

Inspection Facility Name:



CERTIFICATE NUMBER

Commercial Vehicle Inspection Certificate Traffic Safety Act

PART 1 - VEHICLE OWNER AND VEHICLE **IDENTIFICATION**

Vehicle Type:		Trailer			Seating Capacity:				***************************************		***************************************	
GVW:		kg		Brake Type:			Air					
Owner Name:		2183270 Ab Itd										
Address:	box	1061										
City:	red	dwater Pr			rince: AB			The state of the s	Post	stal Code: T0A2W0		2W0
Telephone	Num	ber: (00	0) 000-000	00			-W					
Vehicle Ide	ntific	ation Number:			2C951P285A1121162							
Make: 0		CHW					Model:	Sandhogg				
Year: 2010			Un			Unit Nu	Jnit Number:					
Odometer: KM		Lic	Licence Plate Number						Province	e:	AB	

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:	Facility Number:				
Hammerstrap Industries Inc.	21837					
Inspection Technician Name		Technician Number:				
Gerald Melnychuk		C0383				
Inspection Technician Signal	ture:	Jess menskel				
Inspection Date:	2025/07/09	and the same of th				