



Automobile Insurance Motor Vehicle Inspection Report

This report is for insurance underwriting purposes only.

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

This report is required only if the vehicle is 12 years or older and must be completed by a Certified Automotive Technician.

Vehicle Owner's Name		Insurance Company	
Insurance Broker			Policy Number
Vehicle Year	Make	Model	VIN

This section is to be completed by a Certified Automotive Technician.

Steering	Roadworthy	Reject	Comments
Steering Box/Rack	<input type="checkbox"/>	<input type="checkbox"/>	
Struts/Shocks	<input type="checkbox"/>	<input type="checkbox"/>	
Front Suspension	<input type="checkbox"/>	<input type="checkbox"/>	
Tie Rod Ends	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical System	Roadworthy	Reject	Comments
Head Lamp/Tail Lamps	<input type="checkbox"/>	<input type="checkbox"/>	
Stop Lamps	<input type="checkbox"/>	<input type="checkbox"/>	
Signal Lamps	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Tires	Roadworthy	Reject	Comments
Front	<input type="checkbox"/>	<input type="checkbox"/>	
Rear	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes	Roadworthy	Reject	Comments
Front Lining or Drums	<input type="checkbox"/>	<input type="checkbox"/>	
Rear Lining or Drums	<input type="checkbox"/>	<input type="checkbox"/>	
Park	<input type="checkbox"/>	<input type="checkbox"/>	
Brake Hoses	<input type="checkbox"/>	<input type="checkbox"/>	
Brake Lines	<input type="checkbox"/>	<input type="checkbox"/>	
General Conditions	Roadworthy	Reject	Comments
Body Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Muffler/Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	
Motor	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	

Is this vehicle roadworthy? Yes No Has the vehicle been altered for speed or performance? Yes No

Other Comments

Certified Automotive Technician Statement:

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

Name of Automobile Repair Shop		Address	
City	Province/Territory AB	Postal Code	Telephone Number
Certified Automotive Technician's Name			Certified Automotive Technician's Certificate Number
Date (yyyy-mm-dd)		Certified Automotive Technician's Signature	