



Material Damage Vendor Number — Trade

New vendor Address change Name change / addition of dba Business type change / addition Ownership change

This application must be completed in full. **Incomplete applications may be returned.**

Vendor Information

LEGAL NAME OF BUSINESS			OPERATING NAME (dba)		
FACILITY ADDRESS					
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		WEBSITE	
MAILING ADDRESS (if different than above)					
BC REGISTRAR OF COMPANIES NUMBER			BC REGISTRATION OF OPERATING NAME (dba) / SOLE PROPRIETORSHIP / PARTNERSHIP NUMBER		
MUNICIPAL BUSINESS LICENCE NUMBER (attach copy)	EXPIRY DATE	GARAGE LIABILITY POLICY NUMBER (attach copy)		EXPIRY DATE	
HOURS OF OPERATION to	DAYS OF OPERATION to	GST REGISTRATION NUMBER	PST REGISTRATION NUMBER	WORKSAFEBC REGISTRATION NUMBER	
PRINCIPAL TYPE OF BUSINESS (choose from dropdown list or see page 2 for selection)					
Primary:		Secondary:		Secondary:	
Have you or do you currently have an ICBC vendor number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate number _____					

Owner/Signing Officer Information

NAME	ADDRESS	DRIVER'S LICENCE NO.	CHECK APPLICABLE
			<input type="checkbox"/> Owner _____% <input type="checkbox"/> Signing Officer
Signature _____			
			<input type="checkbox"/> Owner _____% <input type="checkbox"/> Signing Officer
Signature _____			
			<input type="checkbox"/> Owner _____% <input type="checkbox"/> Signing Officer
Signature _____			

Personal Information on this form is collected by the Insurance Corporation of British Columbia (ICBC) pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and is used for the purpose(s) of processing applicant information. ICBC collects, uses and discloses information in accordance with the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection of information, please contact the Supplier Programs & Administration department at 604-777-4513, toll-free at 1-877-921-3311, or by email supplierprograms@icbc.com.

By signing this form requesting or updating an ICBC Vendor Number, you hereby authorize ICBC to use and disclose your personal information from the following records: all ICBC claims and collections records, and the records of ICBC's Special Investigation Unit to ICBC's Supplier Programs & Administration department, only for the purpose of determining if there are any matters known to ICBC impacting the suitability of the applicant to be an ICBC vendor, and you agree to comply with all terms, requirements, policies and procedures set out in the applicable application forms, Claims Procedures, Performance Standards and corresponding vendor checklists. You acknowledge that all employees have read and understand the terms of ICBC's Code of Ethics.

CONTACT NAME / POSITION

CONTACT PHONE NUMBER

DATE (ddmmmyyy)

To be completed and approved by an ICBC representative

DATE (ddmmmyyy)	ICBC RESOURCE	ICBC REPRESENTATIVE NAME	ICBC REPRESENTATIVE SIGNATURE	SERVICING CLAIM CENTRE CC
REVIEWER CHECKLIST				
<input type="checkbox"/> Application fee		<input type="checkbox"/> Vendor checklist completed & attached		<input type="checkbox"/> Photos attached

Process for applying for an ICBC vendor number

Complete this Application and forward to ICBC's Supplier Programs and Administration department by mail to:

550 3777 Kingsway,
Burnaby, BC,
V5H 3Z7;

by email: supplierprograms@icbc.com; or by fax: 604-777-4624.

Refer to ICBC's MD Business Partners page <https://www.icbc.com/partners/material-damage/pages/default.aspx> for other documentation that may be required.

- Copy of the Central Securities Register identifying owner's individual shares;
- Copy of the business licence, or a satisfactory explanation why one is not required;
- Copy of ICBC Garage Automobile Policy;
- Copy of Commercial General Liability policy;
- Certificate of Incorporation or Declaration of Registration of General Partnership or Sole Proprietorship from the Registrar of Companies for the Province of British Columbia;
- Completed Authorization for Direct Bank Deposit (ACG364) form and include a "Void" cheque or bank document for the account where the funds will be deposited; and
- Application fee of \$85 + applicable taxes.

Upon receipt of the Application, an ICBC representative may attend the applicant's facility to inspect and photograph the business premises.

All applicants and vendors must meet, and continue to meet, the minimum requirements, and must comply with the contents of the Claims Procedures, as amended from time to time, without notice.

Facility Business Types (alphabetical)

Air Conditioning Shop	New Car Dealer Mechanical Shop
Aluminum Wheel Repair	Paintless Dent Repair
Brake & Muffler	Parts Store
Detailing Shop	Radiator Repair
Frame Repair	Rental Vehicle
Heavy Equipment Dealer – Paint and Body	RV Repairshop
Heavy Equipment Independent – Paint and Body	Service Station
Heavy Equipment – Specialty	Snowmobile Repair
Heavy Equipment – Mechanical	Sound Equipment Shop
Heavy Equipment – Trailer	Tire Store
Impound Lot Operator	Towing Company
Locksmith	Truck Canopy
Mechanical Shop	Upholstery
Motor Dealer GST Reimbursement	Welding and Machining
Motorcycle Repair	