

HIRED EQUIPMENT REGISTRATION



DATE OF REGISTRATION: _____

REGISTERED FOR THE _____ AREA

NUMBER OF YEARS IN AREA: _____

REGISTERED OWNER: _____

ADDRESS: _____

PHONE: _____

FAX: _____

WCB: _____ GST# _____

DESCRIPTION OF EQUIPMENT

TYPE: _____

MAKE AND MODEL: _____

YEAR: _____ LICENSE NO.: _____

LICENSED GVW.: _____ ENGINE SIZE: _____

ATTACHMENTS: _____

BLUE BOOK RATE _____

CONTRACTOR ID CODE _____