

B18-11



CV8697732



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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:	Foran Equipment		
Address:	Box 765		
City:	Crossfield	Province:	AB
		Postal Code:	TOM0S0
Telephone Number:	(403) 819-1744		
Vehicle Identification Number:	2A9LB60352N125178		
Make:	Gerry's	Model:	lowbed
Year:	2002	Unit Number:	725
Odometer:	KM	Licence Plate Number:	6YU491
		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.

Inspection Facility Name:	Facility Number:
R.J. Services Ltd.	10253
Inspection Technician Name:	Technician Number:
Malcom Williams	D2163
Inspection Technician Signature:	
Inspection Date:	2026/04/07