



Authorized Inspectors must hold a valid Authorized Inspector Certificate, issued by the Commercial Vehicle Safety & Enforcement (CVSE) Vehicle Inspection Program, to complete mechanical Vehicle Inspection Reports.

Authorized Inspector Information

Surname _____ Given Names _____
Address _____ Home Phone _____
City _____ Cell Phone _____
Province _____ Postal Code _____ Work Phone _____
Email _____ Drivers Licence _____

Authorized Inspector Trade Qualification Information

Trade Qualification Number _____ Facility Number (if applicable) _____
Red Seal Qualification Number _____ Air Brake Endorsement Y/N _____
Additional Trade Qualification Number (if applicable) _____
Pressure Fuel Certificate Number (if applicable) _____

Authorized Inspector Responsibilities

Legal Responsibility

1. I confirm and accept direct legal responsibility for all vehicle inspections and vehicle inspection practices conducted using my Authorized Inspector Certificate number.

Compliance

- 2. I will ensure that all inspections performed by me are in compliance with the current Vehicle Inspection Manual (Standards of Safety and Repair Regulation), Motor Vehicle Act, Motor Vehicle Act Regulations, applicable standards and periodic bulletins and notices issued by CVSE.
3. I acknowledge that any regulatory violations, improper vehicle inspections and/or safety concerns relating to my inspection practices are unacceptable and can result in fines, suspension and/or cancellation of my Authorized Inspector Certificate.

Duties and Responsibilities

- 4. I confirm, accept and understand the duties and responsibilities defined in the Motor Vehicle Act Regulations (MVAR) Division 25 regarding all legal requirements and expectations as an Authorized Inspector.
5. I confirm that I will have direct knowledge of all new and existing policies and procedures as defined by the Vehicle Inspection Program as issued or amended from time to time.

Authorized Inspector Declaration

I confirm and certify that all information provided is correct and that I have read and understood items 1 through 5 on this declaration. I have been given an opportunity to seek legal advice before signing this declaration.

Authorized Inspector Signature _____ Date: _____

The personal information on this form is collected under the authority of the Motor Vehicle Act. The information collected will be used to administer the CVSE Vehicle Inspection Program. If you have any questions about the collection and use of this information, contact CVSE at 250 952-0577 or visit our website.

Ministry of Transportation and Infrastructure

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