

*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"/> 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 boxe(s):	Checked	Not applicable		Checked	Not applicable
1– Lights and signals	<input type="checkbox"/>	<input type="checkbox"/>	7– Accessories	<input type="checkbox"/>	<input type="checkbox"/>
2– Steering system	<input type="checkbox"/>	<input type="checkbox"/>	8– Frame and underbody	<input type="checkbox"/>	<input type="checkbox"/>
3– Braking system	<input type="checkbox"/>	<input type="checkbox"/>	9– Coupling device	<input type="checkbox"/>	<input type="checkbox"/>
4– Suspension	<input type="checkbox"/>	<input type="checkbox"/>	10– Load space	<input type="checkbox"/>	<input type="checkbox"/>
5– Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	11– Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
6– Windows and mirrors	<input type="checkbox"/>	<input type="checkbox"/>	12– Body	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			13– Fuel system	<input type="checkbox"/>	<input type="checkbox"/>
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Mechanic	
First and last name (please print)	Driver's licence number

Place of Inspection		
Address		
Municipality	Postal code	Telephone

Vehicle Compliance		
I certify that all of the vehicle's components were checked and that they comply with the requirements of the <i>Highway Safety Code</i> and its attendant regulations.		
Signature of the mechanic	Date	Hour

**Société de l'assurance automobile du Québec**  
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 Québec (Québec) G1K 8J6

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