



Authorized Inspector Number: _____ - _____ Expiry Date: _____

Last name, First name (please print clearly): _____

Home Address: _____ Cell Phone: _____

City: _____ Home Phone: _____

Province: _____ Postal Code: _____ Work Phone: _____

Personal Email: _____ Fax: _____

☐ I have a Pressure Fuel Endorsement. Attach a copy of your valid (LPG, CNG, CNLP, LPNG) Automotive Technician Gas Certificate.

Trade Qualification Number/Gas Certificate Number(s): _____

Inspection facility(s) where you are conducting inspections: (provide additional information on a separate sheet if required)

This information must be kept current. You are required to contact CVSE immediately if there is a change to this information.

Facility Number: _____ Facility Name: _____ Start Date: _____

Facility Number: _____ Facility Name: _____ Start Date: _____

☐ I am not currently conducting Private or Commercial Vehicle Inspections in the Province of British Columbia.

Please check all items that apply (incomplete forms will not be processed):

☐ Authorized Inspector Renewal

☐ Replacement Certificate/Card - Lost, Stolen, Damaged. Please circle the applicable reason. Date Occurred: _____

☐ Add a New Vehicle Class. Attach proof of new class TQ. Indicate Vehicle Class/Classes (1, 2, 3, 4, 5 or 6): _____

☐ Add an Air Brake Endorsement. Attach proof of completion of an Air Brake Repair Course (mandatory).

☐ Other - Explain: _____

☐ Name Change only (supporting documentation required).

☐ Change of Address only.

Payment Method:

☐ Cheque - mail application with supporting documentation. Cheque in the amount of \$20.00 is payable to the "Minister of Finance".

☐ Credit Card via mail - complete and sign the credit card portion of this application. Mail application with supporting documentation.

☐ Credit Card via fax - **Do not fax or email your credit card number.** Fax **signed** form then call CVSE with your credit card number.

Credit Card information: Amount: **\$20.00**

☐ Visa Credit Card Number: _____ Expiry Date: _____

☐ MasterCard (Complete when mailing application only)

☐ American Express **Credit Card Holder Signature (required):** **X** _____

I take responsibility for conducting vehicle inspections according to the Motor Vehicle Act Regulations and the policies and procedures outlined in the Vehicle Inspection Manual (Standards of Safety and Repair).

Authorized Inspector Signature: **X** _____

The personal information on this form is collected under the authority of the *Motor Vehicle Act Regulations*, Division 25. The information collected will be used to determine eligibility for an Authorized Inspector Card/Certificate. Contact CVSE if you have any questions about the collection, use and disclosure of this information.

Office Use Only

Receipt Number: _____

Sent date: _____

☐ Email ☐ Mail Initial: _____

Contact Information:

Mailing Address:

Commercial Vehicle Safety and Enforcement
PO Box 9250 Stn Prov Govt
Victoria BC V8W 9J2

Telephone:

250 952-0577

Fax:

250 952-0578

Website:

www.cvse.ca

Email:

vehicle.inspections@gov.bc.ca