of this agreement.

9. The Registrar reserves the right to require for any reason the user to purchase single-use toll permits for a period of time for all vehicles under the user’s control.

10. The remittance agreement must be renewed annually.

11. Vehicles registered to contractors, sub-contractors or rental companies are not covered by the terms of this agreement.

12. As per paragraph 6(3)(c) of the *Deh Cho Bridge Regulations*, the Registrar may terminate the agreement if “the party to the remittance agreement is not meeting one or more conditions of that agreement.”

**PART 3 – USER’S SIGNATURE**

Name _____________________________________________________________

Signature _________________________________________________________

Date (DD-MM-YYYY) ______________________________________________
PART 4 – REGISTRAR’S DECISION AND SIGNATURE

(Office Use Only)

☐ Approved

☐ Not Approved

Registrar’s Signature _____________________________________________

Date (DD-MM-YYYY) _____________________________________________

Comments:

VALIDATION PERIOD:

(Office Use Only)

This agreement commences on (DD-MM-YYYY) ______________________

The agreement expires on (DD-MM-YYYY) ______________________
COMPANY INFORMATION

LEGAL NAME:  
OPERATING NAME:  
ADDRESS:  

The information provided below will be used by the Government of the Northwest Territories to conduct a credit check.

A credit review is currently being conducted by the Department of Finance, Government of the Northwest Territories. I/we have provided my/our authorization below. Please respond to this request.

BANK REFERENCE

Name  
Address  

Account Manager Name  
Telephone  
Email  
Fax  

I/we hereby authorize the Government of the Northwest Territories to conduct necessary credit inquiries including obtaining credit information about me/us from any credit bureau, any person with whom I/we may have or propose to have financial dealings or any other person in processing this application.

Name:  
Position:  
Signature:  
Dated At:  

In the Province/Territory of on this day of , 20
COMPANY INFORMATION

LEGAL NAME: ________________________________________________
OPERATING NAME: __________________________________________
ADDRESS: ___________________________________________________

The information provided below will be used by the Government of the Northwest Territories to conduct a credit check.

A credit review is currently being conducted by the Department of Finance, Government of the Northwest Territories. I/we have provided my/our authorization below. Please respond to this request.

TRADE/SUPPLIER REFERENCE #1

Name _______________________________________________________
Address ______________________________________________________________________
____________________________________________________________________________

Account Number _______________________________________________
Account Manager Name _____________________________________________
Telephone _______________________________________________________
Email ______________________________ Fax ____________________________

I/We hereby authorize the Government of the Northwest Territories to conduct necessary credit inquiries including obtaining credit information about me/us from any credit bureau, any person with whom I/we may have or propose to have financial dealings or any other person in processing this application.

Name: ___________________________ Position: ___________________________

Signature: ______________________ Dated At: ____________________________

In the Province/Territory of _______________________________ on this _____ day of ___ , 20 _______
COMPANY INFORMATION

LEGAL NAME: ________________________________
OPERATING NAME: __________________________
ADDRESS: __________________________________
__________________________________________

TRADE/SUPPLIER REFERENCE #2

Name: ______________________________________
Address: ____________________________________
____________________________________________
____________________________________________

Account Number: _____________________________
Account Manager Name: _______________________
Telephone: _________________________________
Email: _____________________________________
Fax: _______________________________________  

I/We hereby authorize the Government of the Northwest Territories to conduct necessary credit inquiries including obtaining credit information about me/us from any credit bureau, any person with whom I/we may have or propose to have financial dealings or any other person in processing this application.

Name: _________________________________ Position: __________________________
Signature: ______________________________ Dated At: __________________________
In the Province/Territory of ________________________________ on this day of __________, 20__
CREDIT CHECK REFERENCE

COMPANY INFORMATION

LEGAL NAME: ________________________________
OPERATING NAME: __________________________
ADDRESS: __________________________________

The information provided below will be used by the Government of the Northwest Territories to conduct a credit check.

A credit review is currently being conducted by the Department of Finance, Government of the Northwest Territories. I/we have provided my/our authorization below. Please respond to this request.

TRADE/SUPPLIER REFERENCE #3

Name: ___________________________________
Address: __________________________________

Account Number: __________________________
Account Manager Name: _____________________
Telephone: _________________________________
Email: _____________________________________
Fax: _______________________________________

I/we hereby authorize the Government of the Northwest Territories to conduct necessary credit inquiries including obtaining credit information about me/us from any credit bureau, any person with whom I/we may have or propose to have financial dealings or any other person in processing this application.

Name: _______________________________ Position: _____________________________
Signature: ________________________ Dated At: ________________________________
In the Province/Territory of _______________ on this ______ day of __________, 20____