



Commercial Vehicle Inspection Certificate
Traffic Safety Act

M20-2

PART 1 - VEHICLE OWNER AND VEHICLE IDENTIFICATION

| | | | |
|--------------------------------|-------------------|-----------------------|---------|
| Vehicle Type: | Trailer | Seating Capacity: | |
| GVW: | kg | Brake Type: | Air |
| Owner Name: | WESTFORM METALS | | |
| Address: | 27323-120 RD 394 | | |
| City: | LACOMBE COUNTY | Province: | AB |
| | | Postal Code: | T4M 0S1 |
| Telephone Number: | (403) 885-3752 | | |
| Vehicle Identification Number: | 4WW5533A4F6622554 | | |
| Make: | Wilson | Model: | CD-1080 |
| Year: | 2015 | Unit Number: | 1359 |
| Odometer: | KM | Licence Plate Number: | 4YY142 |
| | | Province: | 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.

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|----------------------------------|-------------------------------|--------------------|-------|
| Inspection Facility Name: | S&S Mechanical Solutions Inc. | Facility Number: | 19284 |
| Inspection Technician Name: | David Olstead | Technician Number: | D2834 |
| Inspection Technician Signature: | <i>David Olstead</i> | | |
| Inspection Date: | 2025/09/03 | | |