

Application For Designation as Inspection Facility

Periodic Commercial Vehicle Inspection Program

Application Information			
COMPANY NAME: _____	<input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION		
OWNER NAME: _____	TYPE OF INSPECTION DESIRED:		
ADDRESS: _____	<input type="checkbox"/> 1. MOTOR VEHICLE 4500 kg LICENSED GVW OR LESS (NOT INCLUDING MOTORCYCLES)	<input type="checkbox"/> 4. BUS GREATER THAN 10 PASSENGERS (INCLUDING DRIVER)	
CITY: _____	<input type="checkbox"/> 2. MOTOR VEHICLE GREATER THAN 4500 kg LICENSED GVW (NOT INCLUDING BUS OR SCHOOL BUS)	<input type="checkbox"/> 5. SCHOOL BUS	
TERR: _____	<input type="checkbox"/> 3. TRAILER AND SEMI-TRAILER		
	POSTAL CODE _____		

Company Principals			
NAME	POSITION	ADDRESS	LICENCE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Inspection Facility			
FACILITY NO. _____	(RENEWAL ONLY)	BUSINESS LICENCE _____	EXPIRES _____
			yy/mm/dd
FACILITY ADDRESS: _____			
CITY: _____	INDICATE ENDORSEMENTS		
TERR: _____	<input type="checkbox"/> 1. AIR BRAKES	<input type="checkbox"/> 2. PRESSURE FUEL	
	POSTAL CODE _____		

Staff List		
MECHANIC'S NAME	CERTIFICATE NOS.	PMVI INSPECTOR AUTHORIZATION NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment Check List			
<input type="checkbox"/> AUTOMOTIVE HAND TOOLS	<input type="checkbox"/> WHEEL ASSEMBLY REMOVAL DEVICE	<input type="checkbox"/> HOISTING OR LIFTING DEVICE	<input type="checkbox"/> TORQUE WRENCH
<input type="checkbox"/> HEADLIGHT ALIGNMENT DEVICE	<input type="checkbox"/> BRAKE DRUM/CALIPER MEASURING TOOL	<input type="checkbox"/> TIRE DEPTH GAUGE	<input type="checkbox"/> TIRE PRESSURE GAUGE
			<input type="checkbox"/> STEERING/SUSPENSION FREE PLAY MEASURING DEVICE

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		DATE _____
PERSON RESPONSIBLE FOR PROGRAM/FACILITY _____	SIGNATURE _____	TITLE _____
		BUSINESS TEL. NUMBER _____

PMVI Use Only	
<input type="radio"/> APPROVED <input type="radio"/> REJECTED	
SIGNATURE/DATE _____	RECEIPT # _____ AMOUNT _____
FACILITY # _____	LICENCE EXPIRES _____