

This form applies to road vehicles in remote areas only.

Do not
write here

Numéro de CVM délivré

Owner

Name (please print)		File number	Telephone	
Address of the head office		Municipality	Province	Postal code
Email				
Return address for documents (if different)		Municipality	Province	Postal code

Vehicle

Make	Model	Year
Licence plate number	Province or state	Gross vehicle weight rating (GVWR)
Vehicle identification number (VIN)		Odometer reading

Type of Vehicle (check the appropriate box)

<input type="checkbox"/> Automobile considered a taxi	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Bus
<input type="checkbox"/> Minibus	<input type="checkbox"/> School bus
<input type="checkbox"/> Emergency vehicle	<input type="checkbox"/> Truck
<input type="checkbox"/> Driving school vehicle	<input type="checkbox"/> Semi-trailer
<input type="checkbox"/> Passenger vehicle	<input type="checkbox"/> Trailer

Mechanical Inspection Report – Remote Areas

Check the appropriate box(s):	Checked	Not applicable	Checked	Not applicable
1– Lights and signals	<input type="checkbox"/>	<input type="checkbox"/>	1– Accessories	<input type="checkbox"/>
2– Steering system	<input type="checkbox"/>	<input type="checkbox"/>	2– Frame and underbody	<input type="checkbox"/>
3– Braking system	<input type="checkbox"/>	<input type="checkbox"/>	3– Coupling device	<input type="checkbox"/>
4– Suspension	<input type="checkbox"/>	<input type="checkbox"/>	4– Load space	<input type="checkbox"/>
5– Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	5– Exhaust system	<input type="checkbox"/>
6– Windows and mirrors	<input type="checkbox"/>	<input type="checkbox"/>	6– Body	<input type="checkbox"/>
Comments:	<hr/> <hr/>			
	<hr/> <hr/>			

Mechanic

First and last name (please print)	Driver's licence number
------------------------------------	-------------------------

Vehicle Compliance

I certify that all of the vehicle's components were checked and that they comply with the requirements of the Highway Safety Code and its attendant regulations.

Place of Inspection

Address		
Municipality	Postal code	Telephone

Signature of the mechanic

Date

Hour

Société de l'assurance automobile du Québec
333, boulevard Jean-Lesage, E-4-33
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/privacy or contact the SAAQ's call centre.