Print Form

BRITISH COLUMBIA | Ministry of Transportation and Infrastructure

Designated Inspection Facility
(DIF must issue this form for completion by an autobody technician)
Structural Integrity Declaration Report
Commercial Vehicle Safety and Enforcement Branch

☐ **PASS** All requirements met ☐ **FAIL** Requirements NOT met

Designated Inspection Facility Information

Designated Inspection Facility Number: ☐☐☐☐☐ Facility Name: _____

Authorized Inspector Number: ☐☐☐☐☐☐ Inspector Name: _____

Inspector Signature: _____ Date: _____ Decal No.: _____

Vehicle Information

Owner _____ Registration # _____ Plate # _____

Address _____ VIN # _____

City _____ Prov _____ PC _____ Make _____ Model _____ Year _____

Structural Integrity Declaration Report

Repair Standard and Vehicles Dimensions

1. I confirm that the repair / rebuild process for this vehicle has met or exceeded the rebuilding standards specified by the Inter-Industry Conference On Auto Collision Repair (I-CAR) and / or the Original Equipment Manufacturer (OEM), that the unitized vehicle body repair, including engine cradle, conforms to the OEM dimension standards and that a full-framed vehicle complies with the OEM, I-CAR repair standard.

Occupant Protection and Vehicle Components

2. I confirm that the assembly of body components have been performed in a manner that provides occupant protection that is equal to or exceeding OEM or I-CAR standards.

3. I confirm that the repairable structural components of the vehicle body have been assembled and repaired in accordance with methods, procedures and standards that will return the components to its original standard, quality and properties in accordance with the OEM, I-CAR standards.

4. I confirm that the assembly joints of the vehicle body are located in places and repaired in accordance with the OEM, I-CAR procedures and standards.

Wheel Alignment

5. I confirm that a four-wheel alignment has been performed and that steering angles and wheel tolerances are within the OEM, requirements for this vehicle. A four-wheel alignment computer printout has been included as part of this declaration.

I certify that this vehicle has been repaired in accordance with OEM/I-CAR standards as noted in items 1 - 5 above.

Technician Name (please print) _____

Autobody Tech Trade Qualification # _____

Autobody Tech Trade Jurisdiction _____

Technician Signature _____

Wheel alignment (all 4 wheels- attach printout) Alignment performed (facility name and address if other than above):

NAME: _____

ADDRESS: _____

Please indicate numbers and measurements on diagram below:

From inside vehicle:	**Front Left**	**Front Right**	
	Camber	Camber	
	Caster	Caster	
	Toe	Toe	
	SAI	SAI	
	Included Angle	Included Angle	
	Turning Angle	Turning Angle	
	Rear Left	**Rear Right**	
	Camber	Camber	
	Caster	Caster	
	Toe	Toe	
	SAI	SAI	
ALIGNMENT		☐ PASS	☐ FAIL

Date Rebuilt Completed _____

Rebuilder Name (if different from technician) _____

Rebuilder Address _____

* The **ORIGINAL** copy of this form must be forwarded to the designated inspection facility indicated above, and **MUST** be retained by the facility.
* This form must be the authentic original version signed by the autobody technician. Any photocopied, modified, altered, or changed form is unacceptable and must be rejected.
* A photocopy must accompany the customer's copy of the Vehicle Inspection Report (CVSE0013).