



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 - Contact CVSE

**FACILITY INFORMATION**

Facility Legal Name:	Facility Number:	Today's Date:	
Facility Physical Address:	City:	Prov:	Postal Code:
Telephone:	Email:		

**FACILITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE)**

Mailing Address:	City:	Prov:	Postal Code:
------------------	-------	-------	--------------

**FACILITY NEW LOCATION REQUEST (SUBJECT TO CVSE APPROVAL)**

Facility Name:	Effective Date:		
Facility Address:	City:	Prov:	Postal Code:
Telephone:	Email:		

**FACILITY NAME CHANGE (FOR A FACILITY LEGAL ENTITY CHANGE CONTACT CVSE - A NEW APPLICATION WILL BE REQUIRED)**

Previous Name:	New Name:
----------------	-----------

**COMPANY DIRECTOR/OFFICER CHANGE**

Operator Name(s)	Driver's Licence Number	Effective Date
Owner: _____	_____	_____
Owner: _____	_____	_____
Owner: _____	_____	_____

**NEW FACILITY OPERATOR REQUEST (FACILITY OPERATOR CERTIFICATE REQUIRED TO BE SENT IN WITH FORM)**

Operator Name(s)	Driver's Licence Number	Effective Date	Operator Number
Owner: _____	_____	_____	_____
Owner: _____	_____	_____	_____

**AUTHORIZED INSPECTORS - LIST ALL AUTHORIZED INSPECTORS (INCLUDE THE END DATE FOR AI'S WHO HAVE RECENTLY LEFT THE FACILITY)**

Authorized Inspector's Name	Inspector Number	Start Date at this Facility	End Date at this Facility
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide additional information on a separate sheet if required.

Operator or Director/Officer Name: \_\_\_\_\_ Operator or Director/Officer Signature: \_\_\_\_\_

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 application or in a manner consistent with that purpose. If you have any questions about the collection of this information, contact 250 952-0577.

Contact Information:

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

Telephone: 778 974-5458  
Fax: 250 952-0578  
Visit our Website at [www.cvse.ca](http://www.cvse.ca)

Email: [vehicle.inspections@gov.bc.ca](mailto:vehicle.inspections@gov.bc.ca)  
Website: [www.cvse.ca](http://www.cvse.ca)

Office Hours:  
Monday to Friday  
8:30 am to 4:30 pm