



The Alberta Superintendent of Insurance has approved this form pursuant to section 803 of the *Insurance Act*.

AUTOMOBILE INSURANCE MOTOR VEHICLE INSPECTION REPORT

This Report is required only if the vehicles is 12 years or older and must be completed by a licensed mechanic.

Applicant/Insured Name: _____ **Vehicle Make:** _____

Policy Number: _____ **Vehicle Model:** _____

VIN #: _____ **Vehicle Year:** _____

This Section to be completed by a Licensed Mechanic

| | Roadworthy | Reject | | Roadworthy | Reject |
|-----------------------|------------|--------|--|--|--------|
| Steering | | | Electrical System | | |
| Steering Box/Rack | | | Head Lamps/Tail Lamps | | |
| Struts/Shocks | | | Stop Lamps | | |
| Front Suspension | | | Signal Lamps | | |
| Tie Rod Ends | | | Windshield Wipers | | |
| Tires | | | General Conditions | | |
| Front | | | Body Condition | | |
| Rear | | | Muffler/Exhaust | | |
| Brakes | | | Motor | | |
| Front Lining or Drums | | | Windshield | | |
| Rear Lining or Drum | | | Seat Belts | | |
| Park | | | Has the vehicle been altered for speed or performance | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Brake Hoses | | | Is the vehicle roadworthy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Brake Lines | | | | | |

Mechanic's Statements: I certify that I have inspected and tested the motor vehicle described above and found it to be in the condition stated above.

Date: _____

Signature of Qualified Mechanic: _____

Mechanic's Certificate No.: _____

Automotive Repair Shop Name: _____

Address: _____

Telephone Number: _____