



Government Services  
Motor Registration Division

APPLICATION FOR A CERTIFICATE OF APPOINTMENT AS A LICENCED  
OFFICIAL INSPECTION STATION

☐ GENERAL

☐ FLEET

NAME AND ADDRESS OF APPLICANT

Surname, Given Name(s), Corporate Name, If applicable		Driver Licence Number	
Operating or Trade Name, if used		Email Address	
ADDRESS OF INSPECTION STATION: ( Street & No., or Civic Roll No.)		APPLICANT'S MAILING ADDRESS: (Street & Number)	
City, Town or Village		City, Town or Village	
Province		Province	
Postal Code	Telephone Number	Postal Code	Telephone Number

THE APPLICANT HEREBY APPLIES FOR A CERTIFICATE OF APPOINTMENT AS A LICENCED OFFICIAL INSPECTION  
STATION FOR THE INSPECTION OF ONE OR MORE OF THE FOLLOWING CLASSES OF VEHICLES:

☐ CARS, LIGHT TRUCKS & VANS    ☐ COMMERCIAL VEHICLES    ☐ BUSES    ☐ SCHOOL BUSES  
☐ MOTORCYCLES    ☐ LIGHT TRAILERS    ☐ DISABLED PASSENGER VEHICLES    ☐ SALVAGE VEHICLES

NAME OF INSPECTION MECHANIC	ADDRESS	CERTIFICATE NO.	DRIVER LICENCE NO.	MECHANIC'S SIGNATURE

If more space is required please attach list

For the purpose of inspecting Commercial Vehicles, Buses, School Buses, Disabled Passenger Vehicles and Salvage Vehicles, the inspecting mechanic must hold a valid certificate issued by the Apprenticeship and Trades Certification Division of the Department of Immigration, Skills and Labour in the Motor Vehicle Trade, Heavy Duty Trade or the Truck Transport Repair Trade.

If the mechanic is not the holder of a valid certificate issued by the Industrial Training Division of The Department of Immigration, Skills and Labour in the Motor Vehicle Trade, Heavy Duty Trade or the Truck Transport Repair Trade, please provide written evidence of third or fourth year apprenticeship with the Apprenticeship and Trades Certification Division of The Department of Immigration, Skills and Labour or written evidence of a minimum of five years work experience in either of the above trades.

DECLARATION

I declare that the information contained herein is true and correct in every respect

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant or authorized representative

FOR OFFICE USE ONLY			
DATE PROCESSED	CERTIFICATE NO. ASSIGNED	PREPARED BY	AUTHORIZED BY

NEW APPLICATIONS MUST BE ACCOMPANIED BY AN APPLICATION FEE OF \$150.00 AND FORWARDED TO:

THE REGISTRAR OF MOTOR VEHICLES  
MOTOR REGISTRATION DIVISION  
P.O. BOX 8710, ST. JOHN'S, NL  
A1B 4J5  
TEL: (709) 729-0100  
Toll Free: 1-877-636-6867  
FAX: (709) 729-0102  
Email: oiss@gov.nl.ca