



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:	TRIPLE B TRUCKING(Three Hills)LTD		
Address:	PO BOX 1048		
City:	THREE HILLS	Province:	AB
		Postal Code:	T0M-2A0
Telephone Number:	(403) 443-2452		
Vehicle Identification Number:	2M5131612E1139106		
Make:	manac	Model:	53Tri FlatDeck
Year:	2014	Unit Number:	RICK HIGH
Odometer:	KM	Licence Plate Number:	4KE237
		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:
742045 Alberta Ltd.	19887
Inspection Technician Name:	Technician Number:
Michael Lorentzen	A0525
Inspection Technician Signature:	
Inspection Date:	2026/04/27

Trailer Copy

1-800-368-7447



Handwritten signature or text.

CERTIFICATE NUMBER

Commercial Vehicle Inspection Certificate
Title: [illegible]

EXAMINER AND VEHICLE
REGISTRATION

Owner Name		[illegible]	
Address		[illegible]	
City		[illegible]	
State		[illegible]	
Zip		[illegible]	
Telephone		[illegible]	
Vehicle Identification Number		[illegible]	
Make		[illegible]	
Model		[illegible]	
Year		[illegible]	
Color		[illegible]	
Inspection Date		[illegible]	
Inspection Station		[illegible]	
Inspector Name		[illegible]	
Inspector Title		[illegible]	
Signature		[illegible]	
Date		[illegible]	

PART 2: [illegible]

Inspection Station: [illegible]

Inspection Date: [illegible]

Inspector Name: [illegible]

Inspector Title: [illegible]

Signature: [illegible]

Date: [illegible]