



Ministry of
Transportation

Commercial Vehicle Inspection Program (CVIP)

OFFICE USE ONLY

Renewal for Designation as:

Check one

- ☐ Designated Inspection Facility
☐ Preventative Maintenance Program
☐ Motorcycle Facility

SEE REVERSE FOR INSTRUCTIONS

OFFICE STAMP

Applicant Information

BUSINESS
NAME:
LEGAL
ENTITY:

ADDRESS:

CITY:

☐ RENEWAL APPLICATION

TYPE OF INSPECTION DESIRED:

- ☐ 1. MOTOR VEHICLE 5500 KG LICENCED GVW OR LESS
(NOT INCLUDING MOTORCYCLES) ☐ 4. BUS
☐ 2. MOTOR VEHICLE GREATER THAN 5500 KG LICENCED
GVW (NOT INCLUDING BUS OR SCHOOL BUS) ☐ 5. SCHOOL BUS
☐ 3. TRAILER AND SEMI-TRAILER ☐ 6. MOTORCYCLE

Company Principals

NAME	POSITION	ADDRESS	DRIVER LICENCE NO.

FACILITY NO. _____

Inspection Facility

FACILITY
ADDRESS _____

ICBC
GARAGE POLICY NO. _____ EXPIRES _____

CITY _____

INDICATE ENDORSEMENT DESIRED:

- ☐ 1. Air brakes ☐ 2. Pressure fuel (attach valid
documentation)
☐ 3. Restricted practice (list below)

PROVINCE _____ POSTAL
CODE _____

Staff List

AUTHORIZED INSPECTOR'S NAME	CERTIFICATE NUMBERS B.C.T.Q. & PRESSURE FUEL CERTIFICATE	INSPECTOR AUTHORIZATION NUMBER

Equipment Check List

- ☐ Automotive hand tools ☐ Wheel assembly removal device ☐ Hoisting or lifting device ☐ Tire pressure gauge
☐ Headlight alignment device ☐ brake drum/caliper measuring tool ☐ Tire depth gauge ☐ Steering/suspension freeplay measuring device

I certify that the above information is correct and I accept responsibility for program/facility

Signature Title Date Business Tel. No.

E-mail Address Business Fax No.

☐ APPROVED ☐ REJECTED

Office Use Only

TRANSACTION ID NO.

Signature/Date

RECEIPT NO. _____ AMOUNT _____

FACILITY NO. _____

LICENCE EXPIRES _____

REFUND REQUEST NO. _____

REFUND CHEQUE NO. _____