

MECHANICAL FITNESS ASSESSMENT

As required by Vehicle Inspection Regulation (A/R 211/2006)

Dealer: _____ AMVIC Licence Number: _____

Address: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Previous Province of Registration: _____

Vehicle Identification Number: _____ Odometer Reading: _____ (km / mi)

Truck
 Motorcycle
 Bus
 Van
 Light Truck
 Auto
 Motorized RV
 Other

Please check mark (✓) each item as C=Complies or N=Non-Compliant. If item is Not Applicable indicate as N/A in the C column

Powertrain	C	N
Accelerator		
Fuel System		
Exhaust		
Transmission		
Front/Rear/Spindles Axles		
Clutch		
Fluid Levels (power steering, brake)		
CV Joints		

Lamps	C	N
Head Lamp Hi Beam		
Head Lamp Lo Beam		
Head Lamp Location		
Daytime Running Lamps		
Tail Lamps		
Brake Lamps		
Turn Signal Lamps		
Hazard Warning Lamps		
Licence Plate Lamp		
Back-up Lamps		

Instruments	C	N
Speedometer/Odometer		
Indicator Lamps		
Horn		
Hi Beam Indicator		

Brakes	C	N
Parking/Emergency Brake		
Hydraulic System		
Vacuum System		
Drum Brakes		
Disc Brakes		
Shoes/Pads		
Anti-Lock (if OEM equipped)		

Steering	C	N
Steering Lash		
Steering Linkage		
Rack & Pinion		
Power Steering System		
King Pin		
Ball Joints		

Suspension	C	N
Leaf springs		
Struts and Shocks		
Coil spring		
Torsion Bar		
Independent/Multilink Rear		
Computer Controlled		

Diagnostic	C	N
Diagnostic Trouble Codes		

Frame & Body	C	N
Hood Latch		
Door Latches & Hinges		
Bumpers		
Windshield Wipers & Washer		
Rear Wiper & Washer		
Windshield		
Windows		
Defrost/Heaters		
Mirrors		
Seats		
Seat Belts/Airbags		
Mudguards		
Window Glazing		
Structural Integrity		

Tires & Wheels	C	N
Tread Depth		
Tread Section		
Sidewalls		
Wheels		

Electrical	C	N
Wiring		
Battery		
Switches		
Alternator		

Technician Comments

This is to certify that I have assessed the vehicle described above in accordance with the *Traffic Safety Act, Vehicle Equipment Regulation (A/R 122/2009)*. By signing this assessment, I verify the contents of this document are true and correct.

Signature of Certified Journeyman Technician: _____

Technician Name (Print): _____

Technician Trade Certificate Number: _____

Date: _____

This assessment expires 120 days after the date it was issued.

I, the buyer of this vehicle, acknowledge receipt of this assessment.

Signature of Buyer _____

Buyer (Print) _____

Signature of Salesperson _____

Salesperson (Print) _____

Date _____