



GENERAL
 FLEET

Government Services
Motor Registration Division
APPLICATION FOR A CERTIFICATE OF APPOINTMENT AS A LICENCED
OFFICIAL INSPECTION STATION

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