



Ministry of Transportation

Private Vehicle Inspection Report

FINAL INSPECTION CONFIRMATION NUMBER

PLACE DECAL HERE

DECAL EXPIRY DATE

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 (After a Fail) "P" Passed (No checkmark implies "N/A")

DOCUMENTATION	F	R	P	F	R	P	BRAKES	F	R	P
Vehicle Identification				Floors			Drum Brakes			
				Bumpers			Disc Brakes			
DRIVER'S CONTROLS				Trunk			Proportioning Valve			
Horn				Trailer Hitch			Mechanical Components			
Mirrors				Body Exterior/Protruding Metal			Brake Lines, Hoses			
Windshield Wipers				Motorcycle Kickstand			Master Cylinder			
Windshield and Windows				Frame						
Windshield Defroster				Frame Structural Body			ENGINE COMPARTMENT			
Visors				Unibody			Hood & Safety Catch			
Interior Heaters				Unibody Structural Integrity			Vacuum System			
Parking Brake				Airbags			Power Train			
Power Brake Operation							Fuel System			
Brake Pedal Reserve & Leakage Test				UNDERCARRIAGE						
Steering Lash and Travel				Tires			PRESSURE FUEL			
Power Steering				Tire Construction (Mixed)			Liquid Propane Gas			
Handle Bars				Wheels/Nuts/Studs			Compressed Natural Gas			
Accelerator Pedal				Road Clearance						
Transmission/Speedometer/Odometer				Steering Linkage			LIGHTING/ELECTRICAL			
				Steering Column and Coupler			Battery			
BODY INTEGRITY				Kingpins			Switches			
Driver's Seat				Ball Joints			Visible Wiring			
Seat Belts				Springs and Attachments			Indicator Lights			
Motorcycle Seat				Shock Absorbers			Lamps			
Doors				Wheel Bearings			Headlight Aim			
Physically Disabled Passenger Vehicles				Fuel System						
Reflex Reflectors				Exhaust System & Catalytic Converter						

Inspected Item Comments (First 5 Only):

- 1.
- 2.
- 3.
- 4.
- 5.

General Inspection Comments:

Road Tested: 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