

INSPECTION RESULT:

INSPECTION TYPE:

REASON FOR INSPECTION:

COLLISION REPAIR FACILITY:

WORK ORDER #

INSPECTION DATE

INSPECTION COMPLETE DATE/TIME

REASON NOTE:

TECHNICIAN NAME:

PHONE #:

INSPECTOR'S NUMBER:

INSPECTOR'S NAME:

CARD EXPIRY DATE:

FACILITY NUMBER:

FACILITY NAME:

WORKING ON BEHALF OF FACILITY:

INSPECTION CLASS:

OWNER/  
LESSEE:

ADDRESS:

CITY:

PROV:

POSTAL  
CODE:

REGISTRATION  
NUMBER:

VEHICLE  
JURISDICTION:

PLATE  
NUMBER:

YEAR:

MAKE:

MODEL:

BODY  
STYLE:

VIN:

ODOMETER:

FUEL  
TYPE:

UNIT/FLEET #:  
(Optional)

BRAKE TYPE:

"F" Failed "R" Repaired Same Day "P" Passed "PC" Passed With Caution "C" Out Of Service "NA" Not Applicable

	F	R	P	PC	C	NA		F	R	P	PC	C	NA
Section 1 - Power Train							Pressure Fuel						
							Liquid Propane Gas						
							Compressed Natural Gas						
Section 2 - Suspension							Pressure Fuel Inspector's Name & Number						
Section 3 - Hydraulic Brakes							Air Brake Chamber Type, Size and Push Rod Stroke Measurement (mm)						
Section 3A - Air Brakes							Axle # 1 2 3 4 5 6 7 8 9						
Section 4 - Steering							Type:						
Section 5 - Instruments, Auxillary Equipment							Size:						
Section 6 - Lamps							Slack:						
Section 7 - Electrical System							Left:						
Section 8 - Body & Frame							Right:						
Section 9 - Tires & Wheels							Comments:						
Section 10 - Couplers & Hitches							Air Brake Camshaft Rotation Measurement (degrees)						
Section 10 - Special Use Vehicle Components							Axle # 1 2 3 4 5 6 7 8 9						
							Left:						
							Right:						
							Comments:						
							Brake Lining/Pad Measurement (mm)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type:						
							Left:						
							Right:						
							Comments:						
							Rotor/Drum Measurement (mm)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type:						
							Left:						
							Right:						
							Comments:						
General Inspection Comments:													

Inspector's Name

Signature

The Inspector's signature above is certification that this vehicle has been inspected to the requirements of the Motor Vehicle Act and Regulations.

**NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION**

The information on this form is collected under the authority of the Motor Vehicle Act, Section 217. The information will be used to process your vehicle inspection. If you have any questions please call 250-952-0577 or visit our website at [www.th.gov.bc.ca/cvse](http://www.th.gov.bc.ca/cvse)