



Structural Integrity Assessment Report

Commercial Vehicle Safety and Enforcement Division (CVSE)

The Best Place on Earth

Designated Inspection Facility Information

ASSESSMENT RESULTS

PASS FAIL

Facility Number _____

Vehicle Information

Facility Name _____

OWNER Coastway auto sales ltd.
SURNAME GIVEN NAME

Authorized Inspector Number _____

ADDRESS 333 12th St.

Inspector Name _____

CITY New Westminster PROV. BC POSTAL CODE V3M 4M5

Inspector Signature _____

REGISTRATION NUMBER 03853615 PLATE NUMBER New Lic.

Date _____

YEAR 2007 MAKE Honda MODEL Fit

BODY STYLE HATCH VIN # JHMGD384M7S808344

Section 8

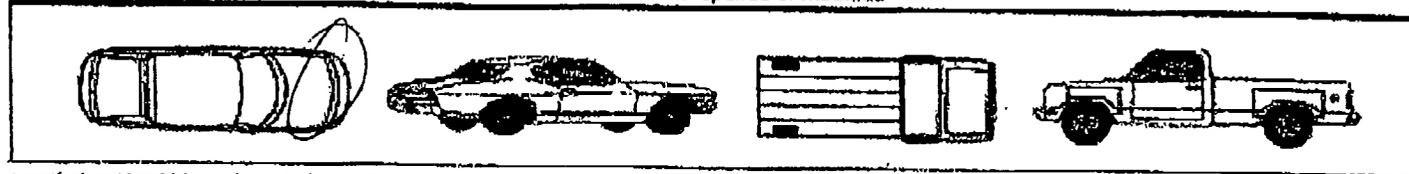
Light Vehicle Section - Safety and Repair Inspection Standards Regulation (Vehicle Inspection Manual) B.C. Regulation 103/2002

Pass Fail

1. HOOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WHEEL ALIGNMENT (ALL FOUR WHEELS OR ATTACH PRINTOUT IF AVAILABLE) ALIGNMENT PERFORMED AT: _____ PLEASE INDICATE NUMBERS AND MEASUREMENTS ON DIAGRAM BELOW:
2. BODY/CHASSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. 18. FRAME AND/OR STRUCTURAL BODY COMPONENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. BUMPERS FRONT AND REAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. DOORS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. 19. 21. UNIBODY STRUCTURAL INTEGRITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. WELDING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
REPAIRS DONE COMPARABLE TO ORIGINAL CORROSION PROTECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
UNREPAIRABLE STRUCTURAL COMPONENTS REPLACED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ASSEMBLY JOINTS OF BODY IN PROPER LOCATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SEALANT, SOUNDPROOFING, RUSTPROOFING COMPOUND NOT APPLIED TO REPAIR AREA PRIOR TO INSPECTION (REBUILT VEHICLES ONLY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMBER INCLUDED ANGLE CASTER TURNING ANGLE TOE SAI CAMBER INCLUDED ANGLE CASTER TURNING ANGLE TOE SAI ALIGNMENT <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL
COMPONENTS OF CHASSIS OF THE UNITIZED BODY ASSEMBLED SO AS NOT TO AFFECT THE MECHANICAL AND METALLURGICAL PROPERTIES OF THE MATERIALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

COMMENTS (ATTACH PAGES IF REQUIRED)
Complete front end and rear corner repair

Indicate on the appropriate diagram, areas of the vehicle that have been repaired or modified



I certify that this vehicle was inspected according to the structural integrity criteria as detailed in the body integrity section of the (Safety and Repair) Inspection Standards Regulations, B.C. Reg 103/2002 as amended, and that the 4-wheel alignment is within the vehicle manufacturer's specifications for this vehicle.

Repair Facility Name _____ Autobody Technician's Name [Signature]

Address _____ Signature [Signature]

Telephone Number _____ TQ Number 03853615

The original of this form must be forwarded to the designated inspection facility indicated above, and must be retained by that facility. A photocopy must accompany the customer's copy of the MV3199 report.

The personal information on this form is collected under the authority of the Motor Vehicle Act, Section 217. The information will be used to process the vehicle inspection.