

Inspection Facility Change Request COMMERCIAL VEHICLE SAFETY & ENFORCEMENT

This form is used to inform CVSE of any changes to your Inspection Facility. To request a change to vehicle classes or endorsements, contact your local Area Vehicle Inspector. FOR A FACILITY LEGAL ENTITY CHANGE - CALL CVSE AT 778 974-5458.

Current Facility Informatio	n			
Facility Legal Name:		Facility Number:	Number: Today's Date:	
Facility Address:		Telephone:		
City:		Fax:		
Province:	Postal Code:	Email:		
■ Facility Mailing Address	(if different from above)			
Mailing Address:	City:	Prov	ince:	Postal Code:
■ Facility New Location Re	equest (subject to CVSE a	ipproval)		
Facility Name:		Effective Date:		
Facility Address:		Telephone:		
City:		Fax:		
Province:	Postal Code:	Email:		
■ Facility Name Change (for	or a facility legal entity change	call CVSE. A new appl	ication may be re	quired)
Previous Name:		New Name:		
■ Company Principal Char	nge			
Company Principals		Driver's Lic	ence Number	Effective Date
Owner:				
Owner:				
Owner:				
■ New Facility Operator/M	anager Request (new Facili	ty Operators must com	olete the Facility (Operator Course)
Operator Name(s)		Driver's Lic	ence Number	Effective Date
Operator:				
Operator:				
Operator:				
Authorized Inspectors -	List All Authorized Inspectors (Include the end date fo	r Al's who have re	ecently left the Facility)
Authorized Inspector's Name	Inspector Number	Vehicle Classes (1,2,3.etc.)	Start Date at this F	Facility End Date at this Facility (DD/MMM/YY)
Please provide additional information	on a separate sheet if required.			
Contact Information:	Mailing Address:			
	CVSE	Email: Vehicle.Inspections@gov.bc.ca Office Hours: Monday to Friday		
Telephone: 778 974-5458 Fax: 250 952-0578	PO Box 9250 Stn Prov Govt Victoria BC V8W 9J2	Website: www.cvse.ca Monday to Friday 8:30 am to 4:30 pm		
				•
Operator Name:Operator Signature:				
	d under the authority of Section 26 of the Freedom ion or in a manner consistent with that purpose. I			