



CERTIFICATE NUMBER

Commercial Vehicle Inspection Certificate Traffic Safety Act

PART 1 - VEHICLE OWNER AND VEHICLE IDENTIFICATION

| Vehicle Type: | | Trailer | | Seating Cap | acity: | | | | | |
|--------------------------------|-----|---------------------|---------------------|-------------------|--------|--------|-------------|---------|-------|--|
| GVW: | | kg | 14% | Brake Type: | | Air | | | | |
| Owner Name: Si | | Site Resource Group | | | | | | | | |
| Address: | РО | PO Box 210 | | | | | | | | |
| City: | She | nerwood Park | | Province: AB | | | Postal Code | : T9N | И 1P2 | |
| Telephone | Num | ber: (780) 40 | 0-748 | 33 | | | | | | |
| Vehicle Identification Number: | | | | 2D9ED25B281004029 | | | | | | |
| Make: Deloupe | | | | | Model | : ED25 | 100 900 | | | |
| Year: | 2 | 2008 | | | | umber: | 108-02 | 108-022 | | |
| Odometer: 3788 KM Lic | | Lic | cence Plate Number: | | 6UY293 | | ce: | АВ | | |

IT IS AN OFFENCE TO FALSIFY AN INSPECTION CERTIFICATE

PART 2 - CERTIFICATION

I certify the vehicle described in Part 1 has passed the inspections and tests established under the Traffic Safety Act for a Commercial Vehicle.

| Inspection Facility Name: | | Facility Number: | | | |
|-----------------------------|------------|--------------------|--|--|--|
| Site Resource Group | | 21772 | | | |
| Inspection Technician Name |): | Technician Number: | | | |
| Tom Sacco | | A3371 | | | |
| Inspection Technician Signa | ture: | on end | | | |
| Inspection Date: | 2025/07/08 | | | | |