



Requests to add an airbrake or pressure fuel endorsement or to add a licence classification MUST be made by submitting a certification renewal application online at cvse.ca.

Authorized Inspector Information

Authorized Inspector Number: Expiry Date:
Legal Name: (as it appears on your BCeID)
Home Address: Cell Phone:
City: Home Phone:
Province: Postal Code: Work Phone:
Personal Email: Fax:

Designated Inspection Facility (DIF) Information

List all facilities where you conduct Vehicle Inspections. Enter facility information and an end date for facilities where you ceased to work within the past 12 months. Provide additional information on a separate sheet if required. This information must be kept current.

I have not conducted Private or Commercial Vehicle Inspections in the Province of British Columbia within the past 12 months.

Facility Number: Facility Name: Start Date: End Date:
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Change Request

Please check all items that apply. Incomplete forms will not be processed. All supporting documents are required.

Change of Address. As indicated above.
Name Change (supporting documentation required).
Other -

Declaration

I take responsibility for conducting vehicle inspections in compliance with the BC Motor Vehicle Act Regulations, policies, procedures and requirements of the Vehicle Inspection Manual. I declare that all information provided is correct.

Authorized Inspector Signature: X Date:

The personal information on this form is collected under the authority of Section 26 of the Freedom of Information and Protection of Privacy Act and Motor Vehicle Act 217. The information collected will be used for the purpose of processing your request or in a manner consistent with that purpose. If you have any questions about the collection of this information, please contact CVSE.

Contact Information: Mailing Address: Telephone: 778 974-5458
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PO Box 9250 Stn Prov Govt Website: www.cvse.ca
Victoria BC V8W 9J2 Email: vehicle.inspections@gov.bc.ca