

## 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		
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  
 DISABLED PASSENGER VEHICLES     
  SALVAGE VEHICLES     
  PROPANE POWERED VEHICLES

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

If more spaces are required please attach to:

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 Industrial Training Division of the Department of Education 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 Education 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 Industrial Training Division of The Department of Education 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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
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) 729-0359  
Toll Free: 1-877-636-8867  
FAX: (709) 729-0102

**List of Tools/Equipment Required  
for Official Inspection Station Licence**

CERTIFICATE OF INCORPORATION (IF APPLICABLE)	TIRE TREAD DEPTH GAUGE
LETTER OF AUTHORITY FROM MUNICIPALITY	BRAKE DRUM DIAMETER GAUGE
COPY OF MECHANIC'S CERTIFICATE OF QUALIFICATION	TROUBLE LAMP
PROOF OF MECHANIC'S EXPERIENCE IN THE TRADE (AFFIDAVIT ONLY FOR CARS, LIGHT TRUCKS AND VANS)	TORQUE WRENCH
HEADLAMP AIMING EQUIPMENT	MICROMETERS/ROTOR GAUGES
HOISTING DEVICE/PIT AND SAFETY STANDARDS	DIAL INDICATOR
TIRE PRESSURE GAUGE	

**OFFICIAL INSPECTION STATION SPACE**

<b>VEHICLE CLASS</b>	<b>MINIMUM SPACE (width x length)</b>
cars, light trucks & vans	4 metres x 8 metres
commercial vehicles	4.3 metres x 13.9 metres
buses, school buses and disabled passenger vehicles	4.3 metres x 13.9 metres
propane powered vehicles	as required for the class of vehicle
recreational trailers	4 metres x 8 metres



Service NL  
Motor Registration Division  
Tel: (709) 729-0359  
Toll Free: 1 (877) 636-6867  
Fax: (709) 729-0102

**AFFIDAVIT**

I, \_\_\_\_\_ of \_\_\_\_\_

in the Province of Newfoundland and Labrador do hereby make oath and say that I have been an

Auto Body Repairperson or  Motor Vehicle Repairperson

for five years or more and consider myself competent to inspect motor vehicles for the

purpose of certifying motor vehicles as meeting the requirements for registration under the

*Highway Traffic Act and Regulations.*

Sworn before me at \_\_\_\_\_

in the Province of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

Justice of the Peace/Commissioner of Oaths  
for Newfoundland and Labrador.

Mechanics / Auto Body Repairperson's Name \_\_\_\_\_

Mechanics / Auto Body Repairperson's Address \_\_\_\_\_

Mechanics / Auto Body Repairperson's Driver's Licence No. \_\_\_\_\_

Mechanics / Auto Body Repairperson's Signature \_\_\_\_\_

Name of Station \_\_\_\_\_

Station Number \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_



Government Services  
Motor Registration

### CREDIT CARD AUTHORIZATION

Name of credit card holder:			Address of credit card holder: (Street & No./ P.O. Box No.)		
City/Town	Prov./State	Postal Code/Zip	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	Expiry Date ___/___/20___/___
			Credit Card Number ___/___/___/___/___		

THE CARD HOLDER NAMED HEREIN HEREBY AUTHORIZES THE USE OF HIS/HER/IT'S CREDIT CARD NUMBER FOR PAYMENT OF THE FOLLOWING:

<input type="checkbox"/> ANNUAL OVERMASS/OVERSIZE SPECIAL PERMIT	<input type="checkbox"/> SINGLE TRIP COMMERCIAL VEHICLE REGISTRATION	<input type="checkbox"/> SHORT CARRIER PROFILE
<input type="checkbox"/> SINGLE TRIP OVERMASS/OVERSIZE SPECIAL PERMIT	<input type="checkbox"/> FUEL TAX PERMIT	<input type="checkbox"/> LONG CARRIER PROFILE
		<input type="checkbox"/> OTHER _____

#### DETAILS OF MOVEMENT:

	AMOUNT AUTHORIZED: \$

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CREDIT CARD HOLDER OR AUTHORIZED REPRESENTATIVE