

Renewal of Existing Application (no changes complete Part A, E & F only)

New Application

Station Number

Manitoba Public Insurance Account Number

Application is hereby made for a Motor Vehicle Inspection Station for the following types of vehicles:

Truck	Truck Trailer	Trailer	Bus	School Bus	Light Vehicle	Motorcycle	Rebuilt Vehicle	Coach
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A. Company Information

Name of Company

Street P.O. Box Number

City, Town, or Village

Postal Code

Telephone Number

Fax Number

Licensed to Do Business As

Principal Activity

PST Number

GST Number

Business Licence Number (if required by city or municipality)

Issued By

Dealer's Permit Number

Contact Person/Company Representative

Corporate Title

Time in Business

B. General Description of Inspection Facility

The building must fully accommodate the vehicle being inspected.

Width	Depth	Max Door Width	Max Door Height	Individual	Corporate
				Government	Partnership

C. Applicant Information

- 1) Provide a copy of the Corporate Branch Annual Return or Business Name Renewal, Or;
- 2) Provide the following information in respect of each business owner, partner(s) or principal corporate officer(s):
(please attach a schedule with information of any additional business owner, partners, etc.)

Surname	Given Name and Initial	Corporate Title
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Residential Street ,P.O. Box	City, Town, or Village	Postal Code
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Home Phone	Cellular Phone	Email
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Surname	Given Name and Initial	Corporate Title
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Residential Street, P.O. Box Number	City, Town, or Village	Postal Code
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Home Phone	Cellular Phone	Email
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D. Tools/Equipment Check List

Lifting Equipment	Micrometer/Disk Brake Rotor Gauge	Headlight Aiming Device
Safety Stands	Dial Gauge	Tire Depth Gauge
Brake Drum Gauge	Torque Wrench (250 lb)	Tire Pressure Gauge

Additional for Truck Tractor/Semi Trailer

King Pin Gauge	Lower Fifth Wheel Jaw Gauge	Torque Wrench (600lb torque multiplier)
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Additional For School Buses

Applicable D-250

Operator's Responsibilities

E. Caution: It is a punishable offence to knowingly make a false answer to any question

Are any of the Business addresses in a residence or on a residential property?

Yes No If yes, attach a copy of the Business Licence or a tax assessment for business purposes paid to the city, town, or rural municipality where the lot is located. If a business licence is not required or an assessment is not made, please attach a letter form the municipal authority.

Has the applicant or any partner or any officer or director been convicted of a criminal offence in the last five years or are there any criminal proceedings now pending in Canada or any other country?

Yes No If yes, provide all particulars.

Has the applicant or any partner or any officer or director been convicted of any offence or been subject to any other judicial proceedings under the Weights and Measures Act, The Business Practices Act, The Consumer Protection Act, are any law governing the business of vehicle sales, or any proceedings now pending?

Yes No If yes, provide all particulars.

Has the applicant or any partner or any officer or any director ever been refused authorization as a vehicle inspection station or had authorization revoked or suspended in any province or other country?

Yes No If yes, provide all particulars.

Is/Are there any unpaid judgement(s) outstanding against the applicant or any other officer or director?

Yes No If yes, provide all particulars.

Are the names under which the business is operated registered under The Business Names Registration Act?

Yes No

F. On Behalf of the Applicant

1) By signing this application I/we authorize the release of any and all information regarding criminal or other convictions, or charges currently pending, for the sole purpose of determining my/our suitability to obtain an inspection station operator's permit. I hereby further authorize Manitoba Public Insurance to release this information to other regulatory or administrative agencies including and Federal, Provincial, or Municipal government department or agency, crown corporation, law enforcement agency for interests relating directly to this application. I declare that all the information contained in this application is true and complete to the best of my knowledge.

2) I agree that the act of any person authorized by the applicant to issue a Safety Standards Certificate, to affix a vehicle inspection sticker or to sign a vehicle inspection record shall be deemed to be the act of the Applicant.

3) I certify that the Applicant holds all licences and permits required by law, by-law, or regulation for the operation of the business, and that the premises comply with all laws, regulations, and municipal by-laws.

Signature

Date

Name (print)

Phone

Title

Please make cheque payable to Manitoba Public Insurance and return the application and payment to:

Vehicle Standards and Inspections
1981 Plessis Road, Bldg A
Winnipeg MB R3C4A4

Please attach Schedule A which provides information on all inspection mechanics.