



## Managed Trail Operator Application

Please complete sections 1 to 5

<b>1</b>	<b>Applicant</b>	<b>Purpose (check all that apply):</b>		
	Corporation/Association Legal Name	Construct	Maintain	Operate
	Operating Name (if different than legal name)	HST Registrant #		
	Mailing Address Street/P.O. Box	City/Town	Province	Postal Code
	Primary Contact Name			
	Telephone Number	Alternate Telephone Number	Email Address	
	Secondary Contact Name			
	Telephone Number	Alternate Telephone Number	Email Address	

### Trail Description (include maps, GPS coordinates, photos, etc. Attach additional sheets if necessary)

<b>2</b>	Trail Name
	Address/Location
	Description of Route and Sub-routes (include start point and general direction of travel/stop point and all sub-routes off main trail) with an indication of land ownership for each route and sub-route

### Land Ownership (check all that apply)

<b>3</b>	The trail (or sections thereof) described in Section 2 is located on land that is:				
	Private Property	Crown Land	Municipal Land	Land under control of Minister responsible for <b>Work, Services &amp; Transportation Act</b>	Land under control of other Provincial/Federal Departments

### Attestations

<b>4</b>	I/we understand that an approved Managed Trail Operator shall perform the duties and functions prescribed to it under the Off-Road Vehicles Act and Regulations.				
	Applicant's Representative's Name and Title				
	Applicant's Representative's Signature		Date		

**To avoid delays in processing, please ensure the following are included with this application.**

**5**

Completed and signed application.

If incorporated, a Certificate of Good Standing with the Registry of Companies and Deeds.

Plan explaining the construction, maintenance, upgrades and expansion of the managed trail, including:

Board of Directors

Business Plan and financing

Proof of Licence to Occupy from Crown Lands

Proof of written consent/agreements with private landowners, municipalities and the Minister responsible for the **Works, Services and Transportation Act** and/or other Federal/Provincial departments

Description and detailed map of the managed trail (including all routes and sub-routes denoting Crown Lands, privately owned lands, Municipalities and Highways)

Plan for marking the managed trails, including with traffic signs

Proof of liability insurance with respect to its managed trail operations insurance

Copy of trail permit/sticker or other identifying markers which will be issued to and carried by authorized trail users

Copy of trail users application form including the classes of managed trail permits (if applicable) and the validity period of the permit before renewal is required

List of rules and regulations pertaining to the use of the trail (Must address each of the requirements for Managed Trails and Managed Trail Operators as per the **Off-Road Vehicles Act** and Regulations requirements)

Plan for construction, maintenance, upgrades and/or expansion of the managed trail

Do you intend to delegate any of your duties to a third party and if so whom?

Outline the proposed fees for trail use permits (if applicable)

An application processing fee may apply as per section 18 of the Digital Government and Service NL Fees Policy  
(<https://www.gov.nl.ca/motorregistration/files/drivers-fees.pdf>)

**FOR OFFICE USE ONLY**

Primary Motor Registration Region: (select one):       Avalon       Central       Western/Labrador

**1. Assessment**

Notes

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**Consultations**

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

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**2. Recommendations:**

Approve

Deny

Notes:

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**3. Approval:**

Minister's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY STATEMENT**

Information contained on this form is collected under the authority of the **Off-Road Vehicles Act (ORV)** and may be used to issue a Managed Trail Operator Licence which grants approval for the construction, maintenance or operation of a managed trail. Personal information collected by the Government of Newfoundland and Labrador is protected under the **Access to Information and Protection of Privacy, 2015 (ATIPP) Act**. If you have any questions about the collection or use of this information please direct inquiries to 1-877-636-6867 (Mon to Fri 8:30 a.m. to 4:00 p.m. NL time) or [RegistrarMRD@gov.nl.ca](mailto:RegistrarMRD@gov.nl.ca)