## Commercial Vehicle Safety and Enforcement

## DECLARATION of EXEMPTION INDIVIDUAL

| Name Business Name   |                                |                            |                        |
|--|--------------------------------|----------------------------|------------------------|
| Mailing Address  |                                |                            | NSC Number             |
| Power Unit Registration Number   | Year / Make / Model            |                            |                        |
| Trailer Registration Number (if applicable)  | Year / Make / Model            | Primary Use                |                        |
| Re: Vehicle Equipped with Man (ABS) Components   | ual Slack Adjusters and        | ∄/or Non-Functioning       | g Anti-Lock Brake      |
| To qualify for the inspection exemption adjusters and functioning ABS as def   |                                |                            |                        |
| The vehicle is operated at least total of time or distance (which  |                                | •                          | •                      |
| <ol> <li>The driver will, on request of a<br/>(i.e.: log book, driver record or<br/>55% off-road usage should the</li> </ol>                                     | Off-Highway Refund Applic      | ation FIN-141) that clea   |                        |
| <ol> <li>The use and maintenance of n<br/>and vehicle maintenance personadjusted and functioning in a second</li> </ol>  | onnel and that all manual sla  | •                          |                        |
| <ol> <li>Any Motor Vehicle Act Regulat<br/>will void this exemption;</li> </ol>  | tion violation or non-complia  | ance in relation to brake  | system or components   |
| 5. Any misuse or improper applic   | ation of this exemption may    | void this exemption; an    | d                      |
| 6. This exemption must be carrie   | d in the vehicle and is not va | alid outside British Colur | mbia.                  |
| By signing this declaration, the applic<br>On disclosure of this completed declar<br>may pass a provincial inspection if so<br>non-functioning ABS component(s). | aration to a Designated Insp   | pection Facility (DIF) the | indicated vehicle      |
| Applicant Signature  | Date                           |                            | -                      |
| For CVSE use only:   |                                |                            |                        |
|  | Exemp                          | tion #                     | If not stamped by CVSE |
| CVSE Approval  | Expirat                        | ion                        |                        |

Ministry of Transportation and Infrastructure

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