BRITISH COLUMBIA | Ministry of Transportation and Transit

VOLUNTARY SURRENDER FORM
COMMERCIAL VEHICLE SAFETY & ENFORCEMENT

DECLARATION

I agree to voluntarily surrender my:

☐ Facility designation to inspect vehicles as part of the provincial Vehicle Inspection Program

☐ Facility designation to inspect the following vehicle classes or endorsements:

☐ 1 - MV5500 kg & under ☐ 2 - MV5501 kg & over ☐ 3 - Trailers ☐ 4 - Buses ☐ 5 - School Buses ☐ 6 - Motorcycles

☐ New to BC ☐ Salvage ☐ Pressure Fuel ☐ Air Brakes

Facility Number: Facility Name:

Legal Entity:

Facility Address:

City: Province:

☐ Authorized Inspector certification to inspect vehicles as part of the provincial Vehicle Inspection Program.

☐ Authorized Inspector certification to inspect the following vehicle classes or endorsements:

☐ 1 - MV5500 kg & under ☐ 2 - MV5501 kg & over ☐ 3 - Trailers ☐ 4 - Buses ☐ 5 - School Buses ☐ 6 - Motorcycles

☐ Salvage ☐ Pressure Fuel ☐ Air Brakes

Authorized Inspector Number:

Authorized Inspector Name:

This surrender is final. I have had the opportunity to seek legal advice before signing.

SIGN IN DECLARATION OF THE ABOVE

Declarer (Legal Name):

Date Signed:

Daytime Phone Number:

Declarer Signature:

Witness (Legal Name):

☐ I acknowledge witness of signing by declarer.

Date Witnessed:

Witness Signature:

** WITNESS SIGNATURE TO BE ADDED LAST. DO NOT SIGN UNTIL REST OF FORM IS COMPLETE.*

FOR CVSE USE ONLY

Area Vehicle Inspector Name:

Badge Number:

Date:

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

Telephone: 778 974-5458
Fax: 250 952-0578
Email: vehicle.inspections@gov.bc.ca