



Inspection Facility Operator Information

Surname, Address, City, Province, Postal Code, Email, Given Name(s), Home Phone, Cell Phone, Work Phone, Drivers Licence

Inspection Facility Operator Training - Course Information

Training Institute Name, Course Name, Completion Date

Inspection Facility Operator Responsibilities

Legal Responsibility

1. I confirm and accept direct legal responsibility for all vehicle inspections and vehicle inspection practices conducted at my Inspection facility.

Compliance

2. I will ensure that all inspections performed by Authorized Inspectors are in compliance with the current Vehicle Inspection Manual (Vehicle Inspection 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 inspection practices are unacceptable and can result in fines, suspension and/or cancellation of my facility licence.

Duties and Responsibilities

4. I confirm, accept and understand the duties and responsibilities defined in the Motor Vehicle Act Regulations (MVAR) Division 25 regarding requirements and expectations as an Inspection Facility Operator.

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 and/or amended from time to time.

6. I declare that the statements and information above contained in, attached to and submitted with this application are true and correct.

7. I understand that all information is subject to verification and that any false or misleading representations may result in rejection, deferral or cancellation of my facility application.

Inspection Facility Operator Declaration

I confirm and certify that all information provided is correct and that I have read and understood items 1 through 7 on this declaration. I have been given an opportunity to seek legal advice before signing this declaration.

Facility Operator Signature, Date, Facility Number (if applicable)

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 www.cvse.ca.

Ministry of Transportation and Infrastructure

Mailing address: CVSE PO Box 9250 Stn Prov Govt Victoria BC V8W 9J2

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