



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