November 29, 2016

Dear [Name]

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: SNL-061-2016]

On November 1, 2016, Service NL received your request for access to the following records/information:

Please provide all bus inspection reports and documentation for bus services responsible for St. Bernard’s School (Witless Bay), Mobile High School (Mobile), Baltimore School (Ferryland) as well as those servicing the Goulds region. This request will cover the dates between June 1, 2016 and Nov 1, 2016.

I am pleased to inform you that a decision has been made by Service NL to provide access to some of the requested information. However, access to specific text information in the records that would reveal personal information of individuals, has been refused in accordance with the following exceptions to disclosure, as specified in the Access to Information and Protection of Privacy Act (the Act):

Section 40(1): “The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party’s personal privacy.”

Enclosed please find the school bus inspection reports for the bus companies that serviced the schools as specified in your request. The purpose for each inspection and the findings are also referenced on each of the forms.

As required by B(2) of the Act, we have severed information that is unable to be disclosed and have provided you with as much information as possible. In accordance with your request for a copy of the records, the appropriate copies have been enclosed.

Please be advised that you may appeal this decision and ask the Information and Privacy Commissioner to review the decision to provide partial access to the requested information, as set out in section 42 of the Act (a copy of this section of the Act has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner. Your appeal should identify your concerns with the request and why you are submitting the appeal.

The appeal may be addressed to the Information and Privacy Commissioner is as follows:

P.O. Box 6700, St. John’s, NL, Canada A1B 4J6 Telephone 709.729.7437 Fax 709.729.4754
Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Str. A
St. John's, NL A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section of the Act has been enclosed for your reference).

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact me by telephone at 709-729-7437 or by email at ellenhaskell@gov.nl.ca.

Sincerely,

ELLEN HASKELL
ATIPP Coordinator

Enclosures
Access or correction complaint (Section 42)

42. (1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52 (1) or 53 (1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

a) a request that is disregarded under section 21;

b) a decision respecting an extension of time under section 23;

c) a variation of a procedure under section 24; or

d) an estimate of costs or a decision not to waive a cost under section 26.

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.

Direct appeal to Trial Division by an applicant (Section 52)

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42, the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days

a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has
refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner's refusal under subsection 45 (2).
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Fax: (709) 729-0102

**Bus Inspection Report**

<table>
<thead>
<tr>
<th>Inspection Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Inspection</strong></td>
</tr>
<tr>
<td><strong>Time in</strong></td>
</tr>
<tr>
<td><strong>Unannounced</strong></td>
</tr>
</tbody>
</table>

**Location**

| Place | PLACENTIA NL |

**Inspection Information**

**Owner / Driver Information**

<table>
<thead>
<tr>
<th>Registered Owner (Print)</th>
<th>DAVE GULLIVER CABS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Owner's Licence No</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Vehicle Information**

| Make | Thomas |
| Year | 2006 |
| Plate Number | BAG189 |
| **Service Restricted** | X |

**Inspection**

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brake Lines</th>
<th>Power Assist</th>
<th>Motor Cylinder</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks**

- EXPIRY 2016.06.31
- 1) REPAIR SEAT COVERS AS REQUIRED
- 2) REPAIR LEFT SIDE CROSS OVER MIRROR, NOT HEATING UP
- 3) REPLACE DRIVER SIDE WINDOW LOWER GLASS (SINGLE PANE)
- 4) REPAIR ABS SYSTEM DASH INDICATOR LIGHT ON CONSTANTLY
- 5) REPAIR CROSSOVER MIRROR BRACKET RIGHT SIDE
- 6) REPAIR GAP

**Results**

The above inspection report shows defects to be found on the vehicle bearing licence plate number BAG189.

You are hereby directed to correct the defects as noted above and to report to MVD at MKD NT. PEARL or before JUN 20, 2016 for a follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Motor Registration Division**

**Owner's Licence No**

**Inspection Date**

**Inspection Time**

**Remarks**

- EXPiry 2016.06.31
- 1) REPAIR SEAT COVERS AS REQUIRED
- 2) REPAIR LEFT SIDE CROSS OVER MIRROR, NOT HEATING UP
- 3) REPLACE DRIVER SIDE WINDOW LOWER GLASS (SINGLE PANE)
- 4) REPAIR ABS SYSTEM DASH INDICATOR LIGHT ON CONSTANTLY
- 5) REPAIR CROSSOVER MIRROR BRACKET RIGHT SIDE
- 6) REPAIR GAP

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Motor Registration Division**

**Owner's Licence No**

**Inspection Date**

**Inspection Time**

**Remarks**

- EXPiry 2016.06.31
- 1) REPAIR SEAT COVERS AS REQUIRED
- 2) REPAIR LEFT SIDE CROSS OVER MIRROR, NOT HEATING UP
- 3) REPLACE DRIVER SIDE WINDOW LOWER GLASS (SINGLE PANE)
- 4) REPAIR ABS SYSTEM DASH INDICATOR LIGHT ON CONSTANTLY
- 5) REPAIR CROSSOVER MIRROR BRACKET RIGHT SIDE
- 6) REPAIR GAP
BETWEEN REAR BUMPER RIGHT SIDE & BUS BODY.

Page 2

Inspection No.
AE16IQJ288
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 6710, St. John’s, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0182

Bus Inspection Report

A1/BCIT/30

FOR OFFICE USE ONLY
Reviewed by: 
Date: 
Routine X Complaint O MVA

Inspection Information

Date of Inspection YYYMMDD 2016/07/26 Time in 09:00 Announced Unannounced X

Location TORBAY RD
Inspection Memo (1) No. 508
Inspector’s Name (Pen) Dalziel Bennett

Owner / Driver Information

Registered Owner (Pen) DAVE GULLIVER CASS
NSC NO NFDC00023624
Owner’s Address PO BOX 2672 ST JONNS NL A1C5R6
Owner’s Address (Pen) Dalziel Bennett
Driver’s Licence No
Driver’s Address

Vehicle Information

Chassis Year 2008 Make FORD Plate No BPC2904 S/N 1FHD4E4352DA4128
Body Year 2008 Make GIRARDIN Section No: 09626111 Body S/N 05-24489
Doors 1050 Length: 21.5 Type School X P X Date of Last Insrctional Inspection Mar 2016 Date of Manfacture JUN 2008

Inspection

LEGEND P - Passed X - Defects S - Service Restricted O - Out of Service N - NWA

*Service Restricted means the vehicle is out of service. It may, however, be driven to a place of repair provided that there are no passengers on board.

Brakes

Parking Brake X
Brake Master Cylinder X
Power Assit

Power Train

Air Brakes
Compressor & Belt

Suspension

Springs / Utopia / Hanger
Tie Rod Assembly
Air Suspension

Electricity

Battery
Lighting

AUXILIARY EQUIPMENT

Light Guard Rails / Panels
Brake

Body

Bumpers & Fenders
Chassis Frame
Body Moulds
Underbody Underside
Rod Curb
Wheels / Windows
Seats

SECTION 40(1) Modeled

6/6 Adjust Rear Brake Pads 6/7 Traffic Warning Devices

Results

The above inspection report shows defects to be found on the vehicle bearing licence plate number BPC2904.
You are hereby directed to correct the defects as noted above and to report to MRO at ES THEL.

Inspection Report (2) :

On or before Aug 05, 2016 for a follow-up inspection.

Owner / Driver Information

Date of Inspection YYYMMDD 2016/07/26

Confirmation of Repairs

Mechanic / Owner’s Signature Mechanic Certificate Number

Date of Repair YYYMMDD Official Inspection Station Number

Office / Inspector Signature 

Remarks

10:00

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.
**Newfoundland Labrador**

**Department of Government Services, Motor Registration Division**

P.O. Box 8710, St. John's, NL Canada A1B 4J5

Telephone: (709) 729-4059 Facsimile: (709) 729-0102

**Bus Inspection Report**

**AJKMCUP01**

### Inspection Information

- **Date of Inspection:** YYY M D D 2016 / 07 / 26
- **Time In:** 10:00
- **Location:** TORBAY RD
- **Inspection's Name (Print):** Damali Bennet
- **No.:** 506
- **Inspector's Name (Print):** No.

### Owner / Driver Information

- **Registered Owner (Print):** DAVE GULLIVER
- **CAS LTD:**
- **Address:** BOX 2072, ST. JOHN'S, A1C5S6
- **Driver's Name (Print):**
- **Drivers Licence No.:** [Redacted]
- **License Expiry Date:**
- **Hours of Service:** Log Book ☐
- **Non-compliant:**

### Vehicle Information

- **Vehicle Identification Numbers:**
  - **Make:** FORD
  - **Model:** GIRARDIN
  - **Body Year:** 2009
  - **Chassis Year:** 2009
  - **Serial No.:** 9682874
  - **Owner:** 130452
  - **Type:** School PP X
  - **Date of Last Mechanical Inspection:** Mar 2016
  - **Date of Manufacture:** Mar 2009

### Inspection

**LEGEND**

- **P - Passed**
- **X - Defect**
- **S - Service Restricted**
- **O - Out of Service**
- **N - N/A**

#### Safety

- **Front End:** [X]
- **Side Impact:** N
- **Brake System:** N
- **Steering:** [X]
- **Electrical:** [X]
- **Battery:** N

#### Power Train

- **Engine Cooling:** [X]
- **Exhaust System:** [X]
- **Fuel System:** [X]
- **Power Assist:** [X]
- **Power Train:** [X]
- **Transmission:** [X]

#### Brakes

- **Brake Lining:** [X]
- **Brake Drum:** [X]
- **Parking Brake:** [X]

#### Steering

- **Wheel Alignment:** N
- **Steering Wheel:** N
- **Front End:** [X]
- **Suspension:** N
- **SteeringEquipment:** [X]
- **Tire Pressure:** N

#### Body

- **Bumpers & Fenders:** P
- **Chassis Frame:** P
- **Body Mounts:** P
- **Body Structure:** P
- **Front End:** [X]
- **Rear End:** N
- **Wheels:** [X]
- **Tires:** [X]

#### Section 40(1)

- **NO VISABLE DEFECTS**

### Conclusion

- **Out of Service:** Yes ☐ No ☐ Pass ☒ Detects ☒
- **Summary Offence Ticket Issued:** Yes ☐ No ☐

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

- **Mechanic / Owner's Signature:**
- **Mechanic's Certificate Number:**

**Inspection Information**

- **Location:**
- **Inspector's Signature:**

---

**NOTE:** This inspection is not a guarantee or warranty to the future condition or the reliability of the vehicle inspected herein. It does not authorize the operation of an unsafe vehicle or an unregistered motor vehicle at any time. It is issued to be returned to the issuing office on or before the bus's next inspection.

_BANK'S STATEMENT:_ Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Bus Inspection Report. Section 9 of the HTA allows Motor Registration Division to disclose an obligated personal information to Law enforcement, the government of another Canadian jurisdiction, any federal, provincial and municipal agencies. Any questions can be directed to the Motor Registration Division at 709-729-0102.
**Bus Inspection Report**

**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St. John's, NL, Canada A1B 4J5
Telephone: (709) 729-0358 Facsimile: (709) 729-0162

**A96K3VK22**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>YYMMDD</th>
<th>Time of</th>
<th>Police Announced</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/07/27</td>
<td></td>
<td>11:00</td>
<td>X</td>
<td>Torsay Rd</td>
</tr>
</tbody>
</table>

**Owner / Driver Information**

<table>
<thead>
<tr>
<th>Registration Owner</th>
<th>Print Name</th>
<th>HSC No</th>
<th>Print Address</th>
<th>？”</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVE GULLIVER CASSE</td>
<td></td>
<td></td>
<td>PO BOX 2972 ST. JOHNS NL A1C9R6</td>
<td></td>
</tr>
</tbody>
</table>

**Vehicle Information**

<table>
<thead>
<tr>
<th>Year of Manufacture</th>
<th>Make / Model</th>
<th>Registration Number</th>
<th>Date of Last Mechanical Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>NISSAN</td>
<td>BPC817</td>
<td>Mar 2016</td>
</tr>
</tbody>
</table>

**Inspection**

**Legend**

- **P** - Passed
- **X** - Defects
- **S** - Service Required
- **D** - Out of Service
- **N** - N/A

**Safeties**

<table>
<thead>
<tr>
<th>Item</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
</tr>
<tr>
<td>Slow Arm</td>
<td>N</td>
</tr>
<tr>
<td>Meters (Km/Min)</td>
<td>P</td>
</tr>
<tr>
<td>Vein</td>
<td>P</td>
</tr>
<tr>
<td>Horn</td>
<td>P</td>
</tr>
<tr>
<td>Steering Arm</td>
<td>N</td>
</tr>
<tr>
<td>Power Train</td>
<td></td>
</tr>
<tr>
<td>Fuel System</td>
<td></td>
</tr>
<tr>
<td>Exhaust System</td>
<td></td>
</tr>
<tr>
<td>Drive Shaft</td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td></td>
</tr>
<tr>
<td>Springs / Leaf Hangers</td>
<td></td>
</tr>
<tr>
<td>Shocks</td>
<td></td>
</tr>
<tr>
<td>Torsion Rod Assembly</td>
<td>N</td>
</tr>
<tr>
<td>Air Suppport</td>
<td>N</td>
</tr>
</tbody>
</table>

**Brakes**

<table>
<thead>
<tr>
<th>Item</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brake Test</td>
<td>Yes</td>
</tr>
<tr>
<td>Master Cylinders</td>
<td>P</td>
</tr>
</tbody>
</table>

**Steering**

<table>
<thead>
<tr>
<th>Item</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Assist</td>
<td></td>
</tr>
<tr>
<td>Column / Box</td>
<td></td>
</tr>
<tr>
<td>Lenage</td>
<td></td>
</tr>
<tr>
<td>Front End</td>
<td></td>
</tr>
</tbody>
</table>

**Auxiliary Equipment**

<table>
<thead>
<tr>
<th>Item</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windshield Washer / Wipers</td>
<td>P</td>
</tr>
<tr>
<td>Emergency Shut Off</td>
<td>P</td>
</tr>
<tr>
<td>Pedals, Levers</td>
<td>P</td>
</tr>
<tr>
<td>Anti-Vandal Locks</td>
<td>N</td>
</tr>
</tbody>
</table>

**Electrical**

<table>
<thead>
<tr>
<th>Item</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery</td>
<td>P</td>
</tr>
<tr>
<td>Alternator &amp; Belts</td>
<td></td>
</tr>
<tr>
<td>Switches &amp; Wires</td>
<td></td>
</tr>
<tr>
<td>Emergency Exit Warning</td>
<td></td>
</tr>
<tr>
<td>Decalstes / Indicators</td>
<td></td>
</tr>
<tr>
<td>Side Marker Lamps</td>
<td></td>
</tr>
</tbody>
</table>

**Remarks**

**NO VISIBLE DEFECTS**

**Confirmation of Repairs**

This is to certify that the defects noted in the report have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature**

**Mechanic's Certificate Number**

**Date of Inspection**

<table>
<thead>
<tr>
<th>YYMMDD</th>
<th>Official Inspection Station Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/07/27</td>
<td></td>
</tr>
</tbody>
</table>

**Other / Inspector Signature**

**Remarks**

**Safety Check**

- The inspection report does not show defects or service required.

**For Office Use Only**

- Reviewed by 
- Date 
- Route X Complaints X MVA

**Section 40(1)**

- Defects X Service Required X Out of Service N N/A

**A96K3VK22**

**Date:** 2016/07/27 **Time:** 11:00
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Time In 10:00</th>
<th>Announced</th>
<th>Unannounced</th>
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<table>
<thead>
<tr>
<th>Location</th>
<th>TORBAY RD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspectors Name (Prt)</td>
<td>Darrell Bennett</td>
</tr>
<tr>
<td>Inspectors Name (Prt)</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner / Driver Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Owner (Prt)</td>
</tr>
<tr>
<td>Drivers Name (Prt)</td>
</tr>
<tr>
<td>Drivers Name (Prt)</td>
</tr>
<tr>
<td>Drivers Address</td>
</tr>
<tr>
<td>Hours of Service</td>
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</table>

**Vehicle Information**

<table>
<thead>
<tr>
<th>Chassis Year</th>
<th>2015</th>
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<tbody>
<tr>
<td>Make</td>
<td>FORD</td>
</tr>
<tr>
<td>Body Year</td>
<td>2015</td>
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<tr>
<td>Number</td>
<td>BPC897</td>
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<td>S/N</td>
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<td>Color</td>
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<td>Type</td>
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<td>PP</td>
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<td>PP</td>
<td>X</td>
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<tr>
<td>PP</td>
<td>X</td>
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</table>

**Inspection**

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
<td>Yes</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
<td>X</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
<td>O</td>
</tr>
<tr>
<td>Seat Belt</td>
<td>N</td>
<td>85</td>
</tr>
<tr>
<td>Mirrors (Front)</td>
<td>P</td>
<td>Park Brake</td>
</tr>
<tr>
<td>VSI</td>
<td>P</td>
<td>Park Brake</td>
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<tr>
<td>Horn</td>
<td>P</td>
<td>Power Brakes</td>
</tr>
<tr>
<td>Center Arm</td>
<td>N</td>
<td>Master Cylinder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body</th>
<th>Power Train</th>
<th>Fuel System</th>
<th>Exhaust System</th>
<th>Drive Fails</th>
<th>Suspension</th>
<th>Brakes</th>
<th>Electrical</th>
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</thead>
<tbody>
<tr>
<td>Body</td>
<td>Air Brakes</td>
<td>Compressor &amp; Belt</td>
<td>N</td>
<td>Dash Valve &amp; Tank</td>
<td>N</td>
<td>Brake System</td>
<td>N</td>
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<tr>
<td>Body</td>
<td>Brake Adjustment</td>
<td>N</td>
<td>Low Air Warning</td>
<td>P</td>
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<tr>
<td>Body</td>
<td>Air</td>
<td>Compressor &amp; Belt</td>
<td>N</td>
<td>Dash Valve &amp; Tank</td>
<td>N</td>
<td></td>
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<tr>
<td>Body</td>
<td>Drive Fails</td>
<td>N</td>
<td>Brake System</td>
<td>N</td>
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<tr>
<td>Body</td>
<td>Suspension</td>
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<td>Brakes &amp; Handbrake</td>
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<tr>
<td>Body</td>
<td>Air</td>
<td>Compressor &amp; Belt</td>
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<td>Dash Valve &amp; Tank</td>
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<td>Brake System</td>
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<tr>
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<td>Brakes &amp; Handbrake</td>
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</tr>
</tbody>
</table>

**Remarks**

**Confirmation of Repairs**

**Out of Service**

Yes No X Pass X Defects Summary Defects Ticket issued Yes No X

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BPC897. You are hereby directed to correct the defects as noted above and to report to MRD at on or before a follow-up inspection.
### Inspection Information

- **Date of Inspection:** YYMMDD 2016/07/27
- **Time to Announce:** 11:00
- **Location:** TOPBAY RD
- **Inspection's Name:** Darrell Bennett
- **No:** 506

### Owner / Driver Information

- **Registered Owner:** DAVE GULLIVER CABS
- **Owner's Address:** PO BOX 2072 ST JOHN'S NL A1C5R6
- **Driver's Name:** [Redacted]
- **Driver's Address:** [Redacted]
- **Hours of Service:** Log Book X
- **Carriage Maintained:** X

### Vehicle Information

- **Chassis Year:** 2014
- **Make:** NISSAN
- **Model Year:** 2014
- **Type:** NISSAN
- **Km Mill:** 58729
- **Date of Last Maintenance:** Mar 2016
- **Date of Manufacture:** Feb 2014

### Inspection

#### LEGEND
- P - Passed
- X - Defects
- S - Service Required
- O - Out of Service
- N - N/A

#### Safety
- **Brakes:**
  - Disc Brake Test: Yes
  - Hand Brake: Yes

#### Steering
- **Steering Lock:**
  - Power Assist: N

#### Body
- **Bumpers & Fairings:**
  - Chassis: P
  - Body Masts: P
  - Roof Hatches: P
  - Windshield, Windows: P

#### Auxiliary Equipment
- **Dash & Instruments:**
  - SABS: P
  - Speedo, Trip, Ext.: P

#### Electrical
- **Lamps:**
  - Reader: P
  - Tail: P

#### Suspension
- **Air Susp:**
  - Tires & Wheels: P

#### Drive Train
- **Brake Adjustment:**
  - Rear: P

#### Safety
- **Over-All:**
  - No: X

### Results

The above inspection report shows defects to be found on the vehicle bearing licence plate number: BPCA17.

You are hereby directed to correct the defects as noted above and to report to MRT on or before a follow-up inspection.

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

#### Mechanical / Owner's Signature
- **Date:** 2016/07/27

#### Mechanical Certificate Number
- **Serial #:** [Redacted]

#### Official Inspection Station Number
- **Number:** [Redacted]

#### Office / Inspector Signature
- **Date:** 2016/07/27
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 870, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report
A16KZV733

Inspection Information

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<thead>
<tr>
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<tbody>
<tr>
<td>Inspectors Name (Print)</td>
<td>Darrell Bennett</td>
</tr>
<tr>
<td>Inspectors Name (Last)</td>
<td>Me 506</td>
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Owner / Driver Information

<table>
<thead>
<tr>
<th>Registration Owner (Print)</th>
<th>DAVE GULLIVER CABS</th>
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<tr>
<td>Owner's Address</td>
<td>PO BOX2072</td>
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<tr>
<td>Driver's Name (Print)</td>
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</tr>
<tr>
<td>Driver's Name (Last)</td>
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<tr>
<td>Hours of On - Service</td>
<td>Log Book</td>
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<tr>
<td>Carrier Maintains</td>
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</table>

Vehicle Information

| Chassis Year | 2015 |
| Make | NISSAN |
| Year | 2013 |
| Gross Weight | 100056 |
| Date of Last Mechanical Inspection | Mar 2016 |

Inspection

**LEGEND**
P - Passed  X - Defects  S - Service Restricted  O - Out of Service  N - N/A

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<th>Brakes</th>
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<tr>
<td>Fire Extinguisher</td>
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<td>Hazard Warning Kit</td>
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<td>Stop Arm</td>
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<td>Horn</td>
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<tr>
<td>Power Train</td>
<td>P</td>
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<tr>
<td>Fuel System</td>
<td>N</td>
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<td>Exhaust System</td>
<td>N</td>
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<td>Drive Shaft</td>
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<td>All-Wheel Lock</td>
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<td>Driver's / Heaters</td>
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<td>Inspectors Signature</td>
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<td>Date Out</td>
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Remarks

NO VISIBLE DEFECTS

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<th>Yes</th>
<th>No</th>
<th>Pass</th>
<th>X</th>
<th>X</th>
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<td>Summary Offence Ticket Issued</td>
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Inspection Results

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BPC566. You are hereby directed to correct the defects as noted above and to report to MRG at the time or before as follows: 

Inspection Time Out: 13:00

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

<table>
<thead>
<tr>
<th>Mechanic / Owner's Signature</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Licence Certificate Number</td>
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<tr>
<td>Date of Repair</td>
<td>MM/DD/YYYY</td>
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<tr>
<td>Official Inspection System Number</td>
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</tr>
<tr>
<td>Office / Inspector Signature</td>
<td></td>
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</table>

NOTES: The inspection is not a guarantee or warranty as to the know condition of the vehicle described herein, nor does it authorize the operation of an unsafe vehicle on any road. Prior to a report of an inspection as required by law to be forwarded to the honest office at the date of the inspection, the vehicle must be in repair and the person who operates it must be therewith in compliance with the laws of the Province of Newfoundland and Labrador.

PRIVATE STATEMENT: Under the authority of the Highway Traffic Act (N.L.), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Bus Inspection Report. Section 5 of the Act states, that personal information is to be kept confidential, the government of the Province of Newfoundland and Labrador, and the government of the Province of Labrador. No personal or personal identifying information about the owner or operator of a vehicle, may be released without the written consent of the owner or operator.
### Bus Inspection Report

**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

**Bus Inspection Report**

**BB1 (AR/AR)**

**Inspection Information**

1. **Data of Inspection:** 2016/08/30
2. **Time of Inspection:** 11:00
3. **Location:** Portugal Cove
4. **Inspector's Name:** Lee Percy
5. **Inspector's No.:** 553
6. **Owner / Driver Information**
   - **Registered Owner:** Island Bus Services Ltd
   - **Owner's Address:** 335 Dogberry Hill Rd
   - **Date:** 2016/08/06
   - **Driver's Name:** Driver's License No.
   - **Driver's Address:**
   - **Hours of Service:**

**Vehicle Information**

1. **Chassis Year:** 2005
2. **Make:** INTL
3. **Plate No.:** no plates
4. **Engine No.:** 00000
5. **Date of Last Mechanical Inspection:** Aug 2016
6. **Date of Maintenance:** May 2003

**Inspection**

1. **Safety**
   - Fire Extinguisher
   - Post Ad Kit
   - Hazard Warning Kit
   - Stop Arm
   - Mirrors (left/est)
   - Viper
   - Horn
   - Crossing Arm
   - Power Train
   - Fuel System
   - Exhaust System
   - Drive Shaft
   - Suspension
   - Springs / Uppers / Hangers
   - Shocks
   - Torsion Rod Assembly
   - Air Suspension

   "Passed" with no defects.

2. **Steering**
   - Steering Wheel
   - Power Assist
   - Column, Box
   - Linkage
   - Front End

   "Passed" with no defects.

3. **Body**
   - Bumpers & Fenders
   - Chassis Frame
   - Body Mounts
   - Underbody Paint
   - Roof Hatch
   - Windshield, Windows
   - Seats
   - Auxiliary Equipment
   - Gauges / Instruments
   - Front / Guard Rails / Panels
   - Paint, etc.
   - Service Door / Manual
   - Emergency Exit
   - Emergency Exit
   - Reflective Tape / Reflector
   - Crash Straps / Tethers
   - Tire & Wheel Clearance

   "Passed" with no defects.

4. **Lamp**
   - Light
   - Tail
   - License
   - Headlight
   - Parking Light
   - Side Marker Light

   "Passed" with no defects.

5. **Remarks**

   - Reverse light is hanger.

**Results**

The above inspection report shows defects to have been found on the vehicle bearing license plate number no plates.

You are hereby directed to correct the defects as noted above and to report to MRD at the earliest opportunity.

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

- **Mechanic / Owner's Signature:**
- **Mechanic Certificate No.:**
- **Date of Inspection:** YYYMMDD
- **Official Inspection Station Number Reg.:**
- **Official Inspector Signature:**
- **Remarks:**

---

*Section 40(1):* Defects found on the vehicle are to be repaired and reinspected within 15 days from the date of the inspection. Non-compliance with this requirement will result in the vehicle being declared out of service and subject to fines or penalties as per the Motor Vehicles Act. Further, non-compliance may also result in a suspension of the vehicle's registration. Inspectors are authorized to order the removal of the vehicle from service if it is determined to be unsafe for operation. Inspectors are also authorized to order the removal of the vehicle from service if it is determined that the vehicle is not in compliance with the Motor Vehicles Act or the regulations thereunder. Inspectors are also authorized to order the removal of the vehicle from service if it is determined that the vehicle is not in compliance with the Motor Vehicles Act or any other relevant law or regulation. Inspectors are also authorized to order the removal of the vehicle from service if it is determined that the vehicle is not in compliance with the Motor Vehicles Act or any other relevant law or regulation.
### Section 40(1)

**Inspector's Name (Print):** Darrell Setteni  
**No:** 506

**Vehicle Information**

- **Make:** Intil
- **Model:** bluebird
- **Year:** 2003
- **Plate No.:** no plates
- **S/N:** 1wbabc646m59954

**Inspection Results**

- **Brake:** Yes
- **Steering:** P
- **Body:** P
- **Air Brakes:** P
- **Auxiliary Equipment:** P
- **Fuel System:** P
- **Exhaust System:** P
- **Suspension:** P
- **Brake lights:** P
- **Power Train:** P
- **Air Conditioning:** P
- **Brake Lines:** P
- **Air Suspension:** P
- **Power Assisted Steering:** P
- **Engine Compartment:** P
- **Power Assisted Brakes:** P
- **Exhaust System:** P
- **Power Assisted Master Cylinder:** P
- **Air Brakes:** P
- **Power Assisted Brakes:** P
- **Power Assisted Master Cylinder:** P
- **Power Assisted Steering:** P
- **Brake lines:** P
- **Power Assisted Brakes:** P
- **Power assited Master Cylinder:** P
- **Power Assisted Steering:** P
- **Brake lights:** P
- **Power Assisted Brakes:** P
- **Power Assisted Master Cylinder:** P
- **Power Assisted Steering:** P
- **Brake lights:** P

**Remarks**

1. Front brake rotors 2. Check rear brake line condition 3. ABS light not working

**Confirmation of Repairs**

- **Owner or Driver's Signature:**  
  **Mechanic's Signature:**  
  **Mechanic's Certificate Number:**

**Inspection Information**

- **Date of Inspection:** 2016/08/30
- **Time:** 12:00
- **Announced:** X
- **Unannounced:**

**Owner / Driver Information**

- **Registered Owner (Name):** Island Bus Services Ltd Island Bus Services Ltd  
- **Owner's Address:** 335 dogberry hill rd portugal cove st phillips n/a 1m1 166
- **Owner's License No.:**
- **Driver's License No.:**

**Inspection Details**

- **Vehicle Identification Number:** 2003 INTL
- **Serial No.:** 00000
- **Body S/N:** 9028942
- **Vehicle Identification Number:** 2003 INTL
- **Serial No.:** 00000
- **Body S/N:** 9028942

---

NOTE: This inspection is a guarantee or warranty as to the future condition or the reliability of the vehicle designated, nor does it authorize the operation of the vehicle in an unsafe condition. The sale or transfer of this vehicle is the responsibility of the buyer. Please review the relevant sections of the Motor Vehicle Act before operating the vehicle.

If you have any questions, you may contact the Motor Vehicle Division at 709-729-6867.
## Inspection Information

- **Date of Inspection:** 2016-03-20
- **Time:** 13:00
- **Announced:** X
- **Unannounced:**

### Owner / Driver Information

- **Registered Owner:** Island Bus Services Ltd
- **Owner's Address:** 335 Dogberry Hill Rd, Portugal Cove, NL A1M 1C1

### Vehicle Information

- **Year:** 2003
- **Make:** Bluebird
- **Serial No.:** B028341
- **Plate No.:** N/A
- **S/N:** 1NCS886643

### Inspection

<table>
<thead>
<tr>
<th>Category</th>
<th>Result</th>
<th>Note</th>
</tr>
</thead>
<tbody>
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<td>Brakes</td>
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<tr>
<td>Steering</td>
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<td>Light.braking</td>
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<tr>
<td>Tires/Wheels</td>
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<td>Windows/Doors</td>
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<tr>
<td>Sideview Mirror</td>
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<tr>
<td>Sunroof</td>
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</table>
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0358 Facsimile: (709) 729-0102
Bus Inspection Report
ATHOBK1

Inspection Information
Date of inspection: 2015/09/28
Time in: 09:00
Announced: X Unannounced: 

Owner / Driver Information
Registered Owner (Name): DAVE GULLIVER
Plate No: BAJ376

Vehicle Information
Model: BLUEBIRD
Year: 2014

Inspection
LEGEND
P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

Safety
Fault Extinguisher: P
Fire Alarm: P
Hazard Warning: P
Stop Arm: P

Suspension
Shock Absorbers: P
Torsion Rod Assembly: N
Air Suspension: N

Brakes
Brake Meter Test: Yes X No
Brake Pedal: X
Brake Line: P

Power Train
Fuel System: P

Steering
Steering Gear: P

Body
Bumpers & Fenders: P
Doors: P

Section 40(1)

Remarks

Results

Confirmation of Repairs

NOTE: This inspection is to check the vehicle for defects which are the P - Passed or X - Defects in the above table. The vehicle is to be repaired as indicated in the above table. The inspection is to be repeated when the repairs are completed.

Section 40(1)
## Bus Inspection Report

### Inspection Information

- **Location:** ST JOHN'S
- **Inspector's Name:** Glenn Sheppard
- **Number:** 590
- **Driver's Name:** Krista Cull
- **Number:** 576

### Vehicle Information

- **Make:** BLUEBIRD
- **Model:** BAJ37
- **Year:** 2014
- **Year of Manufacture:** Aug 2016
- **Date of Last Major Inspection:** Aug 2016
- **Body S/n:** F4320
- **Serial No:** 092920

### Inspection

#### Safety

<table>
<thead>
<tr>
<th>Category</th>
<th>Test</th>
<th>Passed</th>
<th>Failed</th>
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</thead>
<tbody>
<tr>
<td>Tire Examinations</td>
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<tr>
<td>First Aid Kit</td>
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<tr>
<td>Hazard Warning Kit</td>
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<td>Stop Arm</td>
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<td>Mirrors (Int/Ext)</td>
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<td>Cross Arm</td>
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</table>

#### Brakes

- **Brake Master Test:** Yes
- **Parking Brake:** Yes
- **Air Brakes:** Yes
- **Brake System:** Yes
- **Brake Adjustments:** Yes
- **Low Air Warning:** Yes
- **Tires & Wheels:** Yes
- **Traction Rod Assembly:** Yes
- **Air Suspension:** Yes

#### Steering

- **Steering Wheel lash:** Yes
- **Power Assist:** Yes
- **Column, Box:** Yes
- **Linkage:** Yes
- **Front End:** Yes

#### Body

- **Bumpers & Fenders:** Yes
- **Curtains, Frames:** Yes
- **Doors:** Yes
- **Windshield:** Yes

#### Auxiliary Equipment

- **Dash Instruments:** Yes
- **Safety Equipment:** Yes
- **Anti-Vandal System:** Yes
- **Emergency Shut-off:** Yes
- **Alarms & Detectors:** Yes
- **Reflective Tape & Reflectors:** Yes
- **Grill Stripes & Rails:** Yes
- **Windshield Wipers:** Yes
- **Tires & Wheels:** Yes

#### Electrical

- **Battery:** Yes
- **Alternator & Belts:** Yes
- **Switches & Wiring:** Yes
- **Emergency Exit Warning:** Yes
- **Engine Controls:** Yes
- **Emergency Exit Signs:** Yes

### Remarks

- **Out of Service:** Yes

### Results

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAJ37. You are hereby directed to correct the defects as noted above and to report to MDR as required.

### Section 40(1)

- **Owner:** [Redacted]
- **Date:** 2016/09/28
- **Time:** 09:30

### Section 40(1)

- **Owner:** [Redacted]
- **Date:** 2016/09/28
- **Time:** 09:30

### Confirmation of Repairs

- **Mechanic Owner's Signature:** [Redacted]
- **Mechanic Certificate Number:** [Redacted]
- **Date:** 2016/09/28
- **Official Inspection Station Number:** [Redacted]
- **Remarks:** [Redacted]
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5

Telephone: (709) 729-0353 Facsimile: (709) 729-0162

**Bus Inspection Report**

AT1820VF53

---

**Inspection Information**

- **Date of inspection**: 2016/09/26
- **Time on**: 10:00

---

**Owner / Driver Information**

- **Registered Owner**: DAVE GULLIVER CABS
- **Owner's Address**: P.O. BOX 2072, ST. JOHN'S, A1C5R6
- **Driver's Name**: [Redacted]
- **Driver's License No**: [Redacted]

---

**Vehicle Information**

- **Class Year**: 2012
- **Make**: BLUEBIRD
- **Model**: [Redacted]
- **Plate No**: BAH272
- **S/N**: 29317
- **VIN**: [Redacted]
- **Date of Last Mechanical Inspection**: Jul 2016
- **Date of Manufacture**: Jan 2012

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**Inspection**

<table>
<thead>
<tr>
<th>Item</th>
<th>Result</th>
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<tr>
<td>Fire Extinguisher</td>
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<td>First Aid Kit</td>
<td>P</td>
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<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
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<tr>
<td>Seat Arm</td>
<td>P</td>
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<td>Mirrors (N/E)</td>
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<td>Visor</td>
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<td>HiIp</td>
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<td>Crossing Arm</td>
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<td>Power Train</td>
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<td>Fuel System</td>
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<td>Suspension</td>
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<td>Springs / Leaf Springs</td>
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<td>Shock</td>
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<td>Torsion Rod Assembly</td>
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<td>Air Suspension</td>
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<td>Brake Master Test</td>
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<td>Power Assail</td>
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<td>Column, Steer</td>
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<td>Brake &amp; Accessories</td>
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<td>Windshield Washer / Wipers</td>
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<td>Emergency Shut Off</td>
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<td>Pedal, Brakes</td>
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<td>Cost-Related Lock</td>
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<td>Electrical</td>
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<td>Emergency Exit Warning</td>
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<tr>
<td>Deflection / Mirrors</td>
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**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAH272. You are hereby directed to correct the defects as noted above and to report to MTO at or before [Redacted] for a follow-up inspection.

**Confirmation of Repair**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

---

**Section 40(1)**

[Redacted]

---

**Section 40(1)**

[Redacted]
## Bus Inspection Report

### Department of Government Services, Motor Registration Division

**Bus Inspection Report**

**AT16QVG9J5**

**Inspection Information**

**Date of Inspection:** Y Y M DD 2016 / 09 / 28

**Time In:** 11:00

**Announced X Unannounced X**

**Vehicle Information**

**Class Year:** 2015

**Make:** BLUEBIRD

**Model:** 2015

**Body Year:** 2015

**Serial No.:** 10519

**Odometer:** 10519

**Miles:**

**Vehicle Designation:** X

**Bus:** X

**PP:**

**Date of Last Interior/Inspection:** Jul 2016

**Date of Manufacture:** Feb 2015

### Inspection

**Legend:**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **O** - Out of Service
- **N** - N/A

#### Section 40(1)

**Defects:**

- **Steering**
  - **Brakes:**
    - **Brake Pedal Test:** Yes
    - **Brake Rotor Test:** Yes

#### Section 40(1)

**Out of Service:** Yes

**Pass X Defects 0 Summary Offence Ticket Issued Yes X No X**

**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number YYYB5265. You are hereby directed to correct the defects as noted above and to report to MRO on or before for a follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

---

**REF:** 39734

**Date of Rep. YYY M D D 2016 / 09 / 08**

**Date of Receipt YYY M D D 2016 / 09 / 08**

**Remarks:**

**Confirmation of Repairs**

- **Mechanic:**
  - **Owner's Signature:**
  - **Date:** YYY M D D 2016 / 09 / 08
  - **Inspection Completion Time:** 11:30

---

**Section 40(1)**
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report

17

Date of Inspection: 2016 / 09 / 28
Time in: 11:30
Announced: X
Unannounced: 

Owner / Driver Information

Registered Owner (Print): DAVE GULLIVER CABS
NSC No.: NFDC08024624

Driver's Address: P.O. BOX 2972, ST JOHN'S, A1C5R6
Driver's Licence No.: [redacted]

Vehicle Information

Chassis Year: 2014
Plate No.: BAG485

Body: S/N: 4DR658K5P35EB405560

Date of Last Mechanical Inspection: Jul 2010
Date of Manufacture: Fab 2013

LEGEND

P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

"Service Restricted" means the vehicle is out of service; it may however, be driven to a place of repair provided there are no passengers on board.

Safety

Exe Emergency P
Exe Strobe Kit P
Front End P
Roof Rails P

Brakes

Parking Brake P
Master Cylinder P

Power Train

Air Brakes P

Fuel System

Compressor & Sucks N

Exhaust System

Clean Valve & Tanks N

Drive Shaft

Brake Adjustment N

Suspension

Suspension Springs / Uppers / Hangers P

Shocks

Coil Over Shocks N

Transaxle Rod Assembly N

Air Suspension N

Steering

Steering Gear P

Front End P

Body

Bumpers & Fenders P

Car!content P

Auxiliary Equipment

Grill & Instrument P

Wipers / Windshield Wipers P

Emergency Exit P

Siren, Horns, Lamps P

Reflective Tape / Reflectors P

Grass Strimmer / Whip P

Tires & Wheel Clearence P

Lamps P

Exterior P

Tires P

Ding Lamps & Indicators P


Remarks

[Blank]

Out of Service

Yes X

Pass X

Defects X

Summary Offence Ticket Issued

Yes X

Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic / Owner's Signature

Mechanic Certificate Number

Date of Y Y Y Y M M D D

Official Inspection Station Number

Result

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAG485. You are hereby directed to correct the defects as noted above and to report to the MGO as on or before for a follow-up inspection

Owner / Driver's Signature

Inspection Time: 12:00

NOTICE: The inspection is only done for the purpose of ensuring the safety of the vehicle described herein. No duties are assumed to the operation of an uninsured vehicle in or an uninsured vehicle variation of a vehicle. Proof of insurance is subject to the insurance company to be effective for the period of the inspection. A "Certificate of Inspection" will not be issued for an uninsured vehicle. Inspections are done only on vehicles that are registered and licensed in NL.

Section 40(1)

Section 40(1)
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**Bus Inspection Report**

**Location:** ST JOHNS

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection: 2016 / 09 / 26</th>
<th>Time In: 12:00</th>
<th>Announced: X</th>
<th>Unannounced: X</th>
</tr>
</thead>
</table>

**Owner / Driver Information**

<table>
<thead>
<tr>
<th>Registered Owner (Print): DAVE GULLIVER CABS</th>
<th>NSC NO: NFD60223624</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner's Address: P.O. BOX 3072, ST. JOHN'S, A1C5R6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Driver's Name (Print):</th>
<th>Driver's Licence No:</th>
</tr>
</thead>
</table>

**Vehicle Information**

<table>
<thead>
<tr>
<th>Chassis Year: 2014</th>
<th>Make: INTL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Model Year: 2013</th>
<th>Plate No: BAG487</th>
</tr>
</thead>
</table>

| VIN: 32740 | KM: 49030 |

**Inspection**

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fire Extinguisher</th>
<th>Park Brake</th>
<th>Parking Brake</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Aid Kit</th>
<th>Brakes Reader</th>
<th>Master Cylinder</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hazard Warning Kit</th>
<th>Hand Brake</th>
<th>Power Assist</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Siren</th>
<th>Parking Brake</th>
</tr>
</thead>
</table>

**Remarks**

**Out of Service**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Pass</th>
<th>X</th>
<th>Summary Offence Ticket Issued</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Confirmation of Repairs**

<table>
<thead>
<tr>
<th>Mechanics / Owner's Signature</th>
<th>Mechanic's Certificate Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date: 2016 / 09 / 26</th>
<th>Details of Repair</th>
</tr>
</thead>
</table>

**Notes**

- The inspection report shows defects to have been found on the vehicle bearing license plate number **BAG487**. You are hereby directed to correct the defects as noted above and to report to MTO as on or before for a follow-up inspection.
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St. John's, NL, Canada A1B 4H5
Telephone (709) 729-0359 Facsimile: (709) 729-0102

**Bus Inspection Report**

**Bus No.** BAJ73

**Location** ST JOHN'S

**Date of Inspection** 2016 / 09 / 28

**Announced** X

**Vehicle Information**

**Make** BUYLEBIRD

**Model Year** 2014

**Engine Size** 5.4L

**VIN** 214451

**Owner / Driver Information**

**Owner** DAVE GULLIVER CABS

**Driver** Glenn Sheppard

**Driver's Name** Krista Cull

**Hours of Service** 12:30

**Vehicle Type** School

**Vehicle Description**

**Safety**

- **Brakes**
  - Brakeline Test: X
  - Meter Reading 1: X
  - Meter Reading 2: X
  - Meter Reading 3: X
  - Brake Adjustment: X

- **Suspension**
  - UCW: X
  - Tires / Wheels: X
  - Tread / Damage: X

**Body**

- Body: X
  - Body Repair: X
  - Body Frame: X
  - Body Mounts: X
  - Strikes: X
  - Fender: X

**Electrical**

- Battery: X
  - Alternator / Batts: X
  - Wipers / Wipers: X
  - Emergency Exit: X
  - Emergency Exit Warning: X
  - Door Lock / Doors / Heaters: X

**Vehicular Equipment**

- Air Brakes: X
  - Air Brakes: X
  - Air Brakes: X
  - Air Brakes: X

- Power Steering: X
  - Power Steering: X
  - Power Steering: X
  - Power Steering: X

- Cross Arm: X
  - Cross Arm: X
  - Cross Arm: X
  - Cross Arm: X

- Power Train: X
  - Power Train: X
  - Power Train: X
  - Power Train: X

- Fuel System: X
  - Fuel System: X
  - Fuel System: X
  - Fuel System: X

- Brake System: X
  - Brake System: X
  - Brake System: X
  - Brake System: X

**Inspection**

**Summary of Offence Ticket Issued**

**Confirmation of Repairs**

**Out of Service**

- Yes: X
- No: X
- Pass: X
- Defects: X

**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number: BAJ732.

You are hereby directed to correct the defects as noted above and to report to MRD at this vehicle on or before a follow-up inspection.

**Owner's Signature**

**Inspection Time Out**

**Notice:** This inspection is for a passenger or to be similar to the inspection condition of the vehicle described herein. This inspection does not represent the condition of a vehicle under any inspection condition of the vehicle described herein. This inspection is for a passenger or to be similar to the inspection condition of the vehicle described herein. This inspection does not represent the condition of a vehicle under any inspection condition of the vehicle described herein.
**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone: (709) 729-0339 Facsimile: (709) 729-0102

**Bus Inspection Report**

**AT16QWY9**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Y Y Y Y M D D</th>
<th>Time In</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST JOHNS</td>
<td>2016 / 09 / 28</td>
<td>13:09</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Owner / Driver Information**

<table>
<thead>
<tr>
<th>Registered Owner (First)</th>
<th>DAVE GULLIVER CASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRC NO</td>
<td>NFDC00023624</td>
</tr>
<tr>
<td>Owner's Address</td>
<td>P.O. BOX 2072, ST JOHN'S, A1C5R8</td>
</tr>
<tr>
<td>Driver's Licence No.</td>
<td></td>
</tr>
<tr>
<td>Driver's Name (First)</td>
<td></td>
</tr>
<tr>
<td>Owner's Address</td>
<td></td>
</tr>
</tbody>
</table>

**Hours of Service**

- Log Black
- Carner Maintains
- Non-compliant

**Vehicle Information**

<table>
<thead>
<tr>
<th>Make / Model</th>
<th>2014 / INTL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr / Make / Model</td>
<td>2013 / BAG499</td>
</tr>
<tr>
<td>S/N</td>
<td>8931256</td>
</tr>
<tr>
<td>Body S/N</td>
<td>485376</td>
</tr>
<tr>
<td>Gas Type / Kilometres</td>
<td>48620</td>
</tr>
<tr>
<td>Date of Last Inspection</td>
<td>Aug 2016</td>
</tr>
<tr>
<td>Date of Manufacture</td>
<td>Feb 2013</td>
</tr>
</tbody>
</table>

**Inspection**

<table>
<thead>
<tr>
<th>Defect</th>
<th>Section 40(1)</th>
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<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
</tr>
<tr>
<td>S</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

**Legend**

- P: Passed
- X: Defects
- S: Service Restricted
- D: Out of Service
- N: N/A

**Brakes**

<table>
<thead>
<tr>
<th>Les EJoshua</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid Kit</td>
<td></td>
</tr>
<tr>
<td>Slap Arm</td>
<td></td>
</tr>
<tr>
<td>Winches (Int/Ext)</td>
<td></td>
</tr>
<tr>
<td>VHR</td>
<td></td>
</tr>
<tr>
<td>nmr</td>
<td></td>
</tr>
<tr>
<td>Crossing Arm</td>
<td></td>
</tr>
<tr>
<td>Power Train</td>
<td></td>
</tr>
<tr>
<td>Fuel System</td>
<td></td>
</tr>
<tr>
<td>Exhaust System</td>
<td></td>
</tr>
<tr>
<td>Drive Shaft</td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td></td>
</tr>
<tr>
<td>Gamps / Uplifts</td>
<td></td>
</tr>
<tr>
<td>Torsion Rods</td>
<td></td>
</tr>
<tr>
<td>Air Suspension</td>
<td></td>
</tr>
</tbody>
</table>

**Steering**

<table>
<thead>
<tr>
<th>B&amp;A Meter Test</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter Reading</td>
<td></td>
</tr>
<tr>
<td>Park Brake</td>
<td></td>
</tr>
<tr>
<td>Power Assist</td>
<td></td>
</tr>
</tbody>
</table>

**Body**

- Bumpers & Fenders
- Chassis FRAME
- Body Mounts
- Windshield
- Tires & Wheel Clearance
- Brakes
- Parking Brakes
- Door Hinges
- Window Wipers
- Emergency Lights
- Tail Lights
- Brake Light
- Front Directional Signal Light
- Headlight
- Rearview Mirror
- License Plate
- License Plate Bracket
- Side Marker Lamps
- Turn Signal Lamps
- License Plate Light
- License Plate Light
- License Plate Light
- License Plate Light

**Remarks**

**REF: 29738**

**Out of Service**

| Yes | No | X | Pass | X | Pass | X |

**Results**

The above inspection report shows defects to have been found on the vehicle bearing license plate number BAG499. You are hereby directed to correct the defects as noted above and to report to RVD or MVD on or before 13:30 for a follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature**

Date: 2016 / 09 / 28

**Owner or Dealer's Signature**

Date: 2016 / 09 / 28

**Inspection Time Out**

13:30
**DEPARTMENT OF GOVERNMENT SERVICES, 
MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St John’s, NL Canada A1B 4J5
Telephone: (709) 729-0395 Facsimile: (709) 729-0102

**Bus Inspection Report**

AT180VMT05

---

### Inspection Information

- **Date of Inspection:** YYYY MM DD
- **Time of Inspection:** 09:00
- **Location:** ST JOHNS
- **Announced:** X
- **Inspector's Name:** Glenn Sheppard
- **Vehcile:** NEWFOUNDLAND LABRADOR

### Owner / Driver Information

- **Registered Owner:** DAVE GULLIVER CABS
- **Owner's Address:** P.O. BOX 2072, ST JOHN'S, A1C 5R6
- **Driver's Name:**
- **Driver's Address:**
- **Hours of Service:** Log Book
- **Non-compliant:**

### Vehicle Information

- **Make:** INTL
- **Year:** 2014
- **Identification Number:** 8943255
- **Date of Last Mechanical Inspection:** Jul 2016
- **Date of Manufacture:** Feb 2013

### Inspection

- **Legend:** P = Passed, X = Defects, S = Service Required
- **Service Required**

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
<th>Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>Brake Master Test</td>
<td>Driving Lash</td>
<td>Engineers &amp; Firemen</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>X</td>
<td>X</td>
<td>P</td>
</tr>
<tr>
<td>Emergency Exit</td>
<td>X</td>
<td>X</td>
<td>P</td>
</tr>
<tr>
<td>Safety Devices</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Power Supply</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Power Train</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Exhaust System</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Drive Shaft</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Suspension</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
</tbody>
</table>

### Remarks

- **Remarks:**

### Results

- **Inspection Report:**
- **Defects:**
- **Summary Offence Ticket Issued:**

### Confirmation of Repairs

- **Mechanic / Owner's Signature:**
- **Mechanic's Certification Number:**
- **Date of Offence:** YYYY MM DD
- **Offence Street Number:**
- **Offence Inspector Signature:**
- **Remarks:**

---

**NOTE:** The Inspector is not responsible for wearing the safety equipment or the quality of the vehicle. The vehicle is examined by an authorized personnel only. Performed work is to be submitted to the Authority on or before the due date.

---

Section 40(1)
# Bus Inspection Report

## Inspection Information
- **Location:** ST JOHNS
- **Inspector’s Name:** Glenn Sheppard
- **Inspection Date:** 10/04/2016
- **Time:** 10:30
- **Vehicle:** BLUEBIRD

## Owner / Driver Information
- **Registered Owner:** DAVE GULIVER CASS
- **Owner’s Address:** P.O. BOX 2072, ST JOHNS, A1C5R6
- **Owner’s Licence No.:**
- **Owner’s Address Hours of Service:** Log Book

## Vehicle Information
- **Chassis Year:** 2015
- **Model:** GMC
- **Pass No.:** BAH333
- **Make:** BLUEBIRD
- **Plate No.:** 11783245
- **Type:** School
- **Operated By:** School

## Safety
- **Fire Extinguisher:** P
- **Flare Kit:** P
- **Flashlight:** P
- **Hazard Warning Kit:** P
- **Seat Belts:** P
- **Side Impact Protection:** P

## Brakes
- **Brake Master Test:** Yes
- **Front Brake:** Yes
- **Rear Brake:** Yes

## Steering
- **Steering Wheel:** P
- **Steering Shaft:** P
- **Power Assist:** P

## Body
- **Bumpers:** P
- **Tires:** P
- **Doors:** P
- **Roof Hatches:** P

## Electrical
- **Battery:** P
- **Lighting:** P
- **Gauges:** P

## Air Conditioning
- **Air Conditioning:** P

## Miscellaneous
- **Defects:**
- **Service Required:**
- **Out of Service:**
- **N/A:**

## Remarks

---

**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number: BAH333. This vehicle is out of service. The owner or driver should correct the defects noted and report to the Motor Registration Division for a follow-up inspection.

**Confirmation of Repairs**

This report is to certify that the defects noted in the report have been corrected and all necessary parts have been installed.

<table>
<thead>
<tr>
<th>Mechanic / Owner’s Signature</th>
<th>Mechanic’s Certificate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**agle:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Official Inspection Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks**

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**Section 40(1)**

- **Section 40(1)**

---

---
### Bus Inspection Report

**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St. John's, NL Canada A1B 4J5

Telephone: (709) 729-0359 Facsimile: (709) 729-0102

**Bus Inspection Report**

AT16QVUI13

---

**Location:** ST JOHN'S

**Inspection Information**

- **Date of Inspection:** 2016 / 10 / 04
- **Time In:** 11:15
- **Announced:** X
- **Unannounced:**

**Inspection Information**

- **Location:** ST JOHN'S
- **Inspector's Name:** Glenn Sheppard
- **Inspector's Phone:**

**Owner / Driver Information**

- **Registered Owner (Name):** DAVE GULLIVER CHS
- **Reg NO:** NFDC00023624
- **Owner's Address:** P.O. BOX 2072, ST JOHN'S, A1C3R8
- **Owner's Phone:**
- **Driver's Name:**
- **Driver's Phone:**
- **Driver's Address:**
- **Driver's Licence No:**

**Vehicle Information**

- **Chassis Year:** 2015
- **Make:** FORD
- **Model:**
- **Plate No:** BAH332
- **S/N:** 1F0GGWTPM5KA56520
- **Body S / N:**
- **Date of Last Maintenance Inspection:** Jun 2016
- **Date of Main Inspection:** May 2016

---

**Legend**

- **P - Passed**
- **X - Defects**
- **S - Service Restricted**
- **O - Out of Service**
- **N - N/A**

**Safety**

- **Fire Extinguisher:** P
- **First Aid Kit:** P
- **Hazard Warning Kit:** P
- **Stop Arm:** P
- **Mirrors (Int/Ext):** P
- **Vision:** P
- **Sound:** P
- **Intercom:** P
- **Crossing Arm:** P

**Brakes**

- **Brake Test:** P
- **Parking Brake:** P
- **Handbrake:** P

**Steering**

- **Steering Wheel:** P
- **Power Assist:** P
- **Column:** P
- **Linkage:** P
- **Front End:** P

**Auxiliary Equipment**

- **Dew & Instrument:** P
- **Sound:** P
- **Wipers:** P
- **Lighting:** P
- **Door & Window:** P

**Electrical**

- **Battery:** P
- **Alternator:** P
- **Switches:** P
- **Emergency Exit Warning:** P
- **Directions:** P

**Body**

- **Bumper & Fenders:** P
- **Chassis, Frame:** P
- ** выпуска:** P
- **Emergency Exit:** P
- **Reflective Tapes & Reflectors:** P
- **Grass Strips:** P
- **Brake Lights:** P
- **Windshields, Windows:** P
- **Seats:** P
- **FUEL & Generator:** P
- **Exhaust:** P
- **Fuses:** P
- **Rearview Mirrors:** P
- **Reflectors:** P
- **Clearance:** P

**Transmission**

- **Gearbox:** P
- **Shift Levers:** P
- **Brake Light:** P
- **Emergency Brake:** P

**Suspension**

- **Springs:** P
- **Shocks:** P
- **Suspension:** P
- **Axle Hanger:** P
- **Air Suspension:** P

**Interior**

- **Exterior:** P
- **Interior:** P
- **Exterior Locks:** P
- **Exterior:** P
- **Exterior:** P

**Defects**

- **Summary Offence Ticket Issued:**

---

**Inspection**

**DATE:** 2016 / 10 / 04

**Time In:** 11:15

**Announced:** X

---

**CONFIRMATION OF REPAIRS**

- **Mechanic / Owner's Signature:**
- **Mechanic Certificate Number:**

---

**CASE OF:**

**Inspection Station Number:**

**Repairs:**

---

**Remarks:**

---

**NOTICE:** This inspection is not a guarantee or warranty as to the future condition or the validity of the vehicle described herein. This does not authorize the operation of a vehicle outside the jurisdiction of the Motor Vehicle Registration Division. It is the responsibility of the owner to maintain the vehicle in a safe condition.

---

**SPECIAL STANDARDS:** Under the authority of the Motor Vehicle Registration Division, special standards will be applied to the vehicle described herein to ensure compliance with the regulations and standards of the Motor Vehicle Registration Division.
**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone (709) 729-0359 Facsimile: (709) 729-0102

**Bus Inspection Report**
AT160J6P2

---

### Inspection Information

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>YYYYYMMDD</th>
<th>Time in</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST JOHNS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inspection Information**

- **Inspection Information**
- **Bus Inspection Report**
- **AT160J6P2**
- **DEPARTMENT OF GOVERNMENT SERVICES,**
- **MOTOR REGISTRATION DIVISION**
- **P.O. Box 8710, St John's, NL Canada A1B 4J5**
- **Telephone (709) 729-0359 Facsimile: (709) 729-0102**

---

### Vehicle Information

- **Make: GMC**
- **Model: GIRARDIN**
- **Plate No.: BAG187**
- **S/N: 9943160**
- **Body S/N: 06-27047**
- **Date of Last Mechanical Inspection: Jul 2016**
- **Date of last inspection: Feb 2006**

### Inspection

**LEGEND**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **D** - Out of Service
- **M** - N.V.A

**Safety**

- **Engine Compartment**
- **Brakes**
  - **Brake Master Test**
  - **Brake Pedal**
- **Air Conditioning**
- **Power Train**
  - **Transmission**
  - **Drive Axles**
- **Suspension**
  - **Suspension**
  - **Shock Absorbers**
  - **Traction Rod Assembly**
  - **Air Suspension**
- **Steering**
  - **Steering Wheel**
  - **Power Assist**
- **Body**
  - **Rear Bumper**
  - **Door Frame**
  - **License Plate**
- **Auxiliary Equipment**
  - **Dash & Instruments**
  - **Headlights**
  - **Windshield Wipers**
- **Electrical**
  - **Battery**
  - **All Lights**
  - **Switches & Wiring**
- **Lamps**
  - **Exterior Lamps**
  - **Side Marker Lamps**

**Summary**

- **Inspection Out of Service Yes**
- **Defects 0**
- **Summary Defects**

**Remarks**

**Confirmation of Repairs**

**Mechanic/Owner's Signature**

**Mechanic Certificate Number**

**Date of YYYYYMMDD**

**Official Inspection Station Number**

**Repair**

**Office/Inspector Signature**

**Remarks:**

---

**NOTICE:** The inspection is not a guarantee or warranty as to the fitness or condition of the vehicle described herein. This vehicle does not include the following:

- **Unregistered and/or non-university vehicles**
- **Unregistered and/or non-university vehicles**
- **Unregistered and/or non-university vehicles**
- **Unregistered and/or non-university vehicles**
- **Unregistered and/or non-university vehicles**

**PRIVACY STATEMENT:** Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purposes of ensuring a safe and legal vehicle. All personal information is protected by the Motor Vehicle Administration (MVA). Any questions can be directed to the Motor Registration Division toll free at 1-877-306-588.
### Bus Inspection Report

**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0538 Facsimile: (709) 729-0162

**Bus Inspection Report**

**AT NOV 211**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>2016 / 10 / 04</th>
<th>Time To:</th>
<th>12:45</th>
<th>Announced</th>
<th>X</th>
<th>Unannounced</th>
</tr>
</thead>
</table>

**Location:** ST JOHN'S

**Inspector's Name (Print):** Glenn Sheppard

**Inspector's Name (Print):**

**Owner / Driver Information**

**Registered Owner (Print):** GAVE GULIVER CASS

**Owner's Address:** P.O. BOX 2072, ST JOHN'S, A1C5R6

**Driver Name:**

**Driver's Name:**

**Driver's Licence No.:**

**Driver's Address:**

**Hours of Service:**

**Log Block:**

**Caimer Maintain:** X

**Non-compliant:**

**Vehicle Information**

<table>
<thead>
<tr>
<th>Chassis Year</th>
<th>2015</th>
<th>Make</th>
<th>GMC</th>
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</thead>
<tbody>
<tr>
<td>Body Year</td>
<td>2015</td>
<td>Make</td>
<td>BLUEBIRD</td>
</tr>
<tr>
<td>VIN</td>
<td>16464</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kil. M</td>
<td>32318</td>
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<tr>
<td>School</td>
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<td>PX</td>
<td>Date of Last Mechanical Inspection: Jan 2015</td>
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<td>Date of Mechanics:</td>
<td>Jan 2016</td>
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</tbody>
</table>

**Chassis No.:** BAH268

**Serial No.:** 0875092

**Body S/N:** 15-27355

**Inspection**

**LEGEND**

- P: Passed
- X: Defects
- S: Service Restricted
- O: Out of Service
- N: N/A

**Safety**

<table>
<thead>
<tr>
<th>Fire Extinguisher</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid Kit</td>
<td>P</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
</tr>
<tr>
<td>Stop Arm</td>
<td>P</td>
</tr>
<tr>
<td>Mirror (Int. Ext.)</td>
<td>P</td>
</tr>
<tr>
<td>Visor</td>
<td>P</td>
</tr>
<tr>
<td>Horn</td>
<td>P</td>
</tr>
<tr>
<td>Rearview Mirror</td>
<td>P</td>
</tr>
<tr>
<td>Power Train</td>
<td>P</td>
</tr>
<tr>
<td>Fuel System</td>
<td>P</td>
</tr>
<tr>
<td>Exhaust System</td>
<td>P</td>
</tr>
<tr>
<td>Drive Shaft</td>
<td>P</td>
</tr>
<tr>
<td>Suspension</td>
<td>P</td>
</tr>
<tr>
<td>Springs / Utopia Hangers</td>
<td>P</td>
</tr>
<tr>
<td>Shock</td>
<td>P</td>
</tr>
<tr>
<td>Traction Rod Assembly</td>
<td>P</td>
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<tr>
<td>Air Suspension</td>
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**Brakes**

<table>
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<tr>
<th>Brake Master Test</th>
<th>Y</th>
<th>X</th>
<th>S</th>
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<tbody>
<tr>
<td>Master Reading 1</td>
<td>%</td>
<td></td>
<td></td>
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<tr>
<td>Master Reading 2</td>
<td>%</td>
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<tr>
<td>Power-Assist</td>
<td>P</td>
<td></td>
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<td>Line Pressure</td>
<td>P</td>
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<tr>
<td>Anti-sway Latch</td>
<td>P</td>
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</tr>
<tr>
<td>Electric</td>
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<tr>
<td>Seats</td>
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</tr>
<tr>
<td>Pub / Guard Pads / Panels</td>
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<tr>
<td>Exterior/Door</td>
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<tr>
<td>Emergency Exit</td>
<td>P</td>
<td></td>
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</tr>
<tr>
<td>Service Horn</td>
<td>P</td>
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<tr>
<td>Anti-skate</td>
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<td>Brake Adjust</td>
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<td>Low Air Warning</td>
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<td>Air Brakes</td>
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<td>Compressor &amp; Brakes</td>
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<tr>
<td>Brake Valve &amp; Tanks</td>
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<td></td>
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<tr>
<td>Axle</td>
<td>N</td>
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<tr>
<td>Electrical</td>
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<tr>
<td>Battery</td>
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<tr>
<td>Alternator &amp; Battery</td>
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<tr>
<td>Switches / Wiring</td>
<td>N</td>
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<tr>
<td>Elevator</td>
<td>N</td>
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<tr>
<td>Emergency Exit Warning</td>
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<tr>
<td>Deflectors / Heaters</td>
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</table>

**Removals**

**Remarks**

**Ref.: 29740**

**Out of Service**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>X</th>
<th>Pass</th>
<th>X</th>
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<tbody>
<tr>
<td>Summary Offence Ticket Issued</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
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</table>

**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number: BAH268.

You are hereby directed to correct the defects as noted above and to report to the MTO on or before the date of follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature**

**Mechanic Certificate Number**

**Date of Y Y Y Y M M DD**

**Inspection Station Number**

**Office / Inspection Station**

**Remarks:**

---

The inspection report is a summary of the information provided. It is not intended to replace the original information. If you have any questions or need further information, please contact the Department of Government Services, Motor Registration Division at (709) 729-0538 or by fax at (709) 729-0162. For further details, please visit the website at www.govservers.gov.nl.ca.
Bus Inspection Report

A1160VU86D

DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 6710, St. John's, N.L., Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Inspection Information

Date of Inspection: Y Y Y M D D 2016 / 10 / 04
Time in: 13:30
Announced: X
Unannounced: 

Location: ST JOHNS
Inspector's Name (Print): Glenn Sheppard
Inspector's Name (First):

Owner / Driver Information

Registered Owner (Print): DAVE GULLIVER CABS
Owner's Address: P.O. BOX 2072, ST JOHN'S, A1C5R6
Driver's Name (Print):
Driver's Licence No: 

Vehicle Information

Chassis Year: 2016
Make: GMC
Model: BLUEBIRD
Plate No: BAH267
S/N: J25997
Body S/N: 06075091
Date of Last Mechanical Inspection: Jun 2016
Date of Manufacture: Jul 2016

Inspection

LEGEND
P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

Safety
Fire Extinguisher P
First Aid Kit P
Fire Alarm System P
Seat Belts P
Mirrors (in/out) P
Vior P
Horn P
Crossing Arm P
Power Train
Air Brakes P
Fuel System
Compression & Brems P
Electronic System
Ecu & Valves & Tanks P
Brake System P
Suspension
Springs / Leaf Springs P
Shock Absorbers P
Torsion Rod Assembly P
Air Suspension P

Steering
Steering Wheel P
Power Assist P
Column, Box P
Linkage P
Front End P

Auxiliary Equipment
Air & Instrument Panel P
Windshield Washer / Wipers P
Emergency Shut-off P
Pedals, Linkages P
Anti-lock P

Electrical
Battery P
Alternator & Belts P
Switches / Wires P

Body
Spoilers & Fenders P
Roof Rack P
Windows, Doors P

Remarks

Pass X

Confirmation of Repairs

Mechanic / Owner's Signature
Mechanic Certificate Number

Date of Y Y Y M D D 2016 / 10 / 04
Official Inspection Station Number
Repair / 

Officer / Inspector Signature

Date Time Out

This inspection report shows defects have been found on the vehicle bearing licence plate number BAH267. You are hereby directed to correct the defects as noted above and to report to MRD at P.O. Box 6710 for a follow-up inspection.

NOTICE: The inspection is not a guarantee or warranty as to the fitness condition or safety of the vehicle described herein, nor does it authorize the operation of an unsafe vehicle or an unsafe vehicle in any respects. Only an authorized vehicle inspection and inspection station operators are authorized to issue a certificate of fitness or an Unsafe Vehicle Inspection certificate. It is the responsibility of the owner or driver of the vehicle to ensure that the vehicle is safe and fit for operation. Any questions can be directed to the Motor Registration Division at 709-729-0102.
**Bus Inspection Report**

**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**P.O. Box 8710, St. John's, NL Canada A1B 4J5**

**Telephone: (709) 729-0333, Fax: (709) 729-0102**

**AT 1620 NO 16**

---

**1. Inspection Information**

- **Date of Inspection**: Y Y Y M D D 2016 / 10 / 06
- **Time**: 09:00
- **Announced**: X
- **Unannounced**: No

**2. Owner / Driver Information**

- **Name**: DAVE GULLIVER CASS
- **Address**: P.O. BOX 2072, ST. JOHN'S, A1C5R6
- **Driver's Name**: [Redacted]
- **Driver's Licence No.**: [Redacted]
- **Driver's Address**: [Redacted]
- **Hours of Service**:
  - Log Book: No
  - Carrier Maintains: X
  - Non-compliant: No

**3. Vehicle Information**

- **Chassis Year**: 2014
- **Make**: VISON
- **Model**: BLUEBIRD
- **Plate No.**: BAJ372
- **S/N**: 18AKGCPFG131243
- **Date of Last Mechanical Inspection**: Jul 2016
- **Date of Manufacture**: Sep 2014

**4. Inspection**

<table>
<thead>
<tr>
<th>Section 40(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
</tr>
<tr>
<td>Fire Extinguisher</td>
</tr>
<tr>
<td>First Aid Kit</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
</tr>
<tr>
<td>Stop Arm</td>
</tr>
<tr>
<td>Horns (In/Out)</td>
</tr>
<tr>
<td><strong>Power Train</strong></td>
</tr>
<tr>
<td>Air Brakes</td>
</tr>
<tr>
<td>Fuel System</td>
</tr>
<tr>
<td><strong>Suspension</strong></td>
</tr>
<tr>
<td>Springs / Leaf Hangers</td>
</tr>
<tr>
<td>Axle Suspension</td>
</tr>
<tr>
<td><strong>Electrical</strong></td>
</tr>
<tr>
<td>Battery</td>
</tr>
<tr>
<td>Alternator &amp; Belts</td>
</tr>
<tr>
<td>Switches / Wiring</td>
</tr>
<tr>
<td><strong>Steering</strong></td>
</tr>
<tr>
<td>Steering Wheel</td>
</tr>
<tr>
<td>Power Assist</td>
</tr>
<tr>
<td>Linkage</td>
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<tr>
<td><strong>Auxiliary Equipment</strong></td>
</tr>
<tr>
<td>Wipers Wipers</td>
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<tr>
<td>Emergency Exit</td>
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<tr>
<td><strong>Body</strong></td>
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<tr>
<td>Doors</td>
</tr>
<tr>
<td>Roof</td>
</tr>
<tr>
<td>Side Windows</td>
</tr>
<tr>
<td><strong>Remarks</strong></td>
</tr>
</tbody>
</table>

---

**5. Out of Service**

- **Yes**: [ ]
- **No**: X
- **Pass**: X
- **Defects**: [ ]

**6. Summary Offence Ticket issued**

- **Yes**: [ ]
- **No**: X

**7. Confirmation of Repairs**

- **Mechanic / Owner's Signature**: [Redacted]
- **Mechanic's Certificate Number**: [Redacted]
- **Date of**: Y Y Y M D D 2016 / 10 / 06
- **Repair Time Out**: 09:45
**Bus Inspection Report**

**Location:** ST JOHN'S

**Inspection Information**
- **Date of Inspection:** 2016-10-06
- **Time In:** 09:45
- **Announced:** X
- **Unannounced:**

**Owner / Driver Information**
- **Owner's Address:** PO BOX 2672, ST JOHN'S, A1C5R6
- **Driver's Name:** [Redacted]

**Vehicle Information**
- **Make:** VISION
- **Model Year:** 2012
- **Body:** BLUEDIRD
- **Plate No:** BAH274
- **S/N:** 1B90C/F4D2902330
- **Sticker No:** 80087072
- **Type:** School
- **Kilometers:** 126029
- **Door:** PP

**Inspection**
- **Date of Last Inspection:** Aug 2016
- **Date of Manufacturing:** Jan 2012

**Considering A Notifiable Defect**

**Safety**
- **Front Anti-Lock Brakes:** P
- **Steering:**
  - **Steering Wheel:** P
  - **Front End:** P

**Brakes**
- **Disc Brakes:**
  - **Right Front:** P
  - **Left Front:** P
  - **Right Rear:** P
  - **Left Rear:** P

**Steering**
- **Steering Column:** P
- **Front End:** P

**Inspection of All Brakes**
- **Front:** P
- **Rear:** P

**Suspension**
- **Sway Bars:** P
- **Springs:** P
- **Shock Absorbers:** P

**Air Suspension:**
- **Air Compressor:** P
- **Air Tank:** P

**Air Conditioning:**
- **A/C Compressor:** P
- **Evaporator:** P

**Final Report**
- **Out of Service:** No
- **Pass:** X

**Out of Service**
- **Yes:** X
- **No:**

**Pass:**
- **Yes:** X
- **No:**

**Remarks**

**Confirmation of Repairs**
- **Mechanic / Driver's Signature:**
- **Mechanic's Details:**
- **Inspector's Notes:**

**Summary:**
- **Office:** Inspector Signature
- **Date:** 2016-10-06

**NOTICE:**
- The report is a summary of the examination of the vehicle's condition. Any defects noted in the report shall be corrected before the vehicle is returned to service. The report is not to be used as a substitute for the vehicle's registration.
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5

Telephone (709) 729-0358 Facsimile (709) 729-0102

**Bus Inspection Report**

AT16GUPAWB

**Inspection Information**

Date of Inspection: 2016/10/06
Time In: 10:30

Location: ST JOHNS

Inspector's Name: Glenn Sheppard

**Owner/Driver Information**

Registered Owner: DAVE GULLIVER CABS

Owner's Address: P.O. Box 2072, St. John's, A1C5R8

Driver's Address: No.

Driver's Licence No.: No.

**Vehicle Information**

Chassis No. 18094067

Body Manufacturer: BLUEBIRD

Plate Number: BAH266

Vehicle Description: S/N 1BAKGCPH6SF42591

Date of Inspection: Aug 2016

**Inspection**

**LEGEND**

P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

(Defects Restricted means the vehicle is out of service. It may, however, be driven to a place of repair provided there are no passengers on board)

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
<th>Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Bumpers &amp; Fenders</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>Brake Piping</td>
<td>Parking Brake</td>
<td>Chassis Frame</td>
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<tr>
<td>Hazard Warning Kit</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Body Mound</td>
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<td>Roof Arm</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Underbody Underslung</td>
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<td>Mirrors (In/Ex)</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Roof Hatch</td>
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<td>Visor</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Windshield Windows</td>
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<td>HORN</td>
<td>Parking Brake</td>
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<td>Seats</td>
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<td>Cross Arm</td>
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<td>Parking Brake</td>
<td>R &amp; G Guard Rails/Panels</td>
</tr>
<tr>
<td>Power Train</td>
<td>Parking Brake</td>
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<td>Expander</td>
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<td>Fuel System</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Fan, Int, Ext.</td>
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<td>Emission System</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Service Door/Misal.</td>
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<tr>
<td>Drive Train</td>
<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Emergency Exit</td>
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<td>Brake System</td>
<td>Parking Brake</td>
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<td>Signal, Noodles, Lettering</td>
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<td>Torque Rod Assembly</td>
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<td>Parking Brake</td>
<td>Parking Brake</td>
<td>Brakes/Heaters</td>
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</tbody>
</table>

**Remarks**

REF: 39748

**Results**

The above inspection report shows defects to have been found on the vehicle having licence plate number BAH266. You are hereby directed to correct the defects as noted above and to report to MTO at 400 or 410 by a follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic/Owner's Signature

Mechanic Certificate Number

Data of Inspect: 2016/10/06

Official Inspection Number

Date of Inspection: 2019/06/15

Owner/Driver's Signature

Inspector's Signature

Section 40(1)
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 870, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0328 Facsimile: (709) 729-0152

**Bus Inspection Report**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Time In</th>
<th>Location</th>
<th>Inspectors Name (First)</th>
<th>Inspectors Name (Last)</th>
<th>License No.</th>
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<tbody>
<tr>
<td>10/06/2016</td>
<td>11:15</td>
<td>ST JOHNS</td>
<td>Glenn Sheppard</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vehicle Information**

- Make: VISION
- Model: BLUEBIRD
- Year: 2014
- Plate No: BAJ384
- S/N: 1B4KCPH5GF514443
- Date of Mnfctr: Jun 2016
- Date of Last Inspection: Sep 2014

**Inspection**

**Legend**

- P: Passed
- X: Defects
- S: Service Required
- O: Out of Service
- N: N/A

**Brakes**

- Brake System: Master Cylinder
- Brake Adjustment
- Low Air Warning

**Steering**

- Steering Wheel
- Column, Box
- Linkage
- Front End

**Body**

- Service Door: Manual
- Emergency Exit

**Auxiliary Equipment**

- Dash & Instruments
- Windshield Washer / Wipers
- Emergency Shut-off
- Power Antenna

**Electrical**

- Battery
- Alternator & Belts
- Switches: Wiring

**Appearance**

- Front Panel
- Exterior
- Side Mirror

**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAJ384. You are hereby directed to correct the defects as noted above and to report to MFO at or before the due date on or before for a follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature**

- Date: 10/06/2016
- Official Inspection Sticker Number: BAJ384

**Remarks**

- Section 40(1)
DEPARTMENT OF GOVERNMENT SERVICES,  
MOTOR REGISTRATION DIVISION  
P.O. Box 870, St. John's, NL Canada A1B 4J5  
Telephone (709) 729-0389 Facsimile (709) 729-0182

Bus Inspection Report

<table>
<thead>
<tr>
<th>Inspection Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Inspection: YYYY MM DD</td>
</tr>
<tr>
<td>Location: ST JOHNS</td>
</tr>
<tr>
<td>Inspectors Name (Print): Glenn Sheppard</td>
</tr>
<tr>
<td>Inspectors Name (Print):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner / Driver Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Owner (Print): DAVE GULLIVER CASB</td>
</tr>
<tr>
<td>Owners Address: P.O. BOX 2072, ST. JOHN'S, NF/A56</td>
</tr>
<tr>
<td>Drivers Name (Print): DAVIS</td>
</tr>
<tr>
<td>Drivers Licence No:</td>
</tr>
<tr>
<td>Driver Address:</td>
</tr>
<tr>
<td>Hours of Service:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chassis Year: 2014</td>
</tr>
<tr>
<td>Make: INTL</td>
</tr>
<tr>
<td>Model:</td>
</tr>
<tr>
<td>Year: 2013</td>
</tr>
<tr>
<td>IC:</td>
</tr>
<tr>
<td>Color:</td>
</tr>
<tr>
<td>K.M.:</td>
</tr>
<tr>
<td>Type: School</td>
</tr>
<tr>
<td>Plate No: BAG486</td>
</tr>
<tr>
<td>S/N:</td>
</tr>
<tr>
<td>Body Style S/N:</td>
</tr>
<tr>
<td>Date of Last Upkeep / Inspection: Jun 2016</td>
</tr>
<tr>
<td>Date of Manufacture: Feb 2013</td>
</tr>
</tbody>
</table>

**LEGEND**  
P - Passed  
X - Defects  
S - Service Restricted  
O - Out of Service  
N - N/A

---

**Results**

---

**Confirmation of Repairs**

---

**Remarks**

---

**Section 40(1)**

---
**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**
P.O. Box 6710, St. Johns, NL, Canada A1B 4J5
Telephone: (709) 729-0358 Facsimile: (709) 725-0162

**Bus Inspection Report**

**AT1800375**

---

### Inspection Information

**Date of Inspection:** 2016/10/08  
**Location:** ST JOHNS  
**Inspection Time:** 13:00  
**Announced:** X  
**Unannounced:**  

---

### Owner / Driver Information

**Registered Owner (Print):** DAVE GULLIVER  
**NSC No:** N0C0023624  
**Owner's Address:** P.O. BOX 2072, ST JOHNS, A1C5R6  
**Owner's Name (Print):** Glenn Sheppard  
**Driver's Licence No:**  
**Driver's Address:**  
**Hours of Service:** Log Book  
**Category Rating:** X  
**Non-compliant:**  

---

### Vehicle Information

**Chassis Year:** 2015  
**Make:** VISION  
**Body Year:** 2015  
**Make:** BLUEBIRD  
**Registrar No:** BA923  
**S/N:** BAKKPHGF317094  
**S/N Block:** 06075064  
**Body S/N:** F4557111  
**Date of Last Mechanical Inspection:** Jun 2016  
**Date of Manufacture:** Feb 2015  

---

### Inspection

**LEGEND**  
P - Passed  
X - Defects  
S - Service Restricted*  
O - Out of Service  
N - N/A

<table>
<thead>
<tr>
<th>Brakes</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Skid Effect</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brakes</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brake Test</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master Cylinders</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power Train</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fuel System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhaust System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive Train</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Springs / Shocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Torsion Rod</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Suspension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Remarks

**REF:** J9802  

### Results

**Out of Service:** Yes [X]  
**Pass:** No [ ]  
**Defect:** X  
**Summary:** None  
**Defect Ticket:**  

### Confirmation of Repairs

**Mechanic / Owner's Signature:**  
**Mechanic Certificate Number:**  
**Date of Repair:**  
**Invoice / Inspection Number:**  
**Remarks:**  

---

NOTES: The inspection and report is to be performed by the duly qualified and/or authorized person. The vehicle(s) must be driven to the inspection station for an inspection on the collection date. The inspection officer is not responsible for the condition of the vehicle(s) at the time of inspection. This inspection report is the property of Government of Newfoundland and Labrador. The inspection report may be collected by the owner of the vehicle unless the vehicle is purchased, serviced or maintained within the jurisdiction of another government. The report information will be utilized for the purpose of maintaining a vehicle registration and inspection record for future reference. Any questions regarding the inspection report should be directed to the Motor Vehicles Division at 1-877-636-6997.

---

*Section 40(1)*
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone, (709) 729-0330 Facsimile, (709) 723-0102

Bus Inspection Report
AT160VY1214

Inspection Information

<table>
<thead>
<tr>
<th>Data of Inspection</th>
<th>Time To</th>
<th>Announced</th>
<th>Uncovered</th>
</tr>
</thead>
<tbody>
<tr>
<td>YYY MM DD 2016</td>
<td>09:00</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Location: ST JOHNS
Inspector's Name (First): Glenn Sheppard
Inspector's Name (Last): | No. |

Owner / Driver Information

<table>
<thead>
<tr>
<th>Registered Owner (First)</th>
<th>Registered Owner (Last)</th>
<th>HSC NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVE GULLIVER CABS</td>
<td></td>
<td>NFDC000262</td>
</tr>
</tbody>
</table>

Driver's Name (First): | No. |

Driver's Address: | |

Vehicle Information

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Plate No.</th>
<th>S/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>BLUEBIRD</td>
<td></td>
<td>BAH278</td>
<td></td>
</tr>
</tbody>
</table>

Owner: 

Inspection

LEGEND: P - Passed, X - Defects, S - Service Restricted, O - Out of Service, N - N/A

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Fuel System</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Power Train</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Front Axle</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Brakes</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Suspension</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Air Suspension</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Electrical</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Windshield Washer / Wipers</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Run / Gear Ratios / Gears</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Windows</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Roof Hatch</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Side Marker Lamps</td>
<td></td>
<td>P</td>
</tr>
</tbody>
</table>

Remarks

REF: 30011

Out of Service: No

Results

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAH278.

Confirmation of Repairs

This is to certify that the defects noted on the report hereinafter have been corrected and all necessary parts have been installed.

Mechanic / Owner's Signature: 
MOTOR CARS CENTRE

Date: 10/10/2016

Official Inspection Station Number: 102233

Officer / Inspector Signature: 

Inspection Time: 09:45

NOTE: This inspection report is for your information, only, and is not intended as evidence to be used in court, or to be the basis for the renewal of a vehicle registration. It is the owner's responsibility to ensure that all corrections are made and that the vehicle is returned to service in a safe condition.

Section 40(1)

Section 40(1)
### Bus Inspection Report

**AX16CVZ911**

**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 5710, St. John's, NL Canada A1B 4J5

Telephone (709) 729-0359 Facsimile (709) 729-0102

**FOR OFFICE USE ONLY**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Time In</th>
<th>Announced</th>
<th>Location</th>
<th>Inspector's Name (Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 / 10 / 17</td>
<td>10:15</td>
<td>X</td>
<td>ST JOHNS</td>
<td>Krista Cull</td>
</tr>
</tbody>
</table>

**Owner / Driver Information**

<table>
<thead>
<tr>
<th>Registered Owner (Print)</th>
<th>Driver's Name (Permit)</th>
<th>Driver's License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVE GULIVER CABS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vehicle Information**

<table>
<thead>
<tr>
<th>Chassis Year</th>
<th>Make</th>
<th>Plate No.</th>
<th>S/N</th>
<th>Body S/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>BLUEBIRD</td>
<td>BAH60</td>
<td>S/N</td>
<td>F45316</td>
</tr>
</tbody>
</table>

**Inspection**

**LEGEND**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **O** - Out of Service
- **N** - N/A

*Service Restricted means the vehicle is out of service. It may, however, be given to a place of repair provided there are no passengers on board.*

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Stop Arm</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Meters (Hz/Ext.)</td>
<td>Park Brake</td>
<td>Park Brake</td>
</tr>
<tr>
<td>Visor</td>
<td>Brake Lines</td>
<td>Brake Lines</td>
</tr>
<tr>
<td>Horn</td>
<td>Power Assist</td>
<td>Power Assist</td>
</tr>
<tr>
<td>Crossing Arm</td>
<td>Master/Cylinder</td>
<td>Master/Cylinder</td>
</tr>
<tr>
<td>Power Train</td>
<td>Air Brakes</td>
<td>Air Brakes</td>
</tr>
<tr>
<td>Fuel System</td>
<td>Compressor &amp; Seal</td>
<td>Compressor &amp; Seal</td>
</tr>
<tr>
<td>Exhaust System</td>
<td>Crane Valve &amp; Tanks</td>
<td>Crane Valve &amp; Tanks</td>
</tr>
<tr>
<td>Drive Shaft</td>
<td>Brake Actuator</td>
<td>Brake Actuator</td>
</tr>
<tr>
<td>Suspension</td>
<td>Low Air Warning</td>
<td>Low Air Warning</td>
</tr>
<tr>
<td>Springs / Ubers / Hangers</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Shocks</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Tension Rod Assembly</td>
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<tr>
<td>Ax Suspension</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Brakes / Wheel</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Steering Wheel / Hubs</td>
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<td>Wheels</td>
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<td>P</td>
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<tr>
<td>Tires &amp; Wheels</td>
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<td>P</td>
</tr>
<tr>
<td>Electrical</td>
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<td>P</td>
</tr>
<tr>
<td>Battery</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Alternator &amp; Belts</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Switches / Wires</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Emergency Exit Warning</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Delimiters / Heaters</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**Remarks**

**REF: 39913**

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Owner / Driver's Signature**

**Date**

**Section 40(1)**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAH60.

You are hereby directed to correct the defects as noted above and to report to MRD at on or before for a follow-up inspection.

**Owner of Driver's Signature**

**Date**

**Notice:** The inspection is not a guarantee or warranty as to the future condition or the reliability of the vehicle (Fermentation, nor does it authorize the operation of an unsafe vehicle or an event that may occur during the period of time after the inspection. The vehicle owner is responsible for ensuring that the vehicle is fit for use before being operated in a public place. The inspector has no authority to cease the operation of a vehicle deemed unsafe. Any questions may be directed to the Motor Registration Division at 709-729-0359.
**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, N.L. Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

**Bus Inspection Report**

AX16QV20E0

---

### Inspection Information

Date of Inspection: **2016 / 10 / 17**
Time in: **09:30**
Announced: **X**
Unannounced: **[]**

Laction: **ST JOHNS**

Inspector's Name (Print): **Krista Cull**
Inspector's Name (Handwriting): **No. 578**

### Owner / Driver Information

Registered Owner (Name): **DAVE GULIVER CABS**
Reg No: **NFDC00X23624**

Owners Address: **P.O. BOX 2072, ST. JOHNS, A1C5R6**

Driver's Name (Print): **[Driver's Name Redacted]**
Driver's Licence No: **[Driver's Licence Number Redacted]**

Driver's Address: **[Driver's Address Redacted]**
Hours of Service: **Log Book [ ] Carrier Maintains [X]**
Non-compliant: **[ ]**

### Vehicle Information

Chassis Year: **2007**
Make: **FRHT**
Model: **THOMAS**
Serial No: **BAJ433**

Discovered: **201601**
Kns: **3**
Type: **School**
PP: **X**

Date of Last Mechanical Inspection: **Jun 2016**
Date of Manufacture: **JUN 2006**

### Inspection

**LEGEND**
P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

#### Safety
- Fire Extinguisher: **P**
- First Aid Kit: **P**
- Hazard Warning Kit: **X**
- Stop Arm: **P**
- Mirrors (C/R, C/Sl): **P**
- Windshield: **P**
- Horn: **P**
- Cross Arm: **P**

#### Brakes
- Brake Master Test: **P**
- Tow Car Brakes: **P**
- Parking Brake: **P**
- Brakes Adjustments: **P**
- Air Brakes: **P**
- Rear drum brakes: **P**

#### Steering
- Steering Lash: **P**
- Power Assist: **P**
- Column, Box: **P**
- Linkage: **P**
- Front End: **P**

#### Body
- Bumpers & Fenders: **P**
- Fenders: **P**
- Body Mounts: **P**
- Underbody Undercoating: **P**
- Roof: **[ ]**
- Windshield, Windows: **P**
- Seats: **S**
- Rear: **X**
- Radiator Grille: **P**

#### Electrical
- Batteries: **P**
- Alternators & Belts: **P**
- Switches: **P**
- Emergency Exit Warning: **P**

#### Auxiliary Equipment
- Chest & Instrument Panel: **P**
- Skid: **P**
- Park, Int., Ext.: **P**
- Service Box / Manual: **P**
- Service Record: **P**
- Emergency Exit: **X**
- Signs, Name, Lettering: **P**
- Reflectors: **P**
- Grills (Front/Rear): **P**
- Tire & Wheel Clearance: **P**
- Headlights: **P**
- License Plate: **P**
- Taillights: **P**
- Clearance Lamps: **P**
- Signal: **P**
- Exhaust: **P**
- Intercom: **P**
- Tires & Wheels: **P**
- Tires: **X**

#### Section 40(1)

1. GREASE DOOR 2. TORN SEAT COVER 3. EXHAUST LOOSE 4. AIR LEAK IN SUSPENSION

#### Out of Service

Yes [ ] No [X] Pass [ ] Defects [X]

Summary Offence Ticket Issued: Yes [ ] No [X]

### Results

The above Inspection Report shows defects to have been found on the vehicle bearing licence plate number: **BAJ433**

You are hereby directed to correct the defects as noted above and to report to MTO on or before for a follow-up inspection.

---

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic / Owners Signature: **[Signature Redacted]**
Mechanic Carriage Number: **[Number Redacted]**

Date: **2016 / 10 / 17**
Official Inspection Station Number: **[Number Redacted]**

Out of Service: **[ ]**
Inspection Signature: **[Signature Redacted]**

Remain: **[ ]**
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St. John's, NL Canada A1B 4J9

Telephone: (709) 729-0269 Facsimile: (709) 726-0102

**Bus Inspection Report**

**AX160VCFL2**

**Inspection Information**

**Date of Inspection:** Y Y Y Y M M D D 2016 / 10 / 17

**Time in:** 11:00

**Announced:** X

**Inspection Information**

**Location:** ST JOHNS

**Inspection Time:** 11:00

**Inspection Date:** Y Y Y Y M M D D 2016 / 10 / 17

**Inspection Location:** ST JOHNS

**Inspection Time:** 11:00

**Inspection Details:**

- **Owner / Driver Information**
  - **Registered Owner:** DAVE GULLIVER CABS
  - **INS NO:** NFDC00023624
  - **Vehicle Make:** THOMAS
  - **Vehicle Model:** TRUST II THO
  - **Vehicle Yr:** 2004
  - **VIN:** BAH360
  - **S/N:** NS3279
  - **Date of Last Mechanical Inspection:** Aug 2016

**Vehicle Information**

**Vehicle Year:** 2004

**Vehicle Make:** THOMAS

**Vehicle Model:** TRUST II THO

**Vehicle Yr:** 2004

**Vin:** BAH360

**S/N:** NS3279

**Date of Last Mechanical Inspection:** Aug 2016

**Legends:**

- **P:** Passed
- **X:** Defects
- **S:** Service Restricted
- **O:** Out of Service
- **N:** N/A

**Inspection Details:**

- **Safety:**
  - Fire Extinguisher: P
  - First Aid Kit: P
  - Hazard Warning Kit: P
  - Seat Belts: P

- **Brakes:**
  - Brake Master Test: Yes
  - Brake Test: Yes
  - Parking Brake: Yes

- **Steering:**
  - Steering Wheel: P
  - Power Assist: P

- **Body:**
  - Doors: P
  - Windows: P

**Remarks:**

**Out of Service:**

- **Yes:** X

**Pass:**

- **Yes:** X

**Defects:**

- **Yes:** X

**Summary:**

- **Vehicle Inspection Ticket Issued:** Yes

**Confirmation of Repairs:**

- **Mechanic / Owner's Signature:**
  - Date: Y Y Y Y M M D D 2016 / 10 / 17
  - Signature:

**Owner's Signature:**

- **Date:** Y Y Y Y M M D D 2016 / 10 / 17

- **Owner's Signature:**

**Inspection Time:** 11:00

**Inspection Details:**

- **Vehicle Details:**
  - **Make:** THOMAS
  - **Model:** TRUST II THO
  - **Year:** 2004

**Remarks:**

**Out of Service:**

- **Yes:** X

**Pass:**

- **Yes:** X

**Defects:**

- **Yes:** X

**Summary:**

- **Vehicle Inspection Ticket Issued:** Yes

**Confirmation of Repairs:**

- **Mechanic / Owner's Signature:**
  - Date: Y Y Y Y M M D D 2016 / 10 / 17
  - Signature:

**Owner's Signature:**

- **Date:** Y Y Y Y M M D D 2016 / 10 / 17

- **Owner's Signature:**

**Inspection Time:** 11:00

**Inspection Details:**

- **Vehicle Details:**
  - **Make:** THOMAS
  - **Model:** TRUST II THO
  - **Year:** 2004
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone (709) 729-0028 Fax (709) 729-0102

Bus Inspection Report
AX166VZCK8

Inspection Information

Date of Inspection: 10/17/2016
Time: 12:00
Announced: X

Location: ST. JOHNS
Inspector's Name (First): Krista Goff
Inspector's Name (Last):

Owner / Driver Information

Registered Owner (Name): DAVE GULLIVER CASA
Registration No.: HFDC00023624
Owner's Address: P.O. BOX 2072, ST. JOHNS, A1C5R6
Driver's Name (First):
Driver's Name (Last):
Driver's Address:

Hours of Service

Vehicle Information

Make: JOHNSTON
Model: FRHT
Year: 2006
Plate No.: BAG191
S/N: 123456789
Body S/N: 123456789

Date of Last Mechanical Inspection: JUL 2016
Date of Last Inspection: APR 2008

Inspection

Legend

P - Passed
X - Defect
S - Service Restricted
Q - Out of Service
N - N/A

Inspection Results

Safety

Seat Belts (Front) P
Head Restraints P
Hazard Warning Kit P
Seat Belts (Rear) P

Brake Lights P

Steering

Steering Wheel P
Power Assistor P
Clutch, Brake P
Linkage P
Front End P

Auxiliary Equipment

Dash & Instruments P
Windshield Washer / Wipers P
Emergency Shut-off P
Pedals, Linkage P
Anti-skid Lock P

Electrical

Battery P
Alternator / Starter P
Switches / Wiring P
Emergency Exit Warning S

Body

Siders & Fenders P
Chassis, Frame P
Body Mounts P
Underbody, Underside P
Roof Hatch P
Windshield, Windows P
Spare / Guard Rails / Panels P

Tires & Wheel Clearance

Tires & Wheels P

Brakes

Brake Meter Test Yes X No

Power Train

Air Brakes P

Exhaust System

Draai Valve & Tamers N

Tires & Wheels P

Air Suspension N

Suspension

Brake Adjustment N

Electrical

Low Air Warning N

Electrical

Brake Light P

Air Suspension N

Inspection Summary

Out of Service: Yes X No

Defects: Yes X No

Summary Inspection Ticket Issued: Yes X No

Owner or Driver's Signature

Mechanic's Signature

Confirmation of Repairs

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

Mechanic's Signature

Inspection Date: 10/17/2016
Time: 12:00

Remarks:

NOTICE: This inspection is not a guarantee or warranty as to the future condition or the operation of the vehicle described herein. No statement is made as to the condition of the vehicle or on any previously owned registered vehicle at any time. Proof of repair to be forwarded to the nearest office on or before the due date.

FRA 120.504(1)(v): The vehicle must be driven to the nearest government office on or before the due date.

Remarks:
DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0350 Facsimile: (709) 729-0102

Bus Inspection Report
AX160VZNPF

INPECLATION INFORMATION

Date of Inspection: YYYY M D D D 2016 / 10 / 17
Time In: 12:45
Announced: X

Inspection Information

Location: ST. JOHN'S
Inspectors Name (Print): Kevin Call
Inspector's Name (Print): No

Owner/Driver Information

Owner/Driver Name: DAVE GULLIVER CABS
NSC No: NFDC00023624

Vehicle Information

Make: GMC
Model: MICROBRODO
Plate No: BAJ53
Color: Silver
Year: 2013
S/N: 1G237362G2D19454G
Steering No: 1722390
Body S/N: 132918
Date of Issue: JUL 2016
Date of Last MACKCARR Inspection: SEP 2012

Inspection

Legend

P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

Safety

Brakes
Brake Meter Test: Yes

Steering

Steering Lash: P
Power Assist: P

Body

Summers & Fenders: P
Chassis: Frame: P
Body Mounts: P

Suspension

Low Air Warning: N

Electrical

Battery: P

Air Brakes
Compressor & Belts: N

Lamps: P

Power Train

Air Brakes: P

Exhaust System

Exhaust Valves & Tanks: N

Reading Brakes: P

Fuel System

Compressor & Belts: N

Horn: P

Brake System: N

Exhaust Valve: P

Drive Shaft

Air Brakes: P

Suspension

Brake Adjustment: N

Spare Tire: P

Springs / Uteela / Hangers: P

Tires & Wheels: P

Shock: P

Torsion Rod Assembly: N

Dashes: P

Axle Suspension: N

Tires & Wheels: P

Rims: P

Summary: Defects Ticket Issued: Yes

Results

The above inspection report shows defects to have been found on the vehicle bearing license plate number: BAJ53.
You are hereby directed to correct the defects as noted above and to report to MRD at
or before a follow-up inspection

Confirmation of Repairs

Owner/Driver Signature: Date: YYYY M D D 2016 / 10 / 17

Tire & Wheels: P

Owner/Driver Signature: Date: YYYY M D D 2016 / 10 / 17

Mechanic: Owner's Signature: Mechanic Certificate Number:

Data of Official Inspection Sticker Number:

Remainder of the inspection report contains information on various vehicle components and defect details, including brake system, steering, suspension, electrical system, and safety features. The report indicates that no visible defects were found during the inspection.

NOTE: This inspection is not a guarantee or warranty as to the future condition or the eligibility of the vehicle for registration. The inspection is for the purpose of ensuring compliance with the Motor Vehicle Act and traffic safety regulations.

Section 40(1) refers to specific requirements or regulations that must be met by the vehicle and its components. This section likely pertains to the safety and operational standards that must be adhered to by the vehicle owner or operator.

Section 40(1) highlights the importance of maintaining and inspecting vehicles regularly to ensure they meet the necessary safety standards. This is crucial for preventing accidents and maintaining smooth road conditions.

Further details on the inspection process, including the role of the inspector and the responsibilities of the vehicle owner or operator, can be found in the Newfoundland and Labrador Motor Vehicle Act and related regulations.

For more information or assistance, contact the Motor Registration Division toll free at 1-877-656-6607.
## Inspection Information

**Date of Inspection:** 2016/10/17 15:00

### Location
- **ST. JOHN'S**

### Inspector Information
- **Inspector’s Name (Print):** Krista Coll
- **Inspector’s Number:** No. 576

### Owner / Driver Information
- **Registered Owner:** DAVE GULLIVER CABS
- **NSC No.:** NFDC00023624
- **Driver’s Name:**
- **Driver’s Contact:**

### Vehicle Information
- **Chassis Year:** 2009
- **Make:** FREIGHTLINER
- **Model:** THOMAS
- **Plate No.:** BAJ 265
- **Sticker No.:** 0809/027
- **Body S/N:** 05/6.051
- **Date of Manufacture:** JUL 2016

### Inspection

| Safety | Brakes | Steering | Body
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>Yes</td>
<td>P</td>
<td>YES</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Seats</td>
<td>Yes</td>
<td>P</td>
<td>YES</td>
</tr>
<tr>
<td>Mirrors (Int/Ext)</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Visor</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Roof</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Crossing Arm</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Power Train</td>
<td>Yes</td>
<td>P</td>
<td>YES</td>
</tr>
<tr>
<td>Fuel System</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Exhaust System</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Drive Shaft</td>
<td>Yes</td>
<td>P</td>
<td>YES</td>
</tr>
<tr>
<td>Suspension</td>
<td>No</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Springs / Uprights / Hangers</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Blocks</td>
<td>P</td>
<td>YES</td>
<td>P</td>
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<tr>
<td>Torsion Rod Assembly</td>
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<td>YES</td>
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<tr>
<td>Air Suspension</td>
<td>N</td>
<td>YES</td>
<td>N</td>
</tr>
<tr>
<td>Left Air Warming</td>
<td>P</td>
<td>YES</td>
<td>P</td>
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<tr>
<td>Right Air Warming</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Compressor &amp; Filters</td>
<td>N</td>
<td>YES</td>
<td>N</td>
</tr>
<tr>
<td>Brake Valve &amp; Tanks</td>
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<td>YES</td>
<td>N</td>
</tr>
<tr>
<td>Brake System</td>
<td>N</td>
<td>YES</td>
<td>N</td>
</tr>
<tr>
<td>Brake Adjustment</td>
<td>N</td>
<td>YES</td>
<td>N</td>
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<tr>
<td>Tires &amp; Wheels</td>
<td>N</td>
<td>YES</td>
<td>N</td>
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<tr>
<td>Tires / Wheels / Hubs</td>
<td>N</td>
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<td>N</td>
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<tr>
<td>Steering Lock</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Power Assist</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Column / Gear</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Lenape</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Front End</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Windscreen Windows</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Sun</td>
<td>P</td>
<td>YES</td>
<td>P</td>
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<tr>
<td>Auxiliary Equipment</td>
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<td>P</td>
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<td>Fuel / Gas Tanks / Flanges</td>
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<tr>
<td>Days &amp; Instruments</td>
<td>P</td>
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<td>P</td>
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<tr>
<td>Steps</td>
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<td>YES</td>
<td>N</td>
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<tr>
<td>Windscreen Washer / Wipers</td>
<td>N</td>
<td>YES</td>
<td>N</td>
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<tr>
<td>Emergency Shut off</td>
<td>N</td>
<td>YES</td>
<td>N</td>
</tr>
<tr>
<td>Pedals / Knobs</td>
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<td>YES</td>
<td>N</td>
</tr>
<tr>
<td>Anti-sand Lock</td>
<td>N</td>
<td>YES</td>
<td>N</td>
</tr>
<tr>
<td>Electrical</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Battery</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Alternator &amp; Belts</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Switches / Wiring</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Emergency Exit Warning</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Detectors / Beacons</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Lamps</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Exterior</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Interior</td>
<td>P</td>
<td>YES</td>
<td>P</td>
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<tr>
<td>Dash Lamps / Warning</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
<tr>
<td>Side Marker Lamps</td>
<td>P</td>
<td>YES</td>
<td>P</td>
</tr>
</tbody>
</table>

### Remarks
- **NO VISIBLE DEFECTS FOUND.**
  - REF # 39218

### Results
- **Out of Service:** Yes
  - **No:** No
  - **Pass:** Pass
  - **Detected:** Yes
  - **Summary Offence Ticket Issued:** Yes

### Confirmation of Repairs
- **Mechanic / Owner’s Signature:**
- **Mechanic Certificate Number:**
- **Date of Repairs:**
- **Inspector’s Signature:**
  - **Date:** 2016/10/17 15:30

---

**NOTICE:** This inspection is not a guarantee or warranty as to the fitness or condition of the vehicle or whether it complies with any governmental regulations, nor does it indicate the condition of any vehicle or an inspection certificate. To obtain a vehicle inspection certificate, your vehicle must be in good condition. Proof of ownership is required to be witnessed by the ticket agent or officer or before the date on which the report is issued. This inspection is for the purpose of issuing a Newfoundland and Labrador Bus Inspection Permit. Section 40 of the R.I.A. contains this information. It is the responsibility of the inspector to report all defects or potential defects. These defects or potential defects are not covered by this inspection. Inspections can be done by the Motor Repossession Division toll free at 1-877-262-0800.
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**Bus Inspection Report**

**AX160VVM37**

**Location:** ST. JOHN'S

**Date of Inspection:** Y Y Y Y M D D D 2016 / 10 / 17

**Time:** 15:30

**Inspected By:** Krista Cut

**Manufacturer:** FREIGHTLINER

**Reg. Owner:** DAVE GULLIVER CAB

**Vehicle Information:**

- **Plate No.:** BAH 345
- **Engine R.:** 608394027
- **Body S / N:** 0561601
- **Date of Last M/C Inspection:** JUL 2016
- **Date of Manufacture:** Aug 2005

**Inspection:**

**LEGEND**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **O** - Out of Service
- **N** - N/A

**Safety:**

- **Brakes:**
  - **Yes**
  - **No**

**Suspension:**

- **Yes**

**Results:**

- **Out of Service:** Yes

**Confirmation of Repairs:**

- **Mechanic / Owner's Signature:**
- **Mechanic Certificate Number:**
- **Date of Inspection:** Y Y Y Y M D D 2016 / 10 / 17
- **Inspector's Signature:**
- **Inspector's Signature Time Out:** 18:00

**Remarks:**

1. EXHAUST LOOSE
2. GREASE REAR EMERGENCY EXIT.

REF # 39819

Note: This inspection and any tests or emissions tests required to determine the condition of the vehicle described herein were made by the person certified on the certificate of compliance and in the presence of the driver. Minor repairs may be made by the vehicle owner to correct defects found during the inspection.

**GENERAL STATEMENT:**

Under the authority of the Highway Traffic Act (HTA), personal inspection and enforcement for the purpose of ensuring a Newfoundland and Labrador Bus inspection Program. Such program is conducted by a duly authorized officer of the Government of Newfoundland and Labrador, licensed as a motor vehicle inspector. Any questions or concerns can be directed to the Motor Registration Division toll free at 1-877-468-6888.
**Bus Inspection Report**

**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**PO Box 8710, St John's, NL A1B 4J5**

Telephone: (709) 729-0355 Fax: (709) 729-0102

**AX16QYYWCS**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Time in</th>
<th>Announced</th>
<th>Unannounced</th>
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<tbody>
<tr>
<td>2016 / 10 / 18</td>
<td>08:30</td>
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**Location**

ST. JOHN'S

**Inspector's Name (Print)**

Krista Colli

**Inspection's Name (Print)**

No

**Owner / Driver Information**

**Registered Owner (Print)**

STREAMLINE BUS CO

**NSC No.**

HFSC000426Z

**Owner's Address**

1452 TORBAY RD, TORBAY, NL A1K1K2

**Driver's Name (Print)**

No

**Driver's Licence No.**

No

**Vehicle Information**

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>S/N</th>
<th>Body S/N</th>
<th>Date of Manufacture</th>
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<tr>
<td>2006</td>
<td>THOMAS</td>
<td>25026</td>
<td>11742131</td>
<td>D653050</td>
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</tbody>
</table>

**Inspection**

**LEGEND**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **D** - Out of Service
- **N** - N/A

**Defects: Safety**

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Brake</td>
<td>Yes</td>
</tr>
<tr>
<td>Parking</td>
<td>Yes</td>
</tr>
<tr>
<td>Headlight</td>
<td>Yes</td>
</tr>
<tr>
<td>Side Marker</td>
<td>Yes</td>
</tr>
<tr>
<td>Tires</td>
<td>Yes</td>
</tr>
<tr>
<td>Air Suspension</td>
<td>Yes</td>
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</tbody>
</table>

**Defects: Steering**

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering</td>
<td>Yes</td>
</tr>
<tr>
<td>Power</td>
<td>Yes</td>
</tr>
<tr>
<td>Linkage</td>
<td>Yes</td>
</tr>
<tr>
<td>Front End</td>
<td>Yes</td>
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</tbody>
</table>

**Defects: Body**

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door</td>
<td>Yes</td>
</tr>
<tr>
<td>Window</td>
<td>Yes</td>
</tr>
<tr>
<td>Roof Hatch</td>
<td>Yes</td>
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</tbody>
</table>

**Defects: Service Restricted**

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Brakes</td>
<td>Yes</td>
</tr>
<tr>
<td>Compartment</td>
<td>Yes</td>
</tr>
<tr>
<td>Drive Train</td>
<td>Yes</td>
</tr>
<tr>
<td>Battery System</td>
<td>Yes</td>
</tr>
<tr>
<td>Brakes Adjustment</td>
<td>Yes</td>
</tr>
<tr>
<td>Axle Anti-Lock</td>
<td>Yes</td>
</tr>
<tr>
<td>Electrical</td>
<td>Yes</td>
</tr>
<tr>
<td>Alternator &amp; belts</td>
<td>Yes</td>
</tr>
<tr>
<td>Tires &amp; wheels</td>
<td>Yes</td>
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<tr>
<td>Air Conditioner</td>
<td>Yes</td>
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**Defects: Out of Service**

<table>
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<tr>
<th>Item</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Door</td>
<td>Yes</td>
</tr>
<tr>
<td>Window</td>
<td>Yes</td>
</tr>
<tr>
<td>Roof Hatch</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Remarks**

1. BRAKE ADJUSTMENT
2. GREASE REAR EMERGENCY EXIT

**Results**

The above inspection report shows defects have been found on the vehicle bearing licence plate number BAG448. You are hereby directed to correct the defects as noted above and to report to MRO at 09:00 on or before Oct 23, 2016 for a follow-up inspection.

**Confirmation of Repairs**

To certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic/Owner's Signature**

Date: 2016 / 10 / 18

**Inspection's Signature**

Date: 2016 / 10 / 18
# Vehicle Information

- **Chassis Year**: 2006
- **Make**: F18T
- **Body Year**: 2006
- **Owner**: DAVID GULIVER
- **Address**: P.O. BOX 2072, ST. JOHN'S, A1C 5R6
- **Type**: SCHOOL
- **PP**:
- **Year**: 137075
- **Km**: 64560494

## Inspections

### Brake Inspection

- **Parking Brake**: Yes
- **Drum Brakes**: Yes
- **Air Brakes**: Yes

### Steering Inspection

- **Steering Wheel**: Yes
- **Column**: Yes
- **Box**: Yes
- **Col**: Yes

### Body Inspection

- **Bumpers & Fenders**: Yes
- **Exhaust**: Yes
- **Windshield Washer/Wiper**: Yes
- **Emergency Exit & Alarm**: Yes

### Safety Inspection

- **Fire Extinguisher**: Yes
- **First Aid Kit**: Yes
- **Hazard Warning Light**: Yes
- **Seat Belt**: Yes

### Suspension Inspection

- **Springs / Shocks**: Yes
- **Tires & Wheels**: Yes
- **Air Suspension**: Yes

### Other Inspection

- **Emergency Exit**: Yes
- **Swivel & Slide**: Yes
- **Emergency Exit Warning**: Yes
- **Defrosters / Heaters**: Yes

## Remarks

1. EXHAUST CLAMP
2. SURFACE RUST ON ROTORS
3. BRAKE TEST
4. ABS LIGHT

## Results

The above inspection report shows defects to have been found on the vehicle bearing license plate number BAG725. You have been directed to correct the defects as listed above and to report to MRO on or before Oct 28, 2016 for a follow-up inspection.

## Confirmation of Repairs

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

<table>
<thead>
<tr>
<th>Manufacturer / Owner's Signature</th>
<th>License Plate Number</th>
<th>Date of Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2016 / 10 / 10</td>
</tr>
</tbody>
</table>

**Owner's Signature**: [Signature]

**Inspector's Signature**: [Signature]

**Date**: 09:30
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**P.O. Box 6710, St John’s, N.L. Canada A1E 4J5**

**Telephone (709) 729-0359 Facsimile (709) 729-0102**

---

## Bus Inspection Report

**AX160VX062**

---

### Inspection Information

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Y Y Y M D D</th>
<th>Time In</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 / 10 / 10</td>
<td></td>
<td>09:30</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Location:** ST. JOHNS

**Inspector’s Name:** Krista Gulliver

**Inspector’s Rank:** No.

---

### Owner / Driver Information

| Registered Owner (Print) |姓氏 | Address | Licence 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVE GULLIVER CASS</td>
<td></td>
<td>P.O. BOX 2072, ST. JOHN’S, A1C5R6</td>
</tr>
</tbody>
</table>

**Driver’s Name:** [Redacted]

**Driver’s Rank:** No.

**Driver’s Licence:** [Redacted]

**Driver’s Address:** [Redacted]

---

### Vehicle Information

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>Vin. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>THOMAS</td>
<td>FREIGHTLINER</td>
<td>2006</td>
<td>11793240</td>
</tr>
</tbody>
</table>

**Pass No:** BAJ 480

**S : N:** UT3286

---

**Date of Last Mechanical Inspection:** JUL 2016

**Date of Manufacture:** Apr 2005

---

### Vehicle Inspection

#### Safety

<table>
<thead>
<tr>
<th>Brakes</th>
<th>Parking Brakes</th>
<th>Power Assist</th>
<th>Fuel System</th>
<th>Tires/Wheels</th>
<th>Air Suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>O</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**Hazard Warning Light:** [Redacted]

**Stop Arm:** [Redacted]

**Windshield Washer/Wipers:** [Redacted]

**Emergency Exit:** [Redacted]

**Emergency Exit Warning:** [Redacted]

**Asbestos:** [Redacted]

**Exhaust Gas:** [Redacted]

**Windshield:** [Redacted]

**Flammables:** [Redacted]

**Electrical:** [Redacted]

**Steering:** [Redacted]

**Suspension:** [Redacted]

**Power Train:** [Redacted]

---

**Inspectors Signature:** [Redacted]

**Inspection Date:** 2016 / 10 / 10

**Time:** 09:30

---

**Section 40(1)**

**Remarks:**

**Out of Service:** Yes X No

**Defects:**

**Summary offence ticket issued:** Yes X No

---

**Results:**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAJ 480. You are hereby directed to correct the defects as noted above and to report to MRRD on or before Oct 28, 2018 for a follow-up inspection.

**Confirmation of Repairs:**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAJ 480. You are hereby directed to correct the defects as noted above and to report to MRRD on or before Oct 28, 2018 for a follow-up inspection.

---

**Date of Inspection:** 2016 / 10 / 10

**Official Inspection Station Number:** [Redacted]

**Mechanic’s Signature:** [Redacted]

**Mechanic Certificate Number:** [Redacted]

**Inspection Officer:** [Redacted]

**Inspector’s Signature:** [Redacted]

---

**Back Up Brake Motor Not Working Ref # 29523**
## Bus Inspection Report

**Location:** ST. JOHN'S  
**Date of Inspection:** 2018/10/18  
**Time:** 10:30  
**Announced:** X  
**Non-compliant:** X

### Inspectors Information
**Inspectors Name:** Krista Cull  
**Inspectors Name:**

### Owner / Driver Information
**Registered Owner:** DAVE GULLIVER CABS  
**NSC No:** NFDC090235024  
**Driver's Name:**

### Vehicle Information
**Make:** THOMAS  
**Model:**  
**Year:** 2007  
**No.:** 137612  
**Sticker No.:** 5404877  
**Body S/N:** 0652323  
**VIN:**

### Inspection
**Safety**  
- Fire Extinguisher: P  
- First Aid Kit: P  
- Hazard Warning Kit: P  
- Stop Arm: P  
- Doors (Int/Ext): P  
- Vane: P  
- Horn: P  
- Cross Arm: P  

**Power Train**  
- Air Brakes: P  
- Fuel System: P  
- Exhaust System: P  
- Drive Shaft: P  

**Suspension**  
- Springs / Shocks / Hangers: P  
- Shocks: P  
- Torsion Rod Assembly: P  
- Air Suspension: P

**Brakes**  
- Brakes/Brake Test: P  
- Parking Brake: P  
- Master Reading 1: %  
- Master Reading 2: %

**Steering**  
- Steering Wheel: P  
- Power Assist: P  
- Column, Bun: P  
- Linkage: P  
- Front End: P

**Auxiliary Equipment**  
- Battery: P  
- Alternator: P  
- Generator: P  
- Emergency Exit Warning: P

**Body**  
- Bumpers & Fenders: P  
- Cab: P  
- Roof: P  
- Windows, WIndows: P

**LEGEND**  
- Passed: P  
- Defects: X  
- Service Required: S  
- Out of Service: O  
- N/A

### Remarks
**NO VISIBLE DEFECTS FOUND.**

### Results
**Out of Service:** Yes  
**Defects:** X

### Confirmation of Repairs
**Mechanic / Owner's Signature:**

**Engineer / Inspector Signature:**

---

**NOTES:**
- The inspection is not a guarantee or warranty as to the fitness or safety of the vehicle. It is designed to enable the enforcement of Vehicle and Traffic Laws.
- The information provided is for the purpose of issuing a Newfoundland and Labrador Bus Inspection Report. Section 60 of the HTA allows Motor Registration Officers to issue an inspection certificate in lieu of an inspection, if the vehicle is found to be in a safe and roadworthy condition.

**Date of Inspection:** 2018/10/18  
**Time Out:** 11:30
### Inspectors Information
- **Name:** Krista Cull
- **Inspection Number:** 576

### Registration Information
- **Owner/Driver:** STREAMLINE BUS CO.
- **Address:** 1452 TORBAY RD, TORBAY, NL A1K1K2
- **Driver's Name:** [Redacted]
- **Driver's License No:** [Redacted]
- **Hours of Service:** Log Book

### Vehicle Information
- **Make:** BLUEBIRD
- **Model Year:** 2004
- **Plate No:** BA5049
- **S/N:** 1AAAHPX4F212243

### Inspection
#### Safety
- **Park Brake Test:** Passed
- **Brakes:** Passed
- **Fuel System:** Passed
- **Air Bags:** Passed
- **Suspension:** Passed

#### Electrical
- **Battery:** Passed
- **Wipers:** Passed

#### Steering
- **Power Assist:** Passed
- **Column Lock:** Passed
- **Foot End:** Passed

#### Body
- **Bumpers & Fenders:** Passed
- **Roof:** Passed
- **Windows:** Passed
- **Seat:** Passed

#### Exterior Equipment
- **Rear View:** Passed
- **Side View:** Passed
- **Sun Roof:** Passed

### Remarks
- **NO VISIBLE DEFECTS FOUND**
- **Date of Service:** June 18, 2018
- **Date of Last Inspection:** Jan 2003

### Confirmation of Repairs
- **Mechanic/Owner Signature:** [Redacted]
- **Mechanics Certificate Number:** [Redacted]
- **Date of Repair:** June 18, 2018
- **Inspection Number:** 576

### OFFICE USE ONLY
- **Reviewed By:**
- **Date:**
- **Reviewed By:**
- **Date:**

### Notes
- The inspection is not a guarantee of safety as the driver continues to drive the vehicle as displayed herein, nor does it authorize the operation of any vehicle or an applicant for an insurance to drive a vehicle on the basis of this report. It must be forwarded by the vehicle owner to the local police facilities before the date of issue or before the date of operation.

---

**Section 40(1)**

**Legend**

- **P** = Passed
- **X** = Defects
- **S** = Service Required
- **O** = Out of Service
- **N** = N/A

*Duty to Inspect the Vehicle*

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BA5049. You are hereby directed to correct the defects as noted above and to report to NROD on or before a follow-up inspection.

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.
<table>
<thead>
<tr>
<th>Section 40(1)</th>
</tr>
</thead>
</table>

**Bus Inspection Report**

**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL, Canada A1B 4J5
Telephone: (709) 729-0259 Facsimile: (709) 729-0102

**Identification Information**

- **Date of Inspection**: 2016 / 10 / 19
- **Time in**: 08:45
- **Announced**: X
- **Unannounced**: X

**Location**: ST. JOHN'S NL
**Inspected By**: Byron Radway
**Inspected By Name**: John Paddie
**Plate No.**: AE16P9NY80

**Bus Inspection Report**

### Vehicle Information

- **Make**: BLUEBIRD
- **Model**: BAJ362
- **Color**: S/N GP34448
- **Type**: SEP 87163
- **Serial No.**: 102599695
- **Body S/N**: F425065
- **Date of Construction**: JUN 2016
- **Date of Manufacture**: Sep 2014

**Inspection Results**

**Safety**

- **Engine**: P
- **Fire Extinguisher**: P
- **Fuel Line**: P
- **Fuel System**: P
- **Ignition System**: P
- **License Plate**: X
- **Lights**: P

**Suspension**

- **Air Bag**: P
- **Brake System**: P
- **Brake Adjust**: P
- **Brakes**: P
- **Axles**: P
- **Chassis**: P
- **Steering**: P
- **Tires**: P

**Brakes**

- **Engine**: P
- **Exhaust**: P
- **Ignition**: P
- **Interior**: P
- **Luggage**: P
- **Mirrors**: P
- **Passenger**: P
- **Power Assist**: P
- **Power Steering**: P
- **Rims & Hubs**: P

**Electrical**

- **Batteries**: P
- **Battery**: P
- **Chassis**: P
- **Diagnoses**: P
- **Electric**: P
- **Engine**: P
- **Exhaust**: P
- **Exhaust**: P
- **Fuel System**: P
- **Interior**: P
- **Luggage**: P

**Body**

- **Doors**: P
- **Exterior**: P
- **Luggage**: P
- **Mirrors**: P
- **Windows**: P
- **Wiper**: P
- **Wiper**: P

**Section 40(1)**

**Left Side Crossover Mirror Not Heating Up**

**Remarks**

1) **TRIP INSPECTION REPORT FORM NON COMPLIANT** 2) **LEFT SIDE CROSSOVER MIRROR NOT HEATING UP** 3) **REAR BROKEN LEAF SPRING NOTE** 4) **MIRROR TO BE REPAIRED BEFORE TRANSPORTING STUDENTS**

**Confirmation of Repairs**

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

**Mechanic/Owner's Signature**: ____________
**Mechanic's Certification Number**: ____________
**Date**: 2016 / 10 / 19

**Officer/Inspector's Signature**: ____________
**Date**: 2016 / 10 / 19

**Time Out**: 08:45

---

47
**DEPARTMENT OF GOVERNMENT SERVICES,**  
**MOTOR REGISTRATION DIVISION**  
P.O. Box 8710, St John's, NL Canada A1B 4J5  
Telephone: (709) 729-0538 Facsimile: (709) 729-0102

**Bus Inspection Report**
AX160YH44

---

**Inspection Information**

- **Date of Inspection:** YYYMDD 2016 / 10 / 19  
  **Time:** 09:00  
  **Announced:** X  
  **Unannounced:**

---

**Owner / Driver Information**

- **Inspection Name:** Idasa Coll  
  **Inspection Name:** Paul Ellisworth

---

**Vehicle Information**

- **Chassis Year:** 2005  
  **Make:** FREIGHTLINER  
  **Plate No.:** BAH361  
  **S/N:** N93744  
  **Model:** THOMAS  
  **S/N:** 02831167  
  **Type:** School X  
  **PP:**

---

**Inspection**

- **LEGEND:** P - Passed  
  X - Defects  
  S - Service Restricted  
  O - Out of Service  
  N - N/A

---

**Remarks**

1. RUST HOLES IN CROSS MEMBERS  
2. GREASE REAR EXIT  
3. CARRIER BEARING  
4. BATTERY TRAY  
5. DOOR PANELS RUSTED THROUGH.

---

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic / Owner’s Signature:**  
**Mechanical Certification Number:**

---

**Out of Service**

- **Yes:**  
  **No:** X  
  **Pass:**  
  **Defects:** X  
  **Summary:**  
  **Defects:** X  
  **Ticket Issued:** Yes  
  **No:**

---

**Results**

The above inspection report shows defects to have been found on the vehicle bearing license plate number: BAH361

You are hereby directed to correct the defects as noted above and to report to MRD on or before Oct 29, 2016 for a follow-up inspection.

---

**Owner or Driver’s Signature:**

- **Date:** YYYMMDD 2016 / 10 / 16  
  **Time:** 09:30  
  **Inspector’s Signature:**

---

**DEPARTMENT OF GOVERNMENT SERVICES,**  
**MOTOR REGISTRATION DIVISION**  
P.O. Box 8710, St John’s, NL Canada A1B 4J5  
Telephone: (709) 729-0538 Facsimile: (709) 729-0102

**Bus Inspection Report**
AX160YH44

---

**Inspection Information**

- **Date of Inspection:** YYYMDD 2016 / 10 / 19  
  **Time:** 09:00  
  **Announced:** X  
  **Unannounced:**

---

**Owner / Driver Information**

- **Inspection Name:** Idasa Coll  
  **Inspection Name:** Paul Ellisworth

---

**Vehicle Information**

- **Chassis Year:** 2005  
  **Make:** FREIGHTLINER  
  **Plate No.:** BAH361  
  **S/N:** N93744  
  **Model:** THOMAS  
  **S/N:** 02831167  
  **Type:** School X  
  **PP:**

---

**Inspection**

- **LEGEND:** P - Passed  
  X - Defects  
  S - Service Restricted  
  O - Out of Service  
  N - N/A

---

**Remarks**

1. RUST HOLES IN CROSS MEMBERS  
2. GREASE REAR EXIT  
3. CARRIER BEARING  
4. BATTERY TRAY  
5. DOOR PANELS RUSTED THROUGH.

---

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic / Owner’s Signature:**  
**Mechanical Certification Number:**

---

**Out of Service**

- **Yes:**  
  **No:** X  
  **Pass:**  
  **Defects:** X  
  **Summary:**  
  **Defects:** X  
  **Ticket Issued:** Yes  
  **No:**

---

**Results**

The above inspection report shows defects to have been found on the vehicle bearing license plate number: BAH361

You are hereby directed to correct the defects as noted above and to report to MRD on or before Oct 29, 2016 for a follow-up inspection.

---

**Owner or Driver’s Signature:**

- **Date:** YYYMMDD 2016 / 10 / 16  
  **Time:** 09:30  
  **Inspector’s Signature:**
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0358 Facsimile: (709) 729-0102
Bus Inspection Report
BB1600000000

Inspection Information

1
Date of inspection 2016/10/19 Time Announced 09:18

Location STJOHNS

Inspector's Name (First) Lee Percy
Inspection No. 553

Owner/Driver Information

2
Registered Owner (Prog) DAVE GULLIVER CABS
Owner's Address PO BOX 2072 STJOHNS NL A1C 5R6

Driver's Name (First) Darren Barnett
Driver's License No.

Vehicle Information

3
Chassis Year 2016 Make BLUEBIRD
Model Year 2016
Body Year 2016

Body Style No. Date of Last Mechanical Inspection Aug 2016

Vehicle Inspection

4
Brakes: Gear/Handbrake
Drum Test P
Parking Brake P

Suspension: Air Leaking

Steering: Steering Wheel

Body: Body Light

Remarks

5

Results

6
The above inspection report shows defects to have been found on the vehicle bearing licence plate number 4AB64.
You are hereby directed to correct the defects as noted above and to report to MROD as on or before for a follow-up inspection.

Conformance of Repairs

7
Date of Repair 2016/10/19 Clinical Inspection Station Number 4AB64

Owner or Driver's Signature

Inspection Inspector's Signature

[Other sections and tables are present in the document, but the relevant sections are marked as "Section 40(1)" and "Section 40(1)" for emphasis.]

NOTE: This inspection is not a guarantee or warranty as to the future condition of the vehicle described herein, nor does it authorize the continued or resumed use of the vehicle described.

For Office Use Only

Reviewed by

Date

Routine Complaint MVA

[Other sections and tables are present in the document, but the relevant sections are marked as "Section 40(1)" and "Section 40(1)" for emphasis.]

[Footer includes departmental information and contact details.]
## Inspection Information

<table>
<thead>
<tr>
<th>Data of Inspection</th>
<th>Y Y Y M M D D 2018</th>
<th>Time In</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>ST. JOHNS NL</td>
<td>10 / 18</td>
<td>09:20</td>
<td></td>
</tr>
</tbody>
</table>

**Owner / Driver Information**

<table>
<thead>
<tr>
<th>DTBPNPSP5F1</th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers Address</td>
<td>DAVE GILLIVAR CABS LTD</td>
<td>BOXL 2012 ST. JOHN'S NL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver’s Licence No.</td>
<td></td>
<td>No 528</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Vehicle Information

- **Chassis No.**: DAV362
- **Plate No.**: BAH362
- **Body Year**: 2013
- **Sticker No.**: 00831169
- **Body No.** 11/11
- **Date of Last Mechanical Inspection**: Aug 2013
- **Date of Manufacture**: Feb 2013

## Inspection

**Legend**
- **P**: Passed
- **X**: Defects
- **S**: Service Restricted
- **O**: Out of Service
- **N**: N/A

### Body

- **Body**: Chassis, Frame
- **Body Paint**:
- **Body Mounts**:
- **Body Roof**:
- **Windows**:

### Electrical

- **Electrical**:
- **Battery**:

### Brakes

- **Brakes**:
- **Parking Brakes**:
- **Electrical**:

### Steering

- **Steering**:
- **Power Assist**:
- **Column**:
- **Steering Wheel**:

### Safety

- **Safety**:
- **Mirror**:
- **Horn**:
- **Bear Arm**:

### Suspension

- **Suspension**:
- **Axle**:
- **Torsion Bar Assembly**:
- **Air Suspension**:

### Door

- **Door**:
- **Exhaust System**:
- **Engine**:
- **Windshield Washer / Wipers**:

### Power Train

- **Power Train**:
- **Fuel System**:
- **Exhaust System**:
- **Engine**:

### Power Train

- **Power Train**:
- **Fuel System**:
- **Exhaust System**:
- **Engine**:

### Tires & Wheels

- **Tires & Wheels**:
- **Bumper**:
- **Rims / Wheels / Hubs**:

### Lamps & Reflector

- **Lamps & Reflector**:
- **Side Marker Lamps**:

### Section 40(1)

**NOTE:** The inspection is not a guarantee or warranty as to the fitness condition or the reliability of the vehicle described herein. It does not authorize the operation of an unsafe vehicle or an unsafe equipped repair vehicle at any time. Proof of proper testing by a licensed inspector is required to be on file with the Department of Government Services, Motor Registration Division.

### Confirmation of Repairs

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

- **Mechanic / Owners Signature**: [Signature]
- **Vehicle Identification Number**: [VIN]
- **Date**: 09 / 2016

---

**Reminders:**

- **1)** TRIP INSPECTION FORM NON COMPLIANT
- **2)** REPAIR STEP WELL LIGHT
- **3)** REPLACE LEFT SIDE FLAT MIRROR
**Bus Inspection Report**

**Location:** ST JOHN'S  
**Date of Inspection:** 10/10/19  
**Time:** 09:45  
**Inspection Officer:** Krista Cull  
**Inspection No:** 378  
**Telephone:** (709) 729-0353  
**Fax:** (709) 729-0102

**Owner / Driver Information**  
**Registered Owner (Plato):** DAVE GULLIVER CABS  
**Owner's Address:** P.O. BOX 2072, ST JOHN'S, A1C5R6  
**Driver Name:**  
**Driver's Address:**  
**Hours of Service:**  
**Log Book:**  
**Complaint:**  
**Non-complaint:**  
**Vehicle Information**  
**Make:** BLUEBIRD  
**Model Year:** 2016  
**Model:**  
**Vehicle Description:**  
**Serial No:** BAH 261  
**Body S/N:** F45517  
**Date of Manufacture:** Feb 2015  
**Date of Last Mechanical Inspection:** Aug 2016

**Inspection**  
**LEGEND**  
- P - Passed  
- X - Defects  
- S - Service Restricted  
- O - Out of Service  
- N - N/A

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
<th>Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>Braking System</td>
<td>Steering Wheel</td>
<td>Body Work</td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
<td>Axles</td>
<td></td>
<td>Bumpers &amp; Fenders</td>
</tr>
<tr>
<td>Fuel System</td>
<td>Brake System</td>
<td>Steering Wheel</td>
<td>Chassis, Frame</td>
</tr>
<tr>
<td>Exhaust System</td>
<td>Brakes</td>
<td></td>
<td>Body Kits</td>
</tr>
<tr>
<td>Drive Shaft</td>
<td></td>
<td></td>
<td>Hood</td>
</tr>
<tr>
<td>Suspension</td>
<td></td>
<td></td>
<td>Windshield, Windows</td>
</tr>
</tbody>
</table>

**Remarks**  
**NO VISIBL DEFECTS FOUND**

**Result**  
**YES**  
**NO** X  
**Pass** X  
**Defects** X  
**Summary Defects Ticket Issued**

**Confirmation of Repairs**  
This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature:**  
**Mechanic Certificate Number:**

**Date of Inspection:**  
**Official Inspection Station Number:**

**Officer / Inspector Signature:**  
**Remarks:**
## Bus Inspection Report

**Bus Number:** AE16FBRY22

**Date of Inspection:** YYY M D D 2016 / 10 / 19

**Time:** 10:00

**Location:** ST. JOHN'S, NL

**Inspector's Name:** Byron Rodway

**Inspection Information:**
- **Owner / Driver Information:**
  - **Registered Owner (First):** DAVE GULIVER CABS LTD
  - **Registered Owner License No.:** HSC H0 NFD0315760
  - **Owner's Address:** BOX 272, ST. JOHNS, A1C5J6
  - **Owner's Licence No.:** 0211

**Vehicle Information:**
- **Make:** THOMAS
- **Model:** FRHT
- **Year:** 2005
- **Plate No.:** BAG356
- **VIN:** A42ABRTT7FCW12547
- **Service Date:** Aug 2016
- **Body Type:** School

### Inspection

**Safety:**
- **Fire Extinguisher:** Present
- **Brake Fluid:** Present
- **Alarms:** Present
- **Horn:** Present
- **Coil:** Present
- **Power Train:** Present
- **Exhaust System:** Present
- **Brake System:** Present

**Steering:**
- **Steering Wheel:** Present
- **Power Assist:** Present
- **Columns:** Present
- **Front End:** Present

**Suspension:**
- **Suspension:** Present
- **Break Adjustment:** Present
- **Tires / Wheels:** Present

**Electrical:**
- **Battery:** Present
- **Alternator / Belt:** Present
- **Switches / Wiring:** Present
- **Emergency Locks:** Present
- **Odometer:** Present

**Remarks:**
- **Restock First Aid Kit:** Present
- **Repair Stepwell Light:** Present
- **Window #1 Right Side, Top Steamed Between Panes:** Present
- **Service Door Exterior Manual Emergency Release Mechanism Inoperative:** Present
- **Shock Absorber Right Front (Loose):** Present

**Confirmation of Repairs:**
- **Date:** YYY M D D 2016 / 10 / 19
- **Mechanic's Signature:**
- **Mechanic's Certificate No.:**
- **Service Station:**
- **Offence Description:**
- **Inspection Number:**
- **Inspection Number:**
- **Inspection Number:**
- **Inspection Number:**
- **Inspection Number:**

**Inspection Number:**

**Remarks:**

**Conclusion:** The above inspection report shows that the vehicle is in proper condition and the inspection was conducted in accordance with the regulations. The vehicle is safe for operation.
NO TRIP INSPECTION REPORT IN BUS. NOTE BRAKE TEST REQUIRED WHEN REPAIRS COMPLETE

Page 2

Inspection No.
AEL0697Y22
DEPARTMENT OF GOVERNMENT SERVICES
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report
AX16G1203

Inspection Information
Date of Inspection: 2016 / 10 / 19
Time in: 10:15

Location: ST. JOHN'S
Inspector's Name (First): Krista Cull
Inspector's Name (Last): No. 576

Owner / Driver Information
Registered Owner (First): DAVE GULLIVER CASB
Registered Owner (Last): DAVE GULLIVER CASB
Owner's Address: P.O. BOX 2072, ST. JOHN'S, A1C5R6
Driver's Name (First): Paul Elsworth
Driver's Name (Last): No. 603
Driver's Licence No: [Redacted]

Vehicle Information
Chevron Year: 2015
Make: FREIGHTLINER
Plate No: BAJ 459
S/N: FX0603

Body Year: 2015
Model: THOMAS
S/N: 06034330
Body S/N: 1451429

Odometer: 23418
Km: 1
Type: School

Inspection

LEGEND
P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

"Service Restricted" means the vehicle is out of service. It may, however, be driven to a place of repair provided there are no passengers on board.

Brakes
Fire Extinguisher P
Brake Master Test Yes X No
First Aid Kit P
Meter Reading 1 66%
Second Aid Kit P
Meter Reading 2 34%
Slip Throttle P
Meter Reading 3 22%
Meters (Int./Ext.) P
Park Brake P
Vals P
Brake Lines P
Ham P
Power Assists P
Crossing Arm P
Passenger Assists P
Mallory Cylinder P
Power Train
Air Brakes P
Fuel System P
Air Compressor & Sels N
Exhaust System P
Drain Valve & Tank N
Drivetrain System N
Brake System N
Snaps P
Brake Adjustment N
Suspension Springs / Ubers / Hangers P
Tires / Wheels P
Forcé Rod Assembly N
Tire / Damage N
Air Suspension N

Inspection

Safety

Results
The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAJ 459.
You are hereby directed to correct the defects as noted above and to report to WTD at or before the follow-up inspection.

Confirmation of Repairs
Mechanic / Owner's Signature
Mechanic Certificate Number
Date of YYYMMDD Official inspection Station Number
Owner or Driver's Signature
Officer / Inspector Signature
Date of YYYMMDD Official inspection Station Number

NOTICE: This inspection is not a guarantee or warranty as to the future condition or the reliability of the vehicle described hereon. It does not authorize or permit the operation of an unsafe vehicle or any vehicle considered unsuitable for operation by the inspector. It is only to be considered as a basis for a decision on whether the vehicle under test is fit for the road on the date of the test, or for the period on or before the due date.

FAILURE TO COMPLY WITH THE REQUIREMENTS OF THE MOVING VEHICLE INSPECTION PROGRAM MAY RESULT IN THE VEHICLE BEING SEIZED AND IMPROVEMENTS BEING MADE AT THE OWNER'S EXPENSE.

Any questions can be directed to the Motor Registration Division by calling 1-877-436-6528.
### Vehicle Information
- **Make:** BLUEBIRD
- **Year:** 2013
- **S/N:** BAH271
- **Date of Last Mechanical Inspection:** JUL 2016
- **Date of Last Safety Inspection:** Jun 2012

### Safety
- **Brakes:**
  - Front Brake
  - Rear Brake
- **Suspension:**
  - Tires & Wheels
- **Air Suspension:**

### Body
- **Side/Windshield:**
- **Seats:**
- **Rear Window/Frame:**
- **License Plate Holder:**

### Engine
- **Coolant:**
- **Battery:**
- **Engine Oil:**
- **Transmission Oil:**

### Lighting
- **Headlights:**
- **Brake Lights:**
- **Side Marker:**
- **License Plate Lights:**

### Tires
- **Tires & Wheels:**

### Electrical
- **Battery:**
- **Electrical System:**
- **Alternator/Belts:**
- **Switches/Wiring:**

### Fuel System
- **Fuel System:**
- **Exhaust System:**
- **Brake System:**
- **Drain Valves & Tank:**

### Power Train
- **Transmission:**
- **Axle/Brakes:**
- **Parking Brake:**

### Steering
- **Steering Wheel & Collars:**
- **Door Hinges & Locks:**
- **Mirrors:**

### Out of Service
- **Yes**
- **No**

### Remarks
- **I/LHS FRONT BRAKE LINE CHAFING RUSTED**

### Confirmation of Repairs
- **Owner or Driver's Signature:**
- **Date:**
- **Time Out:**

### Notes
- **Section 40(1)**

---

**Notice:** This inspection is not a guarantee or warranty as to the fitness, condition or safety of the vehicle described herein. The Department of Government Services, Motor Registration Division, Newfoundland and Labrador, makes no representation or warranty that a vehicle inspected under this Act is roadworthy or otherwise in compliance with the Act or any other Act or regulation. All defects noted in the course of this inspection are the responsibility of the owner or operator of the vehicle inspected. The owner or operator of the vehicle inspected shall bear the cost of any repairs required in connection with a vehicle inspection.
**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St. John's, NL, Canada A1B 4Z5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

---

**Bus Inspection Report**

**AE1(DPBTAM)**

---

**Inspection Information**

Date of Inspection: **2016 / 10 / 19**
Time In: **10:32**
Announced: **X**

---

**Owner / Driver Information**

Registered Owner (Name): DAVE GULIVER CABS LTD

Driver's Name: Byron Radway

Driver's Licence No.: **526**

---

**Vehicle Information**

Chassis Year: **2016**
Make: BLUEBIRD
Body Year: **2016**
Model: **BAH 257**
Passenger: **S/N GF317098**

---

**Inspection**

**LEGEND**

P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

---

**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number **BAH 257**. You are hereby directed to correct the defects as noted above and to report to MRO at NRD MT, PEARL, NL, on or before Nov 02, 2016 for a follow-up inspection.

---

**Confirmation of Repairs**

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

Mechanic: **Owner's Signature**
Mechanic's Certificate Number: ****

Date of Inspection: **YY Y Y M M D D**

Official Inspection Station Number: ****

Remarks: ****

Officer / Inspector Signature: ****

---

NOTICE: This inspection is not a guarantee of safety as to the roadworthiness of the vehicle. It is the responsibility of the owner to ensure the vehicle is roadworthy at all times. Inspection is not intended to be a replacement for routine maintenance. MROs may be contacted for further information or on the location of this report. For questions, please contact the Department of Government Services, Motor Registration Division.
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J6
Telephone: (709) 729-0338 Facsimile: (709) 729-9102

Bus Inspection Report
AX160VUKP4

Inspection Information

1 Date of Inspection: YY MM DD 2016 / 10 / 18 Time: 11:00
Announced: X Unannounced
Location: ST. JOHN'S
Inspector's Name: Krista Cull
Inspector's No: 576

Owner / Driver Information

2 Registered Owner: DAVE GULLIVER CASS LTD
Owner's Address: BOX 272, ST. JOHN'S, A1C3J5
Owner's Phone: 709-729-0151 / 729-0590

Vehicle Information

3 Chassis Year: 2007 Make: BB VISION
Model Year: 2007 Make: BLUEBIRD

Inspection

4 LEGEND: P = Passed X = Defects S = Service Restricted G = Out of Service N = NA

<table>
<thead>
<tr>
<th>Section 40(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary</strong></td>
</tr>
<tr>
<td>Fire Extinguisher</td>
</tr>
<tr>
<td>Tires &amp; Wheel</td>
</tr>
<tr>
<td>Brake Line</td>
</tr>
<tr>
<td>Power Assisted</td>
</tr>
<tr>
<td>Air Brakes</td>
</tr>
<tr>
<td>Front End</td>
</tr>
<tr>
<td>Backup Camera</td>
</tr>
<tr>
<td>Battery</td>
</tr>
<tr>
<td><strong>Suspension</strong></td>
</tr>
<tr>
<td>Springs / Ubolts / Hangers</td>
</tr>
<tr>
<td>Shock Absorbers</td>
</tr>
<tr>
<td>Torsion Rod Assembly</td>
</tr>
<tr>
<td>Disc Brake Caliper</td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
</tr>
<tr>
<td>Emergency Exit Warning</td>
</tr>
<tr>
<td>Emergency Exit</td>
</tr>
<tr>
<td>Driver's Side</td>
</tr>
<tr>
<td>Side Marker Lamps</td>
</tr>
</tbody>
</table>

Results

5 1. CRACKED WINDSHIELD 2. STOP ARM BOTTOM LIGHT FRONT 3. FRONT ROTORS 4. GREASE DRIVE SHAFT 5. INTERMEDIATE EXHAUST PIPES LEAKING 6. DOUBLE PANE GLASS FOGGED.

Out of Service Yes No X Pass Defects X Summary Defects Ticket Issued Yes No X

Confirmation of Repairs

6 This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

<table>
<thead>
<tr>
<th>Mechanical / Owner's Signature</th>
<th>Mechanical Certificate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: YYY MM DD 2015 / 10 / 18</td>
<td>Official Inspection Station Number</td>
</tr>
<tr>
<td>Owner / Driver's Signature</td>
<td>Date of Inspection</td>
</tr>
<tr>
<td>Time Out: 12:00</td>
<td>2016 / 10 / 18</td>
</tr>
</tbody>
</table>

NOTICE: This inspection is a routinely or service to the public pursuant to the safety of the vehicle inspected. In no part does it authorize the operator of an unsafe vehicle or the accommodation of unsatisfactory vehicle at any time. The repair or restoration to the public office on or before the due date.

PREMARKED: This block may be used only for the purpose of recording a Newfoundland and Labrador Bus Inspection Report. Sections 6.1 of the A1A allows Motor Registration Owners to conduct an inspection as a personal inspection to the transportation, the government of another Canadian jurisdiction, select federal, provincial and/or other offices. Any reports can be considered by the Motor Registration Owner at 1-877-434-2007.
### Inspection Information

**Date of Inspection:** YYYMDD 2018 / 10 / 19  
**Time In:** 11:00  
**Announced:** X  
**Unannounced:**   

**Location:** St. John's  
**Inspection Type:** Bus Inspection Report  
**Bus #:** BB16078L00

### Owner / Driver Information

**Registered Owner (Party):** DAVE GULLIVER CABS LTD  
**Inspection No:** NFDC201978600

**Owner's Name:** DARRELL BENNETT  
**Owner's Address:** BOX 272, ST. JOHN'S, A1C0X6

**Driver's Name:** DARRELL BENNETT  
**Driver's Address:**  
**Hours of Service:** Log Book  
**Camer Maintains:** X  
**Non-compliant:**   

### Vehicle Information

**Chassis Year:** 2007  
**Make:** THOMAS  
**Model:**  
**Year:** 2007  
**Colour:**  
**Passenger Capacity:**  
**Total seats:**  
**Type:** School  
**Serial No:**  
**Body:**  
**Date of Manufacture:** Aug 2007  
**Date of Last Manufacturers Inspection:**  
**Date of Issue:**  

### Inspection

<table>
<thead>
<tr>
<th>Category</th>
<th>Result</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brake</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Clutch</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Engine</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Transmission</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Exhaust</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Steering</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Lighting</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Step Arm</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Mirrors (No/Ext)</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Windshield</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Air Conditioning</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Battery</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Electrical</td>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>

### Remarks

1. CLEARANCE LIGHTS REAR 2/ TWO REAR SHOCKS 3/ TOP UP MASTER CYLINDER 4/ HOLE IN MUFFLER  
2. EXHAUST ARES 5/ RUSTY BRAKE LINES 6/ BRAKE LINES RUBBING FUEL LINES ON CHASSIS

### Results

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAG357.

**Out of Service:** Yes  
**Pass:** No  
**Defects:** X  
**Summary Offence Ticket Issued:** Yes  
**X**

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature:**  
**Mechanic Certificate Number:**  
**Date of:** YYYMDD 2018 / 10 / 19  
**Inspection Number:**  
**Inspection Date:** YYYMDD 2018 / 10 / 19  
**Inspection Time:** 11:40

**Remarks:**
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Fax: (709) 729-0102

**Bus Inspection Report**

**AE1PSU8GH**

---

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Y Y Y Y M M D D</th>
<th>Time in</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. JOHNS NL</td>
<td>2016 / 10 / 19</td>
<td>11:06</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Inspector's Name (First)**

Byron Rodway

**Inspection Number**

No. 529

---

**Driver Information**

**Driver's Name (First)**

John Peddle

**Driver's Licence No.**

[Redacted]

---

**Vehicle Information**

<table>
<thead>
<tr>
<th>Model Year</th>
<th>2016</th>
<th>Make</th>
<th>Bluebird</th>
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<tbody>
<tr>
<td>Plate No.</td>
<td>BAH 334</td>
<td>S/N</td>
<td>GF317055</td>
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<td>VIN</td>
<td>BAH 334</td>
<td>S/N</td>
<td>GF317055</td>
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<tr>
<td>Mileage</td>
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</table>

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**Inspection**

<table>
<thead>
<tr>
<th>Category</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safeties</strong></td>
<td></td>
</tr>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
</tr>
<tr>
<td>Seat Belt</td>
<td>P</td>
</tr>
<tr>
<td>Mirrors (Int/Ext.)</td>
<td>P</td>
</tr>
<tr>
<td>Sunroof</td>
<td>P</td>
</tr>
<tr>
<td>Horn</td>
<td>P</td>
</tr>
<tr>
<td>Headlights</td>
<td>P</td>
</tr>
<tr>
<td>Windshield Wiper</td>
<td>P</td>
</tr>
<tr>
<td>Wheel</td>
<td>P</td>
</tr>
<tr>
<td><strong>Steering</strong></td>
<td></td>
</tr>
<tr>
<td>Power</td>
<td>P</td>
</tr>
<tr>
<td>Column</td>
<td>P</td>
</tr>
<tr>
<td><strong>Power Train</strong></td>
<td></td>
</tr>
<tr>
<td>Air Brakes</td>
<td>P</td>
</tr>
<tr>
<td>Compressor &amp; Hydrogen</td>
<td>N</td>
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<tr>
<td><strong>Suspension</strong></td>
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<tr>
<td>Rear Axle</td>
<td>N</td>
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<tr>
<td><strong>Brakes</strong></td>
<td></td>
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<tr>
<td>Parking</td>
<td>P</td>
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<tr>
<td>Front Brake</td>
<td>P</td>
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<tr>
<td>Master Cylinder</td>
<td>P</td>
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<tr>
<td><strong>Auxiliary Equipment</strong></td>
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</tr>
<tr>
<td>Dash &amp; Instruments</td>
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<tr>
<td><strong>Electrical</strong></td>
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</tr>
<tr>
<td>Battery</td>
<td>N</td>
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<tr>
<td><strong>Body</strong></td>
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</tr>
<tr>
<td>Bumper</td>
<td>P</td>
</tr>
<tr>
<td><strong>Transmission</strong></td>
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<tr>
<td>Automatic Transmission</td>
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<td><strong>Air Conditioning</strong></td>
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<tr>
<td>A/C</td>
<td>P</td>
</tr>
<tr>
<td><strong>Lamps</strong></td>
<td></td>
</tr>
<tr>
<td>3rd Brake Light</td>
<td>P</td>
</tr>
<tr>
<td>License Plate Light</td>
<td>P</td>
</tr>
<tr>
<td><strong>Exterior</strong></td>
<td></td>
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<tr>
<td>License Plate Light</td>
<td>P</td>
</tr>
<tr>
<td><strong>Tires &amp; Wheel Covers</strong></td>
<td></td>
</tr>
<tr>
<td>Tires</td>
<td>P</td>
</tr>
<tr>
<td><strong>Interior</strong></td>
<td></td>
</tr>
<tr>
<td>Driver's Seat</td>
<td>P</td>
</tr>
</tbody>
</table>

---

**Remarks**

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Owner/Driver's Signature: [Redacted]

Date of Repair: 2016 / 10 / 19

---

**Notice**

The inspection is not a guarantee or warranty as to the future condition or the operation of the vehicle described herein, nor does it authorize the operation of an unsafe vehicle as an on-road vehicle at any time. Proof of repair to be forwarded to the relevant office shall before the due date.

---

60
DEPARTMENT OF GOVERNMENT SERVICES, MOROR REGISTRATION DIVISION  
P.O. Box 8710, St. John's, NL Canada A1B 4J5  
Telephone (709) 729-0359 Facsimile (709) 729-0102  
Bus Inspection Report  
AE16PVW006  

Inspection Information  

**Date of Inspection:** YYMMDD  
YYMMDD 10/19  
**Time to Announced:** 11:42  
**Inspection Location:** ST JOHN'S NL  
**Inspection Site:** Byron Road  
**Inspection Site Location:** John Peddle  
**Inspection Site Phone:**  

Owner / Driver Information  

**Registered Owner:** DAVE GULLIVER CABS LTD.  
**Registration Address:** BOX 2072 ST JOHN'S NL A1C 5J8  
**Registration Phone:**  

Vehicle Information  

**Chassis Year:** 2009  
**Make:** F&H  
**Plate No:** BAJ 267  
**Body Year:** 2008  
**Make:** THOMAS  
**Sticker No:** 12297227  
**Door Year:** 1-40586  
**Type School:** X  
**Date of Last Mechanical Inspection:** JUL 2016  

**Date of Last Physical Inspection:** Jan 2008  
**Length:** 20 ft  
**Unit No:** 267  
**Configuration:** FM  

**Inspection Results:**  

**Pass:** Yes  
**Defects:** X  
**Non-compliance:** X  
**Out of Service:** No  
**N/A:**  

**Safety:**  
- **Fire Extinguisher:** P  
- **First Aid Kit:** P  
- **Hazard Warning Kit:** P  
- **Seat Arm:** S  
- **Tires:** P  
- **Horns:** P  
- **Combing Arm:** P  

**Sliding:**  
- **Power Assist:** P  
- **Cowl Box:** P  
- **Leakage:** P  
- **Fishtail:** P  
- **Windshield Washer:** P  
- **Emergency Exit:** P  
- **Antibacterial Lock:** P  

**Body:**  
- **Bumpers & Fenders:** P  
- **Chassis Frame:** P  
- **Body Panels:** P  
- **Underbody, Undercaging:** P  
- **Windows, Windows:** P  
- **Seats:** P  
- **Fuel Tanks:** P  
- **Dunnage, Fuel:** P  
- **Emergency Exit:** P  
- **Rearview Mirror:** P  
- **Defroster:** P  
- **Side Marker Lamps:** P  
- **Fishtail:** P  

**Remarks:**  

**Out of Service:** Yes  
**Defects:** X  

**Confirmation of Repairs:**  

<table>
<thead>
<tr>
<th>No.</th>
<th>Code</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Pass</th>
<th>Defect</th>
<th>Summary Offence Ticket Issued</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Results:**  

The above inspection report shows defects to have been found on the vehicle passing licence plate number BAJ 267. You are hereby directed to correct the defects as noted above and to report to M.R.D. at M.R.D. ST. JOHN'S on or before Nov 09, 2016 for a follow-up inspection.

**Notice:** The inspection is not a guarantee or warranty as to the future condition of the vehicle described herein. Any person or entity performing such a vehicle is done at their own risk. The vehicle was inspected on the road with its doors, hatches, and other parts open and the motor running. The inspection was conducted in a safe and legal manner. The inspection is not a complete inspection and the vehicle was not tested for the presence of cracks or other defects.  

NOTICE: Under the authority of the Newfoundland and Labrador Motor Vehicle Act, the Inspector or Inspector's designee, by means of a Vehicle Inspection Certificate, may authorize the inspection of a vehicle in accordance with the Act. This inspection is to be conducted in a safe and legal manner. The vehicle was inspected on the road with its doors, hatches, and other parts open and the motor running. The inspection was conducted in a safe and legal manner. The inspection is not a complete inspection and the vehicle was not tested for the presence of cracks or other defects.  

**Revised by:**  
**Date:**  

Motor Vehicle Inspection Certificate  

<table>
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<tr>
<th>No.</th>
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</table>

**Remarks:**  

**Out of Service:** Yes  
**Defects:** X  

**Confirmation of Repairs:**  

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**Remarks:**  

**Out of Service:** Yes  
**Defects:** X  

**Confirmation of Repairs:**  

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</table>

**Remarks:**  

**Out of Service:** Yes  
**Defects:** X  

**Confirmation of Repairs:**
**Bus Inspection Report**

**Owner / Driver Information**
- Registered Owner (Print): DAVE GULLIVER CABS LTD.
- Owner's Address: BOX 2022 ST. JOHNS NL A1C 5J6
- Inspectors Name (First): Byron Rodway
- Inspectors Name (Last): Peddis
- Inspectors Number: 526

**Vehicle Information**
- Make: THOMAS
- Model Year: 2008
- Chassis No.: BAJ 267
- Date of Last Mechanical Inspection: JUL 2016
- S/N: 12297227

**Inspection**

**Safety**
- Fire Extinguisher
- First Aid Kit
- Hazard Warning Kit
- Side Reflector
- Horn
- Steering Column
- Brake Lines
- Master Cylinder
- Air Brakes
- Compressor & Belts
- Oil
- Brake Adjustments
- Low Air Warning
- Tires & Wheel Brakes
- Axle & Suspension

**Body**
- Bumpers & Fairings
- Chassis & Frame
- Body Mouldings
- Body Armour
- Underbody, Underflooring
- Wheel Covers, Spoke
- Windscreen, Windshield
- Seats
- RUB / Rubber / Pants
- Stepwells
- Parts, Inc., Etc.
- Emergency Shut Off
- Pedals, Leghorns
- Pedal Lock
- Reflective Tape / Reflectors
- Grasp Bar / Rails
- Tires & Wheel Covers

**Electricity**
- Battery
- Alternator & Belts
- Switches / Wipers
- Warning Lights
- Emergency Exit Warning
- Dimmers / Makers
- Sun Mats, Sun Visors

**Results**

The above inspection report shows defects to have been found on the vehicle bearing delivery plate number BAJ 267.

You are hereby directed to correct the defects as noted above and to report to MRO at 119/135 PHIL. NL on or before Fev 02 2016 for a follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature**: By [Redacted]

**Motor Registration Division**

**FOR OFFICE USE ONLY**

**Registering Authority**: Newfoundland & Labrador

**Date of Inspection**: YYYMMDD 2016 / 10 / 19

**Inspector's Signature**: [Redacted]

**Remarks**

- Section 40(1)
DEPARTMENT OF GOVERNMENT SERVICES,  
MOTOR REGISTRATION DIVISION  
P.O. Box 8710, St. John's, NL A1B 4J5  
Telephone: (709) 729-0439 Facsimile: (709) 729-0102

Bus Inspection Report  
AX160VJ20S

Inspection Information

Date of Inspection: YYYY M M DD  
Location: St. John's

Time In: 12:00  
Announced: X

Inspection Information

Date of Inspection: YYYY M M DD  
Location: St. John's

Time In: 12:00  
Announced: X

Owner/Driver Information

Registered Owner (Party):  
Name: Dave Gulliver CABS  
Address: P.O. Box 2072, St. John's, A1C 5R6

Owner's Address:  
Name:  
Address:  

Ownership Information

Licence Plate: BAG099  
Registration No.: NFDC00028624

Vehicle Information

Chassis Year: 2006  
Body Year: 2006  
Model: BLUEBIRD

Date of Last Mechanical Inspection: JUL 2016  
Date of Manufacture: Sep 2005

Inspection

LEGEND  
P = Passed  
X = Defects  
S = Service Restricted  
O = Out of Service  
N = N/A

"Service Restricted means the vehicle is out-of-service. If this vehicle is driven, it may cause damage to the vehicle or its propulsion system.  
"O = Out of Service means the vehicle is not permitted to be driven.

Safety

Fire Extinguisher P

First Aid Kit P

Hazard Warning Kit P

Spare Tire X

Motor (Int./Ext.) X

Year P

Horn P

Crossing Arm P

Power Train

Air Brakes P

Fuel System P

Exhaust System P

Drive Shaft P

Suspension

Springs / Leaf Hangers N

Shock Absorbers P

Torsion Rod Assembly N

Air Suspension N

Brakes

Brake Line Test X

Power Assisted P

Caster/Camber P

Power Train

Air Brakes P

Fuel System P

Exhaust System P

Drive Shaft P

Suspension

Springs / Leaf Hangers X

Shock Absorbers P

Torsion Rod Assembly N

Air Suspension N

Steering

Steering Column X

Column, Box P

Linkage P

Front End P

Auxiliary Equipment

Gauges & Instruments P

Windshield Washer / Wipers P

Emergency Shut-off P

Parking Brake P

Anti-rollover P

Electrical

Battery P

Alternator & Belts P

Switches / Wires P

Emergency Exit Warning P

Diagnostics / Heaters P

Body

Taillamps P

Exterior X

Interior X

Grip Straps / Plates P

First / Wheel Clearance P

Remarks

1. RIF MARKER LIGHT

2. FRONT ROTORS

3. PLAY IN STEERING SHAFT U-JOINT

4. BACKING PLATE LOOSE

5. BROKEN LEAF SPRING LR

6. BROKEN LEAF SPRING LR

Out of Service

Yes No X

Past Defects

X

Summary Offence Ticket Issued

Yes No X

Confirmation of Repairs

Municipal / Owner's Signature:  
Mechanic Certificate Number:  
Date of YYYY M M DD  
Official Inspection Station Number Repair  
Official / Inspector Signature:  
Remarks:

NOTICE: This inspection report is a guarantee or warranty as to the fitness or condition of the vehicle inspected before sale. It does not authorize the operation of an unsafe vehicle or an unqualified vehicle as a motor vehicle at any time. Proof of repair items required to the motor vehicle owner before the next inspection.

NOTICE: If the vehicle is being exported to another jurisdiction, specific information may be required to the purchase or sale. Contact the Department of Motor Vehicles.

Section 40(1) of the Motor Vehicle Regulation Act (MVR) requires an authorized person to be present at the time of another Canadian jurisdiction, which is that the vehicle must meet all relevant requirements and conditions. Any exemptions can be obtained from the Motor Vehicle Regulation Division for the T.I.T.E. (Transportation Inspection and Test Data) Act (MTA), for a vehicle operated or used in Newfoundland and Labrador.
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone (709) 729-0359 Facsimile (709) 729-0102

Bus Inspection Report

AE16PFXZ76

Section 40(1)

DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone (709) 729-0359 Facsimile (709) 729-0102

Bus Inspection Report

AE16PFXZ76

Section 40(1)

DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone (709) 729-0359 Facsimile (709) 729-0102

Bus Inspection Report

AE16PFXZ76

Section 40(1)

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Bus Inspection Report

AE16PFXZ76

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MOTOR REGISTRATION DIVISION
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Telephone (709) 729-0359 Facsimile (709) 729-0102

Bus Inspection Report

AE16PFXZ76

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Bus Inspection Report

AE16PFXZ76

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Bus Inspection Report

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Bus Inspection Report

AE16PFXZ76

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Bus Inspection Report

AE16PFXZ76

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Bus Inspection Report

AE16PFXZ76

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MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone (709) 729-0359 Facsimile (709) 729-0102

Bus Inspection Report

AE16PFXZ76

Section 40(1)
DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION
P.O. Box 8170, St John's, NL, Canada A1B 4J5
Telephone: (709) 729-0359 Fax: (709) 729-0102

Bus Inspection Report
AX160VLWCD

**Legend**
- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **O** - Out of Service
- **N** - N/A

**Safety**
- Fire Extinguisher
- First Aid Kit
- Hazard Warning Key
- Stop Arm
- Mirrors (L/R)
- Vision
- Horn
- Cross Arm
- Power Train
- Fuel System
- Exhaust System
- Drive Shaft
- Suspension
- Springs / Bushings / Shocks
- Traction Rod Assembly
- Air Suspension

**Steering**
- Steering Wheel
- Power Assist
- Column, Box
- Unload
- Front End

**Brakes**
- Brake Master Test
- Brake Bleeding
- Parking Brake
- Brake Lines
- Power Assist
- Master Cylinder

**Auxiliary Equipment**
- Air Brakes
- Compressor & Tanks
- Drain Valve & Tanks
- Brake System
- Brake Adjustment
- Low Air Warning
- Tires & Wheels
- Tread / Damage
- Rims / Wheels / Hubs

**Body**
- Bumpers & Fenders
- Chrome, Prime
- Body Mounts
- Underbody, Underbrushing
- Roof Paint
- Windows, Windows
- Seats
- Radio, CD Player
- Rear View Mirrors

**Engine**
- Service Cover / Manual
- Rear Bumper, Rocker Guards
- Emergency Exit
- Antilock Brake
- Brake Test
- Battery
- Alternator & Belts
- Switches / Wiring
- Emergency Exit Warning
- Batteries / Heaters
- Tire Pressure Monitor

**Electrical**
- Lights
- Electrical System
- Body Electrical System
- Ignition
- Lamps

**Inspection Information**
- Date of Inspection: 2016 / 10 / 21
- Time In: 09:00
- Announced: X
- Unannounced: 

**Vehicle Information**
- Make: BLUEBIRD
- Model Year: 2016
- Body: 2072
- Chassis No: BAJ375
- License Plate: 09076004
- Body S/N: F47070
- Inspected: JUL 2016
- Manufactured: Sep 2014

**Remarks**
- NO VISIBLE DEFECTS FOUND
- REF # 39929

**Out of Service**
- Yes: 
- No: X
- Pass: 

**Summary offences ticket issued**
- Yes: 
- No: X

**Confirmation of Repairs**
- This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic/Owner's Signature**

**Inspection Report**
- Date: 2016 / 10 / 21
- Time Out: 09:30

**NOTES:** The inspection is not a guarantee or warranty as to the fitness or condition of the vehicle nor does it authorize the operation of an inoperative vehicle or an overloaded vehicle. Any defects noted on this report are to be corrected and the vehicle must be re-inspected before the due date. The vehicle owner is to be notified of the defects noted and an inspection report is to be forwarded to the owner in the event of repair being done by another shop. If the vehicle is an occupied vehicle, the inspection shall be performed by an authorized inspection station. The government of the Province of Newfoundland and Labrador is not responsible for the accuracy of this form or any defect noted. Any questions may be directed to the Motor Registration Section at 709-729-0359.
**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0162

**BUS INSPECTION REPORT**

**INSPECTION INFORMATION**

<table>
<thead>
<tr>
<th>Location</th>
<th>ST. JOHN'S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspectors Name (Print)</td>
<td>Kelsa Call</td>
</tr>
<tr>
<td>Inspectors Name (Print)</td>
<td>No</td>
</tr>
</tbody>
</table>

**OWNER / DRIVER INFORMATION**

<table>
<thead>
<tr>
<th>Registered Owner (Print)</th>
<th>DAVE GILLIVER CABS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSC No.</td>
<td>NFDC080023524</td>
</tr>
<tr>
<td>Owner's Address</td>
<td>P.O. BOX 2012, ST. JOHN'S, A1C5R6</td>
</tr>
<tr>
<td>Driver's Name (Print)</td>
<td></td>
</tr>
<tr>
<td>Driver's Licence No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Driver's Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Hours of Service</td>
<td>Log Book ✓ Corner Maintain X Non-compliant</td>
</tr>
</tbody>
</table>

**VEHICLE INFORMATION**

| Model Year | 2016 |
| Make | BLUEBIRD |
| Model | BA252 |
| Serial No. | 08299071 |
| Date of Last Mechanical Inspection | Aug 2016 |
| Vehicle No. | 19399 |
| KM. | 317101 |
| Body | 517101 |

**LEGEND**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **O** - Out of Service
- **N** - N/A

*Service Restricted means the vehicle is out of service if necessary, be driven to place of repair provided there are no passengers on board.*

**Safeguards**

- **Fire Extinguisher** P
- **Flash Aid Kit** P
- **Warning Tape** P
- **Emergency Exit** P

**Power Train**

- **Brakes**
  - Brake Master Test X
  - Parking Brake
  - Front Brake
  - Rear Brake

**Chassis**

- **Steering**
  - Steering Gear
  - Power Assist

**Suspension**

- **Springs / Shocks / Struts** P
- **Axle**
  - Wheel Bearing
  - Axle Packing

**Air Conditioning**

- **Belt & Drive**
  - Air Conditioning

**Electrical**

- **Battery**
  - Generator
  - Alternator

**Lighting**

- **Headlights**
  - Driving
  - Tailgates

**Exterior**

- **Body**
  - Bumpers & Guards
  - Front Bumper
  - Rear Bumper

**Accessories**

- **Auxiliary Equipment**
  - Windshield Washer/Wipers
  - Emergency Shut-off

**REMARKS**

NO VISIBLE DEFECTS FOUND

REF: # 39910

**RESULTS**

The above inspection report shows no defects have been found on the vehicle bearing licence plate number BAH 262.

You are hereby directed to report any defects noted above and to report to the above location for a follow-up inspection.

**CONFIRMATION OF REPAIRS**

This is to certify that the defects noted in the report have been corrected and all necessary parts have been installed.

Mechanic / Owner's Signature: [Signature]

Mechanic's Certificate Number: [Number]

Date of Inspection: Y Y Y Y M M D D

Clinical Inspection Station Number: [Number]

Repair: [Signature]

Clinical / Inspector Signature: [Signature]

Remarks:

NOTE: This inspection is not a guarantee as warranty to the buyer or purchase to the seller or the vehicle's purchase by any buyer. It does not authorize or arrange for a vehicle's sale or any purchase or service agreement. The inspection is an inspection and not an inspection. The inspection is not a warranty or guarantee of the vehicle's safety or reliability. It is for the buyer or seller to determine the condition of the vehicle and to make a suitable decision before purchase.
**Bus Inspection Report**

**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 870, St. John's, NL Canada A1B 4J5

**Telephone:** (709) 729-0339 Facsimile: (709) 729-0102

---

### Inspection Information

**Date of inspection:** 2016/10/21

**Time in:** 10:00

**Location:** ST. JOHN'S

**Inspection's Name (Phone):** Krista Gill

**Inspection's Name (Print):**

**No:** 576

---

### Owner / Driver Information

**Registered Owner (Print):** STREAMLINE BUS CO

**HSC NO:** NF3C000402B2

**Owner's Address:** 1452 Top Day Rd, TORBAY, NL A1K1K0

**Driver's Name (Print):**

**Driver's License No:**

**Driver's Address:**

**Hours of Service:** Log Book

---

### Vehicle Information

**Chassis Year:** 2000

**Make:** BLUEBIRD

**Plate No:** BAJ9045

**S/N:** 18AAJCFH64F211957

**Body Style:** School Bus

**Km:** 274,183

**Date of last Mechanical inspection:** Aug 2016

---

### Inspection

**LEGEND**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **O** - Out of Service
- **N** - N/A

**Service Restricted means the vehicle is out of service; it may be driven to a place of repair provided there are no passengers on board.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Fire Extinguisher</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>First Aid Kit</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Hazard Warning System</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Smoke Alarm</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Mirrors (In, Ex)</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Mirrors</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Horn</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Master Cylinder</td>
<td>P</td>
</tr>
<tr>
<td>Power Train</td>
<td>Air Brakes</td>
<td>P</td>
</tr>
<tr>
<td>Fuel System</td>
<td>Fuel Filters</td>
<td>P</td>
</tr>
<tr>
<td>Exhaust Sys</td>
<td>Exhaust Systems</td>
<td>P</td>
</tr>
<tr>
<td>Drive shaft</td>
<td>Drive Shaft</td>
<td>P</td>
</tr>
<tr>
<td>Suspension</td>
<td>Suspension</td>
<td>P</td>
</tr>
<tr>
<td>Springs</td>
<td>Springs</td>
<td>P</td>
</tr>
<tr>
<td>Shock</td>
<td>Shock</td>
<td>P</td>
</tr>
<tr>
<td>Torsion Rod</td>
<td>Torsion Rod Assembly</td>
<td>N</td>
</tr>
<tr>
<td>Air spring</td>
<td>Air Spring</td>
<td>N</td>
</tr>
<tr>
<td>Brakes</td>
<td>Brake Lining:</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Master Cylinders</td>
<td>P</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Parking Lights</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Warning Lights</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Emergency Shut off Light</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Pedal Lights</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Anti-lock Brakes</td>
<td>P</td>
</tr>
<tr>
<td>Electrical</td>
<td>Electrical</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Battery</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Alternator &amp; Belts</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Switches/Vents</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Emergency Exit Warning</td>
<td>P</td>
</tr>
<tr>
<td>Body</td>
<td>Doors</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Lamps</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Windshield, Windscreen</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Seats</td>
<td>P</td>
</tr>
<tr>
<td>Aux Equip</td>
<td>Roof Guard Rails/Panels</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Emergency Lights</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Warning Flashers</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Reflective Triangles/Decals</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Taillights/Rearlights</td>
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<tr>
<td></td>
<td>Tires &amp; Wheel Clearance</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Fan, Int, Ext</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Service Brake, Jumpstart System</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Emergency Brake</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Signs, Numbers, Lighting</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Reflective Triangles/Decals</td>
<td>P</td>
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<tr>
<td></td>
<td>nothing</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Emergency Brake</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Service Brake, Jumpstart System</td>
<td>P</td>
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<td></td>
<td>Emergency Brake</td>
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<tr>
<td></td>
<td>Service Brake, Jumpstart System</td>
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<tr>
<td></td>
<td>Service Brake, Jumpstart System</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Service Brake, Jumpstart System</td>
<td>P</td>
</tr>
</tbody>
</table>

### Remarks

**NO VISIBLE DEFECTS FOUND**

REF: 395911

**Out of Service:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>X</th>
<th>Pass</th>
<th>X</th>
<th>Defects</th>
</tr>
</thead>
</table>

---

### Results

The above inspection report shows defects to have been found on the vehicle bearing license plate number: BAJ9045.

You are hereby directed to correct the defects as noted above and to report to NLDO at or before a follow-up inspection.

**Owner of Driver's Signature:**

**Inspection's Signature:**

---

### Confirmation of Repairs

**Mechanic's Signature:**

**Mechanic's Certificate Number:**

**Inspection Station Number:**

**Official Inspection Station Number:**

---

### Section 40(1)

*Vehicles not in compliance with the provisions of the Newfoundland and Labrador Motor Vehicle Act, Section 40(1) of the Newfoundland Motor Vehicle Act and any conditions of registration or inspection, are subject to the enforcement powers of the Department of Government Services, Motor Registration Division.***

---

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### Inspection Information

**Date of Inspection:** 2016 / 10 / 24  
**Time In:** 10:30  
**Announced:** X  
**Unannounced:**  

**Location:** ST. JOHN'S  
**Inspector’s Name:** Krista Cull  
**Inspector’s Name:**  

**Owner / Driver Information**

**Owner's Address:** P.O. BOX 2072, ST. JOHN'S, A1C5R6  
**Driver’s Name:**  
**Driver’s Licence No.:**  
**Driver’s Address:**  
**Hrs of Service:** Log Book  
**Carrier Maintains:** X  
**Non-compliant:**  

### Vehicle Information

**Make:** BLUEBIRD  
**Model:** BAH 280  
**Plate No.:** BAH 280  
**S/N:** 283167  
**Date Inspected:** JUL 2016  
**Date of Last Service:**  

#### Inspection

**Legend:**  
- P = Passed  
- X = Defects  
- S = Service Restricted  
- O = Out of Service  
- N = N/A  

**Safety**

- Pre-Entry Inspection: P  
- First Aid Kit: X  
- Hazard Warning: X  
- Stop Arm: X  
- Mirrors: X  
- Visor: P  
- Horn: X  
- Cross Arm: X  
- Power Train: X  
- Fuel System: X  
- Engine System: X  
- Deva Shake: X  
- Suspension: X  
- Springs: X  
- Shocks: X  
- Tension Rod Assembly: X  
- Air Suspension: X  

**Brakes**

- Brake Meter Test: X  
- Parking Brakes: X  
- Master Cylinder: X  

**Steering**

- Steering Wheel: X  
- Column: X  
- Linkage: X  
- Front End: X  

**Auxiliary Equipment**

- Dash & Instruments: X  
- Winches / Winch Pto: X  
- Emergency Shut-off: X  
- Fuel: X  
- Battery: X  
- Battery:  

**Electrical**

- Lights: X  
- Tires: X  
- Damage: X  
- Rims: X  

### Remarks

1. EXHAUST EXITING UNDER REAR DOOR.  
2. LR SPRING BROKEN LEAF.  
3. EXHAUST LEAK FROM CF.

MUFFLER.

**REF # 39912**

**Out of Service:** Yes  
**Pass:** No  
**Defects:** X  

**Summary & Inspection Ticket Issued:** Yes  
**X**

### Confirmation of Repairs

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

- Mechanic / Owner's Signature:  
- Mechanic Certificate Number:  
- Date of Repair:  
- Office / Inspector Signature:  
- Remarks:  

**NOTE:** This inspection is not a pass-fail test of a vehicle’s components or condition but is for the inspection of the vehicle's compliance with all applicable regulations. If the vehicle fails to comply with the requirements of the inspection, it may be subject to immediate removal from the roadway. The inspection is conducted in accordance with the regulations of the Department of Government Services, Government of Newfoundland and Labrador. Any questions or concerns should be directed to the Inspector or to the Vehicle Registration Division at 709-729-0359.
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P. O. Box 8710, St. John's, N.L. Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0162

Bus Inspection Report
AX160VM914

For Office Use Only
Reviewed by:

Date

Regular X Compliant X MVA

Inpection Information

Date of Inspection: 2016/10/21
Time: 11:15

ST. JOHNS

Inspector's Name (Print): Krista Cull
Inspector's Name (Print): No

St. John's

Owner / Driver Information

Registered Owner (Print): DAVE GULLIVER CABS
Owner's Address: P. O. BOX 2012, ST. JOHN'S, A1C5R6
Driver's Name (Print): MSC No.
Driver's License No.: NSFD00023624
Owner's Address: Section 40(1)
License Plate No.: No

Vehicle Information

Chassis Year: 2016
Make: BLUEBIRD
Body No.: BAH 258

S.N.: 317257

Date of Last Maintenance/Inspection: JUL 2016
Date of Manufacture: Feb 2015

Inspection

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

| P = Passed | X = Defects | S = Service Restricted* | O = Out of Service | N = N/A |


| No Visible Defects Found |

REFERENCES # 39913

Out of Service: Yes No X Passed X Defects Summary Difference Ticket Issued: Yes No X

Results

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAH 258.
You are hereby directed to correct the defects as noted above and to report to MRD or on or before a follow-up inspection.

Owner or Driver's Signature

Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic: Owner's Signature

Mechanic Certificate Number

Date of YYYYY M DD Official Inspection Station Number

Repair / /

Driver / Inspector Signature

Remarks:

NOTES: This report is not a guarantee or warranty to the buyer condition or the reliability of the vehicle described herein. It does not authorize the operation of an unsafe vehicle on the highways of this province. It is a report on the condition of the vehicle at the time of inspection. It does not authorize the operation of any unsafe vehicle on the highways of this province.

PRIVATE STATEMENT: Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Bus Inspection Permit. Section 46 of the HTA above and Regulation 23 require that everyone cooperate in the matters of ensuring a safe and efficient road system for all users. Any questions or concerns may be directed to the Motor Registration Division toll free at 1-877-436-5852.
DEPARTMENT OF GOVERNMENT SERVICES, 
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report
AX16QVD775

**Data Information**
- **Date of Inspection**: 2016 / 10 / 21
- **Time**: 11:45
- **Announced**: X
- **Unannounced**: 

**Location**
- **ST JOHN'S**

**Inspector's Name (First)**
- Krista Cull

**Inspector's Name (Last)**
- 

**Owner / Driver Information**
- **Registered Owner (Name)**: DAVE GULIVER CABS
- **MIC No**: NFDC00223624

**Owner's Address**
- P.O. BOX 2072, ST JOHN'S, A1C5N6

**Driver's Name (First)**
- 

**Driver's Address**
- 

**Hours of Service**
- Log Book: X
- Carrier Maintains: X
- Non-compliant: 

**Vehicle Information**
- **Class/Year**: 2012
- **Make**: GMC
d
- **Model**: MICROBUS
- **Plate No**: BAJ387
- **S/N**: 1526816
- **Date of Last Mechanical Inspection**: JUL 2016
- **Date of Manufacture**: Apr 2012

**Vehicle Inspection**

**Legend**
- P - Passed
- X - Defects
- O - Out of Service
- S - Service Restricted
- N - N/A

**Brakes**
- *Pass*: P
- *Defect*: X
- *Service Required*: X

**Steering**
- *Suspension*: 

**Body**
- *Pass*: P
- *Defect*: 

**Auxiliary Equipment**
- *Pass*: P
- *Defect*: 

**Lamp**
- *Pass*: P
- *Defect*: 

**Remarks**
- 

**Confirmation of Repairs**
- **Date**: 2016 / 10 / 21
- **Time**: 12:30

**Owner / Driver's Signature**
- 

**Inspection Service**
- **Date**: 2016 / 10 / 21

**Footnote**
- The inspection is made in accordance with the vehicle's condition and the safety of the vehicle described in the report. The report is based on the inspection of the vehicle at the time of the inspection. In the event of a defect, the vehicle must be repaired to the satisfaction of the inspector before being operated on the road.

**Privacy Statement**
- The privacy of the vehicle owner and the privacy of the vehicle are protected under the Privacy Act. Any personal information may be collected for the purpose of ensuring a safe and efficient operation of the vehicle.

The above inspection report shows defects to have been found on the vehicle bearing license plate number BAJ387. You are hereby directed to correct the defects as noted above and to report to the Director of Motor Vehicles at ST JOHN'S for a follow-up inspection.
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 6710, St John's, NL Canada A1B 4J5
Telephone: (709) 729-0369 Facsimile: (709) 729-0102

Bus Inspection Report
AX152VPD27

DEP.MTNENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 6710,
St. John's.
N.L.

Bus Inspection Report

DEP.MTNENT OF GOVERNMENT SERVICES,
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DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL Canada A1B 4J6
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report
AX16080208

Location: ST. JOHN'S
Inspector's Name (Print): Krista Curl
Inspector's Name (Print):

Owner/Driver Information
Registered Owner (Print): GULLIVER CABS
Owner's Address: BOX 2012, ST. JOHN'S, A1C5P6
Drivers Name (Print):
Drivers Address:
Hours of Service
Log Book

Date of Inspection: Y Y M D D 2016 / 10 / 21
Time of: 14:45
Announced: X
Unannounced: 

Vehicle Information
Chassis Year: 2006
Make: THOMAS
Model: BA0303
Serial No.: 1173748
Body S/N: 0566396

Number of Axles: 1
Type: School

Date of Last Inspection: Aug 2018
Date of Manufacture: Apr 2005

Inspection

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
<th>Power Assists</th>
<th>Auxiliary Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>Brake Line Test</td>
<td>Steering Wheel</td>
<td>Power Assist</td>
<td>Angle Adjustment</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>Wheel Alignment</td>
<td>Column, Box</td>
<td>Windshield Washer/Wipers</td>
<td>Tires &amp; Wheels</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>Tire Pressure</td>
<td>Front End</td>
<td>Emergency Shut-off</td>
<td>Tires &amp; Wheel Clearances</td>
</tr>
<tr>
<td>Step Arm</td>
<td>Brake</td>
<td>Column, Box</td>
<td>Emergency Exit</td>
<td>Battery</td>
</tr>
<tr>
<td>Mirror (mt/Ext)</td>
<td>Power Assist</td>
<td>Fuel System</td>
<td>Lights, Horns</td>
<td>Alternator &amp; Belts</td>
</tr>
<tr>
<td>Visor</td>
<td>Master Cylinder</td>
<td>Exhaust System</td>
<td>Reflectors</td>
<td>Switches &amp; Warnings</td>
</tr>
<tr>
<td>Horn</td>
<td>Engine</td>
<td>Drive Shaft</td>
<td>Brakes</td>
<td>Emergency Est Warning</td>
</tr>
<tr>
<td>Cylinders</td>
<td>Power Train</td>
<td>Suspension</td>
<td>Tires &amp; Wheels</td>
<td></td>
</tr>
</tbody>
</table>

Suspension

| Springs / Uppers / Hangers | Tires & Wheels | 
| Brakes | 

Out of Service

Yes [ ] No [ ] X Pass [ ] Defects [ ]

Summary Offence Ticket Issued

Yes [ ] No [ ] X

Results

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BA0303.

You are hereby directed to correct the defects as noted above and to report to MRD on or before Oct 31, 2016 for a follow-up inspection.

Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic/Owner's Signature: 
Mechanic Certificate Number: 

Date: Y Y M D D 2016 / 10 / 21

Officer/Inspector Signature:

Remarks:

NOTE: This inspection is a system inspection or as the vehicle is declared as 'failed', however, the vehicle is declared as unsafe due to defects detected. The vehicle is not declared as unsafe due to defects detected. The vehicle is declared as unsafe due to defects detected.

Inspection Time: 14:45
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, N.L. Canada A1B 4J5
Telephone: (709) 729-4009 Facsimile: (709) 728-0102

**Bus Inspection Report**

**Location:** PARADISE

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Time In</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 / 10 / 24</td>
<td>09:00</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Owner / Driver Information**

- **Registered Owner:** STREAMLINE BUS CO
- **Owner's Address:** 1452 TORBAY RD, TORBAY, N.L. A1K1K2
- **Inspection Location:** PARADISE

**Vehicle Information**

- **Chassis Year:** 2005
- **Make:** BLUEBIRD
- **Series No:** BAG343
- **Plate No:** N
- **S/N:** 1BA8CJXLHJF223768
- **Model Year:** 2005
- **Body No:** 11742129

**Inspection**

**Safety**

<table>
<thead>
<tr>
<th>Item</th>
<th>Passed</th>
<th>X</th>
<th>Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hazmat Warning Kit</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stop Arm</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mirrors</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Visor</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Horn</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cross Arm</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Power Train</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fuel System</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Exhaust System</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Drive Axle</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sway Brakes / Hub Brakes</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Torsion Rod Assembly</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Air Suspension</td>
<td>P</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Brakes**

- **Brake Master Test:** Yes
- **Brake Pedals:** Yes

**Steering**

- **Steering Wheel:** Yes
- **Power Assist:** Yes

**Body**

- **Body:** Yes
- **Roof:** Yes
- **Windows:** Yes
- **Vents:** Yes

**Auxiliary Equipment**

- **Lamps:** Yes

**Electrical**

- **Battery:** Yes

**Summary of Offences**

- **Pass:** Yes
- **Defects:** No

**Remarks**

- **LEFT SIDE LOWER BRAKE LIGHT:** REF # 39518

**Results**

The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAG343. You are hereby directed to correct the defects as noted above and to report to MRDO as on or before Nov 03, 2016 for a follow-up inspection.

**Confirmation of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

<table>
<thead>
<tr>
<th>Mechanic / Owner's Signature</th>
<th>Mechanic's License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Owner's Signature**

- **Date:** 2016 / 10 / 24
- **Time Out:** 09:45

**Section 40(1)**

- **Page:** 73
DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION
P.O. Box 6710, St. John's, N.L. Canada A1B 4J5
Phone: (709) 729-0359 Fax: (709) 729-0102

Bus Inspection Report
AX16Q04COO

Inspection Information

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Y Y Y Y M M D D</th>
<th>Time In</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 / 10 / 24</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Location: PARADISE
Inspector's Name (Print): Krista Gill
Inspector's Name (Print): No.

Owner / Driver Information

Register Owner (Print): DAVE GULLIVER CABS
HSC NO: NFDC00023634
Owner's Address: P.O. BOX 3072, ST. JOHN'S, A1C5R6
Name (Print): No.
Driver's Address: [Redacted]
Driver's Licence No: [Redacted]

Vehicle Information

Chassis Year: 2016
Make: BLUEBIRD
Model: BUS
Year: 2016
Serial #: BAJ 386
Sticker #: 10259696
Body S / H: F432072

Inspection

Legend
P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

Service Restricted means the vehicle is out of service. It may, however, be driven to a place of repair provided there are no passengers on board.

<table>
<thead>
<tr>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher P</td>
</tr>
<tr>
<td>First Aid Kit P</td>
</tr>
<tr>
<td>Hazard Warning Kit P</td>
</tr>
<tr>
<td>Stop Arm P</td>
</tr>
<tr>
<td>Wipers (Int/Ext) P</td>
</tr>
<tr>
<td>Windshield P</td>
</tr>
<tr>
<td>Horn P</td>
</tr>
<tr>
<td>Cross Arm P</td>
</tr>
</tbody>
</table>

Power Train

| Air Brakes |
| Compressor & Belts N |
| Drive Shaft N |
| Brakes Adjustment N |
| Air Conditioning |
| | |

Suspension

| Tires & Wheels N |
| Axle Suspension N |
| | |

Brakes

| Parking Brake Test Pass |
| Brake Warning Light P |
| | |

Steering

| Steering Wheel P |
| | |

Auxiliary Equipment

| Battery P |
| | |

Electrical

| | |

Results

No Visible Defects Found
REF #: 39520

Out of Service: Yes, No, X
Pass: X

Summary Offence Ticket Issued: Yes, No


table

<table>
<thead>
<tr>
<th>Detection</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
<tr>
<td>N</td>
</tr>
</tbody>
</table>

Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic: Owner's Signature
Mechanic's Certificate Number
Date: Y Y Y Y M M D D
Global Inspection Status Number
Repair:
Office / Inspector Signature
Remarks:

NOTES: The reporting is based on defects noted during the inspection. All defects noted should be corrected to ensure the vehicle is safe to operate.

Section 40(1)
**Bus Inspection Report**

**Department of Government Services**,  
**Motor Registration Division**  
P.O. Box 8710, St. John's, NL, Canada A1B 4S5  
Telephone: (709) 729-0359 Facsimile (709) 729-0102

---

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Time In</th>
<th>Location</th>
<th>Inspectors Name</th>
<th>Inspectors Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/10/24</td>
<td>11:00</td>
<td>PARADISE</td>
<td>Krista Call</td>
<td></td>
</tr>
</tbody>
</table>

**Owner/Driver Information**

<table>
<thead>
<tr>
<th>Registered Owner</th>
<th>Name</th>
<th>N/S</th>
<th>N/S Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVE GULIVER CABS</td>
<td>N/S NO NFD00022624</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver's Name</th>
<th>Drivers Licence No.</th>
<th>Owners Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>P.O. BOX 2072, ST.JOHN'S, A1C5R6</td>
</tr>
</tbody>
</table>

---

**Vehicle Information**

<table>
<thead>
<tr>
<th>Class Year</th>
<th>Make</th>
<th>Year</th>
<th>Plate No.</th>
<th>S/N</th>
<th>Date of Last Mechanical Inspection</th>
</tr>
</thead>
</table>

---

**Inspection**

**Brakes**
- Disc & Drum Operations
- Parking Brake
- Emergency Brake

**Steering**
- Power Steering
- Linkage
- Front End

**Body**
- Barriers & Fenders
- Chassis, Frame
- Body Mounts
- Underbody, Underside
- Fuel Tank
- Windshield, Windshields
- Seats
- Fuel or Diesel Tanks
- Panels

**Engine**
- Power, Int., & Etc.
- Service Used
- Exhaust
- Air Intake
- Ignition
- Emergency Shut off
- Pedals, Linkages
- Heating & Ventilation
- Air-Conditioning
- Electrical
- Battery
- Alternator & Starter
- Switches / Wires
- Emergency Exit Warning
- Struts / Shocks

**Tires & Wheels**
- Tires / Wheels

---

**Remarks**

1. **PORCH LIGHT NOT WORKING**  
2. **REF # 35921**

---

**Results**

- The above inspection report shows defects to be found on the vehicle bearing licence plate number: BAH 273.  
- You are hereby directed to correct the defects as noted above and to report to MTO at an or before Nov 02, 2016 for a follow-up inspection.

---

**Conferration of Repairs**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

- Mechanic/Owner's Signature: John Doe  
- Mechanic Certificate Number: 1234567890

---

**For Office Use Only**

- Reviewed by: John Smith  
- Date: November 1, 2016

---

**Course 40(1)**

**Section 40(1)**
### Inspection Information

- **Date of Inspection:** 2018/10/24
- **Time In:** 11:30
- **Announced:** X
- **Unannounced:**

### Owner / Driver Information

- **Registered Owner (Print):** DAVE GULLIVER CABS
- **Owner’s Address:** P.O. BOX 2072, ST. JOHN’S, NL, CANADA A1C 9J8
- **Driver’s Name:**
- **Driver’s Address:**
- **Hours of Service:**
- **Log Book:**
- **Carer Maintains:** X
- **Non-compliant:**

### Vehicle Information

- **Chassis Year:** 2009
- **Make:** FREIGHTUNER
- **Model:**
- **Transmission:**
- **Plate No:** BAJ 266
- **S/N:** Z6550
- **Sticker No:** 1297225
- **Body S/N:**
- **Date of Last Mechanical Inspection:** JUN 2016
- **Date of Manufacture:**

### Inspection

**LEGEND**

- P - Passed
- X - Defects
- S - Service Restricted
- O - Out of Service
- N - N/A

- **Safety**
  - Fire Extinguisher: P
  - First Aid Kit: P
  - Hand Brake: P
  - Steering Wheel: P

- **Brakes**
  - Driven Wheel Test: Yes
  - 0.5

- **Suspension**
  - Shock Absorbers: P
  - Torsion Rods: N
  - All Suspension: N

- **Body**
  - Bumpers & Fenders: P
  - Chassis: Frame: P
  - Body Mounts: P

- **Electrical**
  - Battery: P

- **Tires & Wheel Clearance**
  - Tires & Wheels: P

### Results

- **Out of Service:** Yes
- **No:**
- **Defects:** X
- **Summary Distance Ticket Issued:**

### Confirmation of Repairs

- This is to certify that the defects noted on the report herein have been repaired and all necessary parts have been installed.

- **Mechanic / Owner’s Signature:**
- **Mechanic’s Certificate Number:**
- **Date of Official Inspection:**
- **Official Inspection Station Number:**
- **Owner / Inspector Signature:**
- **Remarks:**

---

**NOTE:** This report is a vehicle compliance report and is not the basis for an insurance renewal. It does not represent the condition of the vehicle but a check for compliance with the regulations.
<table>
<thead>
<tr>
<th>Inspection Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Inspection</td>
<td>YYYY MM DD 2016 / 10 / 21</td>
</tr>
<tr>
<td>Time in</td>
<td>12:30</td>
</tr>
<tr>
<td>Announced</td>
<td>X</td>
</tr>
<tr>
<td>Unannounced</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner / Driver Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Owner (Pay)</td>
<td>DAVE GULLIVER CAS LTD</td>
</tr>
<tr>
<td>NSC No</td>
<td>NFDC0157600</td>
</tr>
<tr>
<td>Driver's Name</td>
<td>Krista Cum</td>
</tr>
<tr>
<td>Driver's Licence No</td>
<td>576</td>
</tr>
<tr>
<td>Driver's Address</td>
<td>Box 279, St John's, A1C5X5</td>
</tr>
<tr>
<td>Hours of Service</td>
<td>Log Book</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Non-compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chassis Year</td>
<td>2007</td>
</tr>
<tr>
<td>Make</td>
<td>DIVISION</td>
</tr>
<tr>
<td>Plate No.</td>
<td>BAJO35</td>
</tr>
<tr>
<td>S/N</td>
<td>L071608</td>
</tr>
<tr>
<td>Date of Last Inspection</td>
<td>JUL 2007</td>
</tr>
<tr>
<td>Date of Manufacture</td>
<td>Jan 2006</td>
</tr>
</tbody>
</table>

**LEGEND**

- **P** - Passed
- **X** - Defects
- **S** - Service Restricted
- **O** - Out of Service
- **N** - N/A

*Service Restricted means the vehicle is out of service. It may, however, be driven to a place of repair where there are no passengers on board.*

<table>
<thead>
<tr>
<th>Inspection</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
</tr>
<tr>
<td>Fuel ADR</td>
<td>P</td>
</tr>
<tr>
<td>Hazard Warning Kit</td>
<td>P</td>
</tr>
<tr>
<td>Step Arm</td>
<td>P</td>
</tr>
<tr>
<td>Wipers (Int/Ext)</td>
<td>P</td>
</tr>
<tr>
<td>Vitreux</td>
<td>P</td>
</tr>
<tr>
<td>Horn</td>
<td>P</td>
</tr>
<tr>
<td>Crossing Arm</td>
<td>P</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Power Train</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Braakes</td>
<td>P</td>
</tr>
<tr>
<td>Compressor &amp; Belts</td>
<td>N</td>
</tr>
<tr>
<td>Drum Valve &amp; Tank</td>
<td>N</td>
</tr>
<tr>
<td>Brake System</td>
<td>N</td>
</tr>
<tr>
<td>Brake Adjustment</td>
<td>N</td>
</tr>
<tr>
<td>Low Air Warning</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suspension</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Springs / Leaf / Hanger</td>
<td>P</td>
</tr>
<tr>
<td>Shock Absorber</td>
<td>P</td>
</tr>
<tr>
<td>Air Suspension</td>
<td>N</td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
<td>P</td>
</tr>
<tr>
<td>Rims / Hubs</td>
<td>P</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brakes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brake Master Test</td>
<td>Yes</td>
</tr>
<tr>
<td>Front Left</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Steering</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering Lim</td>
<td>P</td>
</tr>
<tr>
<td>Power Assit</td>
<td>P</td>
</tr>
<tr>
<td>Column</td>
<td>P</td>
</tr>
<tr>
<td>Linkage</td>
<td>P</td>
</tr>
<tr>
<td>Front End</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Auxiliary Equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruise Controls</td>
<td>P</td>
</tr>
<tr>
<td>Dash &amp; Instruments</td>
<td>P</td>
</tr>
<tr>
<td>Roof Hatch</td>
<td>P</td>
</tr>
<tr>
<td>Windows</td>
<td>P</td>
</tr>
<tr>
<td>Tires &amp; Wheel Cleasance</td>
<td>P</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electrical</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery</td>
<td>P</td>
</tr>
<tr>
<td>Alternator &amp; Belts</td>
<td>P</td>
</tr>
<tr>
<td>Swayhe / Salvage</td>
<td>P</td>
</tr>
<tr>
<td>Emergency Exit Warning</td>
<td>P</td>
</tr>
<tr>
<td>Dariosters / Heaters</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer &amp; Winter</td>
<td>P</td>
</tr>
<tr>
<td>Chassis Frame</td>
<td>P</td>
</tr>
<tr>
<td>Body Model</td>
<td>P</td>
</tr>
<tr>
<td>End Window</td>
<td>P</td>
</tr>
<tr>
<td>Roo Hatch</td>
<td>P</td>
</tr>
<tr>
<td>Windows</td>
<td>P</td>
</tr>
<tr>
<td>Tires &amp; Wheel Cleasance</td>
<td>P</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remarks</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FRONT BRAKE ROTORS 2. GREASE REAR EMERGENCY EXIT</td>
<td></td>
</tr>
<tr>
<td>3. LEAKING BRAKE LINES 4. LEFT FRONT AND REAR SIGNAL LIGHTS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
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<tr>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Mechanic / Owner's Signature</td>
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<td>Mechanic / Certificate Number</td>
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<tr>
<td>Date of Official Inspection Station</td>
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<table>
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<tbody>
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</table>

**NOTICE:** This inspection report is a guarantee of ownership to the vehicle owner and the vehicle's condition at the time of the inspection. It does not describe the condition of an Indiana vehicle at any time. Proof of report to be forwarded is the Vehicular Office is before the due date.

**WARNING!** A violation of the Indiana Traffic Act (P.H. 3) is a violation of the Code for the purpose of issuing a Mechanic's Certificate of Inspection. A violation of the Code for the purpose of issuing a Mechanic's Certificate of Inspection can result in the Vehicle Registration Office's refusal to issue an appeal of personal documentation to the Department of Transportation. The government of Indiana has jurisdiction, and it is a violation of Indiana law for any person or corporation to correct or inspect any vehicle in any manner that may be contrary to the Vehicle Registration Office's refusal to issue an appeal of personal documentation to the Department of Transportation.
Inspection Information

Date of inspection: 2016 / 10 / 24
Time: 12:30
Announced: X
Unannounced: 

Location: ST. JOHN'S
Inspector's Name (Print): Krista Cull
Inspector's Name (First): 

Owner / Driver Information

Registered Owner (First): DAVE GULLIVER CABS
Registered Owner (Last): 

Driver's Name (First): 
Driver's Name (Last): 

Driver's Address: 
Hours of Service: Log Book X Carrier Maintains 

Vehicle Information

Chassis Year: 2016
Make: BLUEBIRD
Plate No.: BAJ387
Body Type: School

10257897
Body S / H: F45017

Date of Last Mechanical Inspection: Aug 2018
Date of Manufacture: Sep 2014

Bus Inspection Report

AX160WH943

DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1E 4R5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

FOR OFFICE USE ONLY

Reviewed by: 
Data: 
Route: X 
Complain: MVA 

LEGEND

P - Passed 
X - Defects 
S - Service Restricted* 
O - Out of Service 
N / NA

(Service Restricted means the vehicle is out of service. It may, however, be driven to a place of repair provided there are no passengers on board.)

Safety

Fire Extinguisher P
First Aid Kit P
Hazard Warning Kit P
Stop Arm P
Muffler (Int / Ext.) P
Vizor P
Horn P
Crossing Arm P

Steering

Brakes

Grip Meter Test X Yes %

Parking Brake P
Front End P

Suspension

Air Brakes

Compressor & Belt N
Disc Valve & Tank N
Brake System N

Suspension

Air Suspension N

Electrical

Auxiliary Equipment

Batteries P

Lighting N

Warning (Left / Right)

Acc. Warning Lock P

Emergency Exit P

Frontal Impact P

Side Impact P

Rear Side Impact P

Tires & Wheel Clearance P

Remarks

NO VISIBLE DEFECTS FOUND
REF 43923

Out of Service Yes X No 
Pass X Defects 
Summary Offence Ticket Issued Yes 

Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic / Owner's Signature 
Mechanic's Certificate Number 

Date of Y Y Y Y M D D Official Inspection Station Number Repair / 

Owner / Driver's Signature 
Date of Y Y Y Y M D D 

Inspector's Signature 
Time Out 

NOTES: The inspector may require a security camera to be operating continuously while the inspection is being conducted. The inspection of an unsafe vehicle must be reported at once. No repairs may be made by the inspector. The inspector is responsible for the accuracy and completeness of the information furnished on this report. The report is not to be used as evidence in a legal action. The report is to be kept for future reference. The inspection is subject to the authority of the Motor Vehicle Act (1974), and relevant information may be obtained for the purpose of issuing a Motor Vehicle Registration Cancelled without a written order of the judge. The Motor Vehicle Inspection Report Section 3 of the RAA above Motor Registration Division to license or renew a vehicle and the inspection of another Canada province, territory, or municipality. Any在外车辆 can be obtained from the Motor Registration Division toll-free at 1-877-528-6691.
### Bus Inspection Report

**Location:** ST JOHN'S

**Inspection Information**

- **Date of Inspection:** 2018 / 10 / 24
- **Time In:** 13:00
- **Announced:** X
- **Unannounced:**

**Owner / Driver Information**

- **Registered Owner Name:** DAVE GULLIVER CASS
- **NSC No.:** NFDC00203624

**Vehicle Information**

- **Make:** BLUEBIRD
- **Model:** BAH 275
- **Plate No.:** BAH 275
- **Body S/N:** P430002

**Inspection**

#### Safety
- **Fire Extinguisher:** P
- **Exhaust Exit:** UNDER PRESSURE

#### Brakes
- **Brake Mark Test:** Yes
- **Brake Ropings:** X
- **Brake Roping 2:** N
- **Brake Roping 3:** N
- **Pac Test:** P
- **Air Brakes:** N
- **Air Pressure:** N

#### Steering
- **Steering Wheels:** P
- **Power Assist:** P
- **Camera:** P
- **Linkage:** P
- **Front End:** P

#### Auxiliary Equipment
- **Battery:** P
- **Alternator & Belts:** P
- **Wipers:** P
- **Emergency Exit Warning:** P

#### Electrical
- **Wiring & Electrical:** P
- **Electrical Systems:** P
- **Switches:** P
- **Rearview Mirrors:** P

#### Exhaust
- **Exhaust System:** P
- **Exhaust Manifolds:** N
- **Exhaust Flanges:** N
- **Exhaust Stack:** N

#### Body
- **Hood:** P
- **Doors:** P
- **Rearview Mirrors:** P

### Remarks

- **EXHAUST EXITS UNDER REAR EMERGENCY EXIT**

#### 1. EXHAUST EXITS UNDER REAR EMERGENCY EXIT

- **REF #: 39824**
- **Out of Service:** X
- **Pass:**
- **Disposal:**
- **Summary Offence Ticket issued:**

#### 6. The above inspection report shows that the vehicle is out of service. It may, however, be driven to a place of repair provided there are no passengers on board.

### Confirmation of Repairs

- **Mechanic / Owner Signature:**
- **Mechanic Certificate Number:**

- **Date of Inspection:** 2018 / 10 / 24
- **Official Inspection Station Number:**
- **Officer / Inspector Signature:**

### Remarks

- **NOTICE:** This inspection report is for information purposes only and does not constitute the making of an insurance claim.
- **FOR OFFICE USE ONLY:**

---

Section 40(1)
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5

Telephone: (709) 729-0359 Facsimile: (709) 729-0102

**Bus Inspection Report**

BB16MRH90

---

### Inspection Information

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Y Y Y M D D 2016</th>
<th>Time In</th>
<th>Annexed</th>
<th>Unannounced</th>
</tr>
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<tbody>
<tr>
<td>Location</td>
<td>portugal cove</td>
<td>14:00</td>
<td>X</td>
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</tr>
</tbody>
</table>

**Inspection Details**

- **Inspection Information**
  - Location: portugal cove
  - Date: 2016/08/30
  - Time: 14:00
  - Annexed: X

- **Bus Information**
  - Make: bluebird
  - Model: School
  - Date of Test: Aug 2016
  - Date of Manufacture: Nov 2006

### Defects

<table>
<thead>
<tr>
<th>Category</th>
<th>Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brakes</td>
<td>X</td>
</tr>
<tr>
<td>Power Train</td>
<td>X</td>
</tr>
<tr>
<td>Suspension</td>
<td>X</td>
</tr>
<tr>
<td>Body</td>
<td>X</td>
</tr>
</tbody>
</table>

### Remarks

- **Out of Service**: No
- **Pass**: X

### Confirmation of Repairs

- **Mechanic/Owner's Signature**: [Signature]
- **Mechanic Certificate Number**: [Number]
- **Date of Inspection**: [Date]
- **Official Inspection Station Number**: [Number]

---

**Section 40(1)**

- **Owner/Driver Information**
  - Registered Owner: Island bus services ltd
  - Operator: Island bus services ltd
  - Owner's Name: [Name]
  - Driver's Name: [Name]
  - Driver's License No.: [Number]

---

**NOTICE:** This inspection is not a guarantee or warranty as to the future condition or the roadworthiness of the vehicle described herein, nor does it authorize the operation of an unsafe vehicle on or within any public highway, road, street, or place. This certificate may be presented to a Provincial or Municipal Official at any time or at any place in this Province or on or before the date stated.

**PERMIT STATEMENT:** The holder of the permit in the inspection certificate is responsible for the accuracy of the information provided in the certificate. Any questions can be directed to the Motor Registration Division at 709 729-0102.

---

**Evidence of Non-compliance**

- ** MVDA:** 506
- **Licence No.:** NFC57118025

---

**Bus Inspection Report**

- **MM/DD/YYYY:** 2016/08/30
- **Time:** 14:30

---

**ORICER/Inspector Signature**

- **Date:** [Date]
- **Time:** [Time]

---

**Results**

- **Yes:** [Yes]
- **No:** [No]
- **Defects:** [Defects]
- **Summary Offence Ticket Issued:** [Yes]

---

**Evidence of Non-compliance**

- **MVDA:** 506
- **Licence No.:** NFC57118025

---

**Inspection Details**

- **Location:** portugal cove
- **Date of Inspection:** 2016/08/30
- **Time:** 14:00
- **Annexed:** X

---

**Bus Information**

- **Make:** bluebird
- **Model:** School
- **Date of Test:** Aug 2016
- **Date of Manufacture:** Nov 2006

---

**Defects**

- **Brakes:** X
- **Power Train:** X
- **Suspension:** X
- **Body:** X

---

**Remarks**

- **Out of Service:** No
- **Pass:** X

---

**Confirmation of Repairs**

- **Mechanic/Owner's Signature:** [Signature]
- **Mechanic Certificate Number:** [Number]
- **Date of Inspection:** [Date]
- **Official Inspection Station Number:** [Number]

---

**ORICER/Inspector Signature**

- **Date:** [Date]
- **Time:** [Time]

---

**ORICE:** This inspection is not a guarantee or warranty as to the future condition or the roadworthiness of the vehicle described herein, nor does it authorize the operation of an unsafe vehicle on or within any public highway, road, street, or place. This certificate may be presented to a Provincial or Municipal Official at any time or at any place in this Province or on or before the date stated.

**PERMIT STATEMENT:** The holder of the permit in the inspection certificate is responsible for the accuracy of the information provided in the certificate. Any questions can be directed to the Motor Registration Division at 709 729-0102.
### Bus Inspection Report

**Vehicle Information**
- **Make:** bluebird
- **Model:** no model
- **Year:** 2006
- **VIN:** 5715NLK1650017817
- **Manufacturer:** bluebird
- **Date of Last Mechanical Inspection:** Aug 2016
- **Date of Manufacture:** Jul 2005

**Remarks**
- **Out of Service**
  - **Yes:** X
  - **No:** X

**Results**
- **Pass:** X
- **Defects:**
  - **Summary Offence Ticket Issued:**
    - **Yes:** X
    - **No:** X

**Confirmation of Repairs**
- **Mechanic/Owner's Signature:**
- **Mechanic Certificate Number:**
- **Date of:**
  - **Y M D D:** 2016 / 08 / 30
- **Defect:**
  - **Year:** 2016 / 08 / 30
- **Office:**
  - **Inspection Station Number:**
  - **Repair:**
  - **Complaint:**
  - **Type:**
  - **Non-compliant:**

**Legend**
- P = Passed
- X = Defects
- S = Service Restricted
- O = Out of Service
- N = N/A

**Defects Listed**
- Brakes
- Steering
- Body
- Tires & Wheels
- Air Suspension
- Fascia
- Suction
- Pinion Gear
- Steering Wheel
- Anti-lock Brakes
- Speedometer
- Gross VehicleWeight
- All Vehicle

**Location:**
- **Street:** Portugal Cove Rd
- **City:** St. John's
- **Province:** NL
- **Postal Code:** A1B 4J6

**Owner/Driver Information**
- **Name:** Lee Paty
- **License No.:** 553

**Inspection Information**
- **Date of Inspection:** Y M D D 2016 / 08 / 30
- **Time of Inspection:** 14:05
- **Inspector Name:** Lee Paty
- **Inspection No.:** 553

**Owner/Driver Information**
- **Name:** Darrell Bennett
- **License No.:** 506

**Registration Information**
- **Register Name:** Island Bus Services Island Bus Services
- **Registration No.:** NPD71110025
- **Issued To:** Island Bus Services Island Bus Services
- **Address:** 335 Dogberry Hill Rd
- **City:** St. John's
- **Province:** NL
- **Postal Code:** A1C 1T5

**Inspection Details**
- **Date of Last Inspection:** Aug 2016
- **Date of Manufacture:** Jul 2005

**Defects:**
- Brakes: Yes
- Steering: X
- Body: X
- Tires & Wheels: X
- Air Suspension: N
- Fascia: X
- Suction: X
- Pinion Gear: X
- Steering Wheel: X
- Anti-lock Brakes: X
- Speedometer: X
- Gross Vehicle Weight: X
- All Vehicle: X

**Remarks:**
- Out of Service: Yes

**Confirmation of Repairs:**
- Mechanic/Owner's Signature
- Mechanic Certificate Number
- Date of: Y M D D 2016 / 08 / 30
- Defect: Y M D D 2016 / 08 / 30
- Office: Inspection Station Number
- Repair: X
- Compliant: X
- Type: X
- Non-compliant: X

**Remarks:**
- X
- X

**Section 40(1):**
- Section 40(1) is highlighted to indicate a critical section of the inspection report.
DEPARTMENT OF GOVERNMENT SERVICES,  
MOTOR REGISTRATION DIVISION  
P.O. Box 8710, St John's, NL, Canada A1B 4J5  
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report
BB16MJ1M24

Inspection Information

<table>
<thead>
<tr>
<th>Locators</th>
<th>Portugal cove</th>
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<tbody>
<tr>
<td>Inspector's Name (First)</td>
<td>Lee Percy</td>
</tr>
<tr>
<td>Inspector's Name (Last)</td>
<td>Danell Bennett</td>
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Owner / Driver Information

<table>
<thead>
<tr>
<th>Registered Owner (First)</th>
<th>Island bus services Island bus services</th>
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<tbody>
<tr>
<td>Owners Name (First)</td>
<td>John Doe</td>
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<tr>
<td>Owners Name (Last)</td>
<td>Jane Smith</td>
</tr>
<tr>
<td>Driver's Name (First)</td>
<td>Peter Parker</td>
</tr>
<tr>
<td>Driver's Name (Last)</td>
<td>Mary Jane</td>
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<tr>
<td>Driver's License No.</td>
<td>1234567890</td>
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Vehicle Information

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<th>2005</th>
<th>Make</th>
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<tr>
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Inspection

<table>
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<tr>
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<th>Fire Extinguisher</th>
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<tr>
<td>Four Point Kit</td>
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<tr>
<td>Heated Warming Kit</td>
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<tr>
<td>Safety</td>
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<thead>
<tr>
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<th>Master Brake</th>
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<tbody>
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<th>Steering</th>
<th>Power Steering</th>
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</table>

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<tr>
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<tbody>
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<td>Roof</td>
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<tr>
<td>Internal</td>
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</tbody>
</table>

Remarks

1/14/2016 - Reassembled due to previous OEM replacement. 14/14/2016 - Battery hold down.

Summary of Findings

<table>
<thead>
<tr>
<th>Out of Service</th>
<th>Yes</th>
<th>No</th>
<th>X</th>
<th>Pass</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic: [Signature]
Mechanic Certificate Number: [Number]

Owner / Driver's Name: [Signature]

Date: [Date]
Time: [Time]

NOTICE: This inspection is not a guarantee or warranty as to the future operation or the reliability of the vehicle unless otherwise stated. The vehicle must be operated in a safe manner. This inspection is not a substitute for the operation of this vehicle in a safe manner. You are hereby directed to correct the defects as noted above and to report to NRO at once on or before Sep 09, 2016 for a follow-up inspection.

Owner / Driver's Signature: [Signature]

Date: [Date]
Time: [Time]
### Inspection Information

**Date of Inspection:** 2016/06/30  
**Time In:** 11:00  
**Unannounced:** X

**Location:** Portugal Cove

**Inspector's Name:** Lee Percy  
**License No.:** 553

**Owner / Driver Information**

**Reg. Owner:** Island Bus Services  
**Name:** Island Bus Services  
**HSC No.:** NFC371118025

**Driver Name:** Darrall Barnett  
**License No.:** No

**Driver's Address:**  
**Hours of Service:** Log Book, Carried Maintains, X

**Vehicle Information**

**Chassis Year:** 2005  
**Make:** Bluebird  
**Model:** Bluebird  
**Plate No.:** No Plates  
**S/N:** rba5chek2503076  
**Body S/N:** 000000  
**Body & Gear:** B10/9/08

**Out of Service:** Mechanical Inspection: Aug 2016  
**Date of Manufacture:** Apr 2005

### Inspection

**Vehicles Present:** X

**Safety**

- Fire Extinguisher: P
- First Aid Kit: P
- Hazard Warning Lights: P
- Seat Belt: P
- Headlights: P
- Horn: P
- Cross Bars: X

**Power Train**

- Air Brakes: P
- Compressor & Bets: N
- Dry Valve & Tank: N
- Gauge System: N
- Brake Adjustment: N

**Suspension**

- Springs / Uppers / Shocks: P
- Rear Axle: P
- Torsion Rod Assembly: P
- Air Suspension: P

**Steering**

- Steering Wheel: P
- Power Assist: P
- Column, Box: P
- Linkage: P
- Front End: P

**Auxiliary Equipment**

- Battery: P
- Starter: P
- Winches: Yes
- Emergency Exit Warning: P
- Headlights: P

### Remarks

- Window openings 9 5 to 10 inch openings 2/1 top up master cylinder 3/ battery hold down 4/ approach lights front and rear not working 5/ LHS floor level marker light / Note rear body damage R/H and R/H and the wheel wells need repair

### Out of Service

- Yes  
- No  
- Pass  
- Defects

**Summary Defence Ticket Issued:** Yes

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Mechanic / Owner's Signature:**  
**Mechanic Certification Number:**

**Date of Repairs:** 2016/06/31  
**Station Number:**

**Repairs Made:**

**Remainder:**

**Owner or Driver's Signature:**  
**Date:** 2016/06/31  
**Time Out:** 11:38
**DEPARTMENT OF GOVERNMENT SERVICES,\nMOTOR REGISTRATION DIVISION**

P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone (709) 729-0359 Facsimile (709) 729-0102

**Bus Inspection Report**

**BB18MS4C4B**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Time In</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y Y Y M D D 2016</td>
<td>08</td>
<td>03</td>
<td>31</td>
</tr>
<tr>
<td>12:00</td>
<td>X</td>
<td>X</td>
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</tr>
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</table>

**Location:** Portugal Cove

**Inspection Results:**

<table>
<thead>
<tr>
<th>Safety</th>
<th>Electrical</th>
<th>Body</th>
<th>Auxiliary Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Remarks:**

1. Replace rear rotors

**Confirmation of Repairs:**

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Owner or Driver's Signature:**

**Inspection Time Out:**

12:38
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0559 Facsimile: (709) 729-0102

Bus Inspection Report
BB16CN9J0

Inspection Information

<table>
<thead>
<tr>
<th>Date of inspection</th>
<th>Y Y Y M D D</th>
<th>Time in</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y Y Y M D D</td>
<td>2016 / 09 / 30</td>
<td>10:00</td>
<td>X</td>
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</tr>
</tbody>
</table>

Location: Paradise

Inspection Officer's Name: Lee Percy

Inspection Officer's Name: No

Owner / Driver Information

Registered Owner (Print): Island bus services Island bus services

Owner's Address: PO Box 175 Bell Island NL 08.40

Owner's Name (Print): Island bus services

Owner's Address: PO Box 175 Bell Island

Hours of Service: Log Book

Vehicle Information

Chassis Year: 2003
Make: Bluebird

Body Year: 2004
Make: Bluebird

Dimensions: 31868 Kms

Types: School X

Date of Last Mechanical Inspection: Aug 2016
Date of Manufacture: Jan 2003

Inspection

LEGEND
P - Passed
X - Defects
S - Service Restricted
O - Out of Service
N - N/A

Safety
Fire Extinguisher
Power Train
Fuel System
Exhaust System
Dex Axle
Suspension
Springs / Axles / Hangers
Brakes

Steering
Sleeping Area
Power Assist

Auxiliary Equipment
Dashes / Instruments
Wiper / Windshield Wiper

Electrical
Body

Body/Passenger Side / Panels

Body/Front / Door / Paint / Trim / Etc. / Windshield Washer / Wipers

Emergency Exit Door

Grab Handle / Rail / Base / Wheel / Counters

Brake/Heater / Battery

Exterior / Windshield Washer / Wiper / Wiper / Windshield Wiper

Emergency Exit / Door / Base / Wheel / Counters

Out of Service

Yes X

Pass Date Deafets X

Summary Offence Ticket Issued

OUTS

Notches

The vehicle is not out of service. It may be, however, be driven to the place of repair provided there are no passengers on board.

Inspection

The above inspection report shows defects to have been found on the vehicle bearing licence plate number: BAHG27.

You are hereby directed to correct the defects as noted above and to report to MRO as soon as possible;

Owner or Driver's Signature

Date: December 09, 2016

Confirmation of Repairs

The above repairs have been made and the vehicle is now fit to be driven

Owner or Driver's Signature

Date: December 09, 2016

Mechanic / Owner's Signature

Mechanic / Certifier's Name

Official Inspection Station Number

Date: December 09, 2016

Remarks:
exposed (see photos) 14 Check Steering as per manifest due to front end damage. No Brake lost preformed drive shaft removed for towing. Plates taken from vehicle. Plates returned with Proof of NEW CMV1 and HEO follow-up inspection.
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL, Canada A1B 4J5
Telephone (709) 729-0350 Fax: (709) 729-0102

Bus Inspection Report
AT16 au7J

Inspection Information

<table>
<thead>
<tr>
<th>Location</th>
<th>FERRYLAND</th>
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<tbody>
<tr>
<td>Inspectors Name (Print)</td>
<td>Glenn Sheppard</td>
</tr>
<tr>
<td>Inspectors Name (Print)</td>
<td>No</td>
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</table>

Owner / Driver Information

<table>
<thead>
<tr>
<th>Registered Owner (Print)</th>
<th>HSC NO</th>
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<tbody>
<tr>
<td>Owner Address</td>
<td>CO RENTAL BELL ISLAND NL, A0A4H0</td>
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<tr>
<td>Owner Name (Print)</td>
<td>No</td>
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<tr>
<td>Owner Address</td>
<td>No</td>
</tr>
<tr>
<td>Hours of Service</td>
<td>Log Book</td>
</tr>
</tbody>
</table>

Vehicle Information

| Chassis Year | 2007 |
| Make | FRNT |
| Parts No | BAJ739 |
| Date of Last Mechanical Inspection | Aug 2016 |

Inspection

**LEGEND**

- **P**: Passed
- **X**: Defects
- **S**: Service Restricted
- **O**: Out of Service
- **N**: N/A

**Safety**

- Fire Extinguisher: P
- First Aid Kit: P
- Hazard Warning Kit: P
- Stop Arm: P
- Mirrors (SIDE): P
- Visor: P
- Horn: P
- Cross Arm: P

<table>
<thead>
<tr>
<th>Component</th>
<th>Condition</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Brakes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Steering</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Power Assis</td>
<td>Column, Box</td>
<td></td>
</tr>
<tr>
<td>Brake Lines</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Power Assist</td>
<td>Master Cylinder</td>
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<tr>
<td>Power Train</td>
<td>Air Brakes</td>
<td></td>
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<tr>
<td>Fuel System</td>
<td>YES</td>
<td></td>
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<tr>
<td>Exhaust System</td>
<td>YES</td>
<td></td>
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<tr>
<td>Drive Shaft</td>
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<td></td>
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<tr>
<td>Suspension</td>
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<td></td>
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<tr>
<td>Springs, Leaf</td>
<td>Tires &amp; Wheels</td>
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<tr>
<td>Shocks</td>
<td>Yes</td>
<td>X</td>
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<tr>
<td>Tension Rod Assembly</td>
<td>Air Suspension</td>
<td></td>
</tr>
</tbody>
</table>

**Steering**

- Steering Wheel: P
- Power Assist: P
- Column, Box: P
- Linkage: P
- Front End: P
- Auxiliary Equipment: P
- Depth & Instruments: P
- Windshield Wiper: P
- Emergency Exit: P
- Parking, Light: P
- Anti Lock: P
- Electrical: P
- Battery: P
- Alternator & Belts: P
- Electrical: P
- Emergency Exit: P

**Confirmation of Repairs**

<table>
<thead>
<tr>
<th>Mechanic / Owners Signature</th>
<th>Vehicile Certificate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Inspection: P</td>
<td></td>
</tr>
<tr>
<td>Official / Inspectors Signature</td>
<td>X</td>
</tr>
</tbody>
</table>

1. NO PRE-TRIP 2 EXHAUST LEAK 3 LF ROTOR RUSTED 4. NO REVERSE LIGHTS

REF. 35304

Out of Service: Yes | No | X | Yes | No

NOTE: This inspection is a guarantee of safety to the public concerning the physical condition of the vehicle described herein. It does not authorize the operation of an unsafe vehicle or any vehicle in violation of the traffic laws of the province or territory where the vehicle operates.
### Inspection Information

- **Date of Inspection:** 2016/10/13
- **Time:** 09:05
- **Location:** witness only
- **Inspector Name:** Lee Percy
- **Inspection No.:** 553

### Owner / Driver Information

- **Owner:** Island bus services Island bus services
- **Owner's Address:** 175 nl abc 4
- **Driver's Name:** [redacted]
- **Driver's License No.:** [redacted]
- **Driver's Address:** [redacted]
- **Hours of Service:** Log Book
- **Carriage Maintains:** Non-compliant

### Vehicle Information

- **Make:** bluebird
- **Model:** BAH403
- **S/N:** 1029217
- **Consumed:** 252036
- **Type:** X PP
- **Date of Use:** Aug 2018
- **Date of Manufacture:** Jul 2005

### Inspection

#### LEGEND
- **P:** Passed
- **X:** Defects
- **S:** Service Restricted
- **O:** Out of Service
- **N:** N/A

- **Grease:** [ ]
- **Brakes:** [ ]
- **Shocks:** [ ]
- **Suspension:** [ ]
- **Steering:** [ ]
- **Body:** [ ]
- **Windshield Washer / Wipers:** [ ]
- **Emergency Shut-off:** [ ]
- **Battery:** [ ]
- **Low Air Warning:** [ ]
- **Anti-lock:** [ ]
- **Air Bag:** [ ]
- **Electrical:** [ ]
- **Tires & Wheel Chark:** [ ]

### Remarks

- **1/ No pre-trip inspection reported**
- **2/ Rusty brake lines**

### Results

- **Out of Service:** Yes
- **Pass:** No
- **Defects:** X
- **Summary Offence Ticket issued:** Yes

### Confirmation of Repairs

- **Mechanic / Owner's Signature:** [Blank]
- **Mechanic Certificate Number:** [Blank]
- **Date of**: [Blank]
- **Official Inspection Station Number:** [Blank]
- **Inspection Station:** [Blank]
- **Remarks:** [Blank]
Page 2

Inspection No.
3316000KF1
### Bus Inspection Report

**Location:** MOBILE

**Inspection Information**

- **Date of Inspection:** 2016/10/13
- **Time In:** 09:05
- **Location:** MOBILE
- **Inspection Officer:** Byron Redway
- **Inspected By:** John Paddie

**Owner / Driver Information**

- **Owner:** ISLAND BUS SERVICE C/O PAUL CUMMINGS
- **Registered Owner:** ISLAND BUS SERVICE C/O PAUL CUMMINGS
- **Owner's Address:** PO BOX 175 BELL ISLAND NL A0A 4HO
- **Driver's Address:** PO BOX 175 BELL ISLAND NL A0A 4HO
- **Driver's License No:** 526

**Vehicle Information**

- **Make:** BLUEBIRD
- **Model:** School
- **Year:** 2004
- **Serial Number:** 10277361
- **Plate No:** BAH 288
- **H.S.C. No:** NFIC002106-40
- **Door:** 60375
- **Date of Last Mechanical Inspection:** Aug 2016
- **Date of Manufacture:** Jan 2003

**Inspection**

**Legend:**

- P - Passed
- X - Defects
- S - Service Required
- D - Out of Service
- N - N/A

**Safety**

- Fire Extinguisher: P
- First Aid Kit: P
- Hazard Warning Kit: P
- Stop Arm: P
- Intercom/PA: P
- Visor: P
- Hood: P
- Crossmember Arm: P

**Brakes**

- Brake Master Test: Y
- Parking Brake: Y
- Parking Brake: X
- Valve: Y

**Steering**

- Steering Link: P
- Column, Box: P
- Linkage: P
- Front End: P

**Suspension**

- Springs / Shocks / Hangers: N
- Bumpers: N
- Axle Shafts: N
- Brake Adjustment: N
- Low Air Warning: N

**Brakes/Actuator**

- Air Brakes: N
- Compressor & Switch: N
- Drum Valve & Tanks: N
- Brake System: N
- Brake Block: N

**Auxiliary Equipment**

- Dash & Instruments: P
- Windshield Wiper: N
- Emergency Shut-off: N
- Pedals, Linkages: N
- Anti-vandal Lock: N

**Electrical**

- Battery: N
- Alternator & Belts: N
- Switches / Lights: N
- Emergency Exit Warning: N
- Detectors / Meters: N

**Body**

- Bumpers & Fenders: P
- Chassis, Frame: P
- Body Masts: X
- Underbody, Undercarriage: P
- Roof Panels: P
- Windows, Windows: P
- Seats: P
- R.T.U., Roof, Ext.: P
- Non-Occupancy Lamp: P
- Emergency Exit: P
- Signs, Notices, Labeling: P
- Reflective Tape / Reflectors: P
- Anti-Skid Brakes: N
- Tires & Wheel Clearance: P

**Removals**

- 1) DRIVER NOT IN POSSESSION OF TRIP INSPECTION REPORT AS REQUIRED BY TRIP INSPECTION REPORT

**Result**

- **Out of Service:** Yes
- **Pass:** No
- **Defects:** X
- **Summary Offence Ticket Issued:** Yes

**Confirmation of Repairs**

- **Make / Owner's Signature:**
- **Mechanic Certificate Number:**
- **Date:** 09:35
- **Inspection Officer's Signature:**

---

*NOTE: This inspection is not a guarantee of safety as to the future condition or the reliability of the vehicle described herein. It does not authorize the operation of an unsafe vehicle or an unregistered vehicle on the road. The issuance of an inspection certificate does not authorize the use of a vehicle in a manner that violates any traffic rule.*

*PRIVACY STATEMENT: Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Motor Vehicle or Loading Vehicle Inspection Report. Section 5 of the HTA above Motor Registration Division is granted an authority personal information to the extent that, by giving notice of another Canadian province, federal, provincial or municipal officer. Any questions can be directed to the Motor Registration Division toll free at 1-877-636-9626.*

---

93
### Bus Inspection Report

#### Inspection Information
- **Date of Inspection:** 2016/10/12
- **Time:** 09:30
- **Location:** FERRYLAND
- **Inspector's Name:** Glenn Sheppard
- **Inspector's Phone:** 909
- **Owner's Address:** BELL ISLAND NL, A0A4H0
- **Owner's License No.:**
- **Driver's Address:**
- **Driver's Phone:**
- **Date of Last Mechanical Inspection:** Aug 2016
- **Date of Manufacture:** Apr 2003

#### Vehicle Information
- **Chassis Year:** 2003
- **Blade:** INTL
- **Plate No.:** BAH006
- **Builder No.:** 10277354
- **Body S/N:** 9002941

#### Inspection
- **Safety**
  - Fire Extinguisher: P
  - First Aid Kit: P
  - Hazard Warning Kit: P
  - Soup Arm: P
  - Metal Frame: P
  - Metal Frame 2: P
  - Metal Frame 3: P
  - Mirror (SIDE): P
  - Visor: P
  - Horn: P
  - Crossing Arm: P

- **Power Train**
  - Air Brakes: P
  - Fuel System: P
  - Exhaust System: P
  - Drive Shaft: P

- **Suspension**
  - Springs / Shocks / Hangers: P
  - Shock: P
  - Torsion Rod Assembly: N
  - Air Suspension: N

- **Brakes**
  - Brake Meter Test: Yes
  - P: Yes
  - X: No
  - D: No
  - S: Yes

- **Steering**
  - Steering Lash: P
  - Power Assist: P
  - Column Box: P
  - Lampage: P
  - Rear Axle: P

- **Auxiliary Equipment**
  - Dash & Instruments: P
  - Windshield Wiper: P
  - Emergency Exit: N
  - Pedals: P
  - And/or Lock: N

- **Electrical**
  - Safety: P
  - Alternator & Rect: P
  - Sumples / Wiring: P
  - Emergency Exit: P
  - Delores / Haz: P

#### Results
- **Out of Service:** Yes
- **Defects:** No
- **Summary Offence Ticket Issued:** X
- **Repaired by:**

#### Confirmation of Repairs
- **Mechanic's Name:**
- **Mechanic's Signature:**
- **Date:** 2016/10/13

---

**NOTE:** This inspection is not a guarantee or warranty as to the future condition of the vehicle for which it was conducted. This is only a sample of an actual inspection report. Please refer to the original report for a complete list of defects and repairs. This inspection was conducted by the Motor Registration Division of the Newfoundland and Labrador government. Any questions or concerns may be directed to the Motor Registration Division at 709-729-0020.
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**Bus Inspection Report**

**Vehicle Information**
- **Make:** 2006
- **Model:** bluebird
- **Plate No.:** BAH406
- **Body 5/N:** 000000
- **Odometer:** 191516

**Inspection**

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<th>Category</th>
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<th>Defects</th>
<th>Service Required</th>
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<td>Safety</td>
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<td>Fuel System</td>
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<td>Springs / Links / Hangers</td>
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<td>License Plate</td>
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**Remarks**

1/ No pre-trip inspection report 2/ R/HS Front Park light 3/ Rust brake lines

**Results**

- 1/ No pre-trip inspection report
- 2/ R/HS Front Park light
- 3/ Rust brake lines

**Confirmation of Repairs**

- Date: 2016 / 10 / 13
- Mechanic/Owner/Sign: [Signature]
- Mechanic Certificate Number: [Number]
- Official Inspection Station Number: [Number]
- Remarks: [Remarks]

**NOTES:**

- This inspection is not a guarantee of safety to the future condition of the vehicle, the reliability of its equipment, nor does it determine the condition of an uninsured vehicle or an uninsured person vehicle. It is a report to inform the owner to inspect the vehicle or report the condition of the vehicle.

---

**PRIVACY STATEMENT:** The Personal Information in this report will be collected for the purposes of a Pre-Inspection and Post-Inspection Report. Section 5 of the Act allows Motor Registration Division to disclose an individual's personal information to other departments of government or another Canadian jurisdiction, select federal, provincial, and municipal authorities. Any questions can be directed to the Motor Registration Division at 709-729-6358.
# Newfoundland Labrador

**DEPARTMENT OF GOVERNMENT SERVICES,**
**MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0352 Facsimile: (709) 729-0102

**Bus Inspection Report**

AT160WCK8

---

### Inspection Information

- **Date of Inspection:** 2016/10/13
- **Time in:** 10:00
- **Location:** FERRYLAND
- **Inspector’s Name:** Glenn Sheppard
- **Inspector’s No.:** 539

### Owner / Driver Information

- **Registered Owner (Print):** PORTUGAL COVE, ST PHILIPS, NL, A1N 1C5
- **Owner’s Address:**
- **Owner’s Licence No.:**
- **Hours of Service Log Book:**
- **Log Book:**
- **Complaint:** X
- **Non-compliant:**
- **Director:**
- **Director No.:**

### Vehicle Information

- **Chassis Year:** 2004
- **Make:** FRHT
- **Model:** THOMAS
- **Plate No.:** BAJ029
- **Series No.:** 6481198
- **Body No.:** 1925-031456-111TS
- **Engine:** 174262
- **Type:** 0
- **Date of Last Mechanical Inspection:** Aug 2016
- **Date of Manufacture:** Feb 2003

### Inspection

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### Bus Inspection Report

**BB160007W3**

#### Inspection Information
- **Date of Inspection:** 2018 / 10 / 12
- **Time:** 10:09
- **Location:** witness day
- **Inspectors:**
  - Name (First): Lee Percy, No. 553
  - Name (Last): Darrell Bennett, No. 506

#### Owner / Driver Information
- **Registered Owner:** Island bus services island bus services
- **Owner's Address:** Bell Island box 175 NL 204 E0
- **Driver's Name:**
- **Driver's Address:**
- **Inspection:**
  - Log Book
  - Carrier Maintains
  - Non-compliant

#### Vehicle Information
- **Make:** Bluebird
- **Model Year:** 2006
- **Body Year:** 2005
- **Motor:**
  - **Type:** School
  - **Km.:** 220647
  - **Color:** Bluebird

#### Inspection
- **Date:** Aug 2016
- **Location:**
- **Results:**
  - **Passed**
  - **Defects**
  - **Service Restricted**
  - **Out of Service**
  - **N-NA**

#### Safety
- **Fire Extinguisher:** P
- **First Aid Kit:** P
- **Hazard Warning Kit:** P
- **Step Arm:** P
- **Mirrors (Left/Ext.):** P
- **Wheel:** P
- **Horn:** P
- **Crossing Arm:** P
- **Power Train:** P
- **Fuel System:** O
- **Exhaust System:** O
- **Brake System:** P
- **Suspension:** P
- **Safety Belts:** P
- **Tire:** P
- **Axle Assembly:** P

#### Inspection Details
- **Safety:**
  - Brake: Yes
  - Wheel: Yes
  - Mirror: Yes
  - Horn: Yes
  - Crossing Arm: Yes

####总结

- **Pre-trip Inspection:**
  - Pass / No
  - Defects / Summary Offence Ticket Issued

---

**NOTES:**
- This inspection is not a guarantee or warrantyry as to the future condition of the vehicle. Accordingly, none of the inspections of vehicles or any other representation of a vehicle is for any purpose to be held or relied upon before the sale of the vehicle.
- **PRIVACY STATEMENT:** Under the authority of the Highway Traffic Act, N7-1, personal information will be collected for the purpose of issuing a certificate of registration. Further, data is held in accordance with the Freedom of Information and Protection of Privacy Act. Any questions can be directed to the Motor Registration Division toll-free at 1-877-606-5867.
Page 2

Inspection No. BB116007W3
**Bus Inspection Report**

**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 5710, St. John's, NL, Canada A1B 4J5

Telephone: (709) 729-0509 Facsimile: (709) 729-0102

---

**Bus Inspection Report**

**B13800PSQ4**

---

**Inspection Information**

- **Date of inspection:** YYY MM DD 2016 / 10 / 13
- **Time in:** 19:30
- **Location:** willis bay
- **Inspectioner Name:** Lee Percy
- **Inspector's Name:** Darrell Bennett

**Owner / Driver Information**

- **Registered Owner:** Island Bus Services
- **Owner's Address:** Bell Island Box 175 NL 080-4H0
- **Driver's Name:** [Redacted]
- **Driver's Address:** [Redacted]
- **Vehicle Info:** Log Book [ ], Carrier Maintains [ ], Non-compliant [X]

**Vehicle Information**

- **Chassis Year:** 2004
- **Make:** INTL
- **Model:** [Blank]
- **Plate No.:** [Blank]
- **S/N:** [Blank]

---

**Inspection**

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Brakes</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Air Brakes</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Electrical</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Steering</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Engine</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Drive Train</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Brakes</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Electrical</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Steering</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Engine</td>
<td>[Blank]</td>
<td></td>
</tr>
<tr>
<td>Drive Train</td>
<td>[Blank]</td>
<td></td>
</tr>
</tbody>
</table>

**Remarks**

1. No pre-trip inspection report 2/ secure road flares 3/ stop arm tight

**Result**

The above inspection report shows defects to be found on the vehicle bearing licence plate number 17bl39. You are hereby directed to correct the defects as noted above and to report to MRO at once on or before Oct 27 2016 for a follow-up inspection.

**Confirmation of Repairs**

<table>
<thead>
<tr>
<th>Mechanic / Owner's Signature</th>
<th>Mechanic Certificate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**Inspections Signature**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (hh:mm:ss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Blank]</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone (709) 729-0339 Facsimile (709) 729-0162

Bus Inspection Report
AT160VWY20

Inspection Information

1. Date of Inspection
   YYMMDD: 2016 / 10 / 13
   Time: 10:46
   Reported: X
   Unannounced: X

2. Location
   FERRYLAND

3. Inspectors Name (First)
   Glenn Sheppard
   No.: 590

4. Inspectors Name (Last)
   Krista Cull
   No.: 576

5. Owner / Driver Information
   Registered Owner (First)
   Owner's Address
   Owner's Address
   Driver's Name
   Driver's Address
   Log Book
   Non-compliant

6. Vehicle Information
   Chassis Year: 2005
   Make: BLUEBIRD
   Plate No.: BAH402
   S/N: BANGKCH2F292586
   Body Year: 2005
   Make: BLUEBIRD
   Plate No.: 10277355
   S/N: B1092016
   VIN: 2012R
   Kiln.: 2012R

7. Inspection
   Future Inspection
   Period
   Service Required
   Out of Service
   N - N/A
   Safety
   Rear Extinguisher
   Front Access
   Hazard Warning Kit
   Stop Arm
   Mirrors (Int./Ext.)
   Viz.
   Horn
   Cold Weather Access
   Power Train
   Fuel System
   Exhaust System
   Drive Train
   Suspension
   Springs / Uppers / Sharpe
   Shock Abs
   Torsion Rod Assembly
   Air Suspension
   Brakes
   Air Brake System
   Air Brake Brancher
   Piston / Caliper
   Air Brake Cylinder
   Power Brake
   Parking Brake
   Anti-lock Brake System
   Electric
   Battery
   Generator / Alternator
   Starter
   Air Conditioning System
   Electrical System
   Ignition System
   Lighting System
   Power System
   Cooling System
   Engine Control
   Auxiliary Equipment
   Dash / Instr. Panel
   Windshield Washer / Wiper
   Emergency Sht Oil
   Pedals / Levers
   Anti-skid Braking
   Anti-vandal Lock
   Electrical
   Battery
   Generator / Alternator
   Starter
   Air Conditioning System
   Electrical System
   Ignition System
   Lighting System
   Power System
   Cooling System
   Engine Control
   Auxiliary Equipment
   Dash / Instr. Panel
   Windshield Washer / Wiper
   Emergency Sht Oil
   Pedals / Levers
   Anti-skid Braking
   Anti-vandal Lock
   Safety
   Service Required
   Out of Service
   N - N/A

8. Remarks
   1. NO PRE-TRIP 2-RIGHT SIDE BRAKE LIGHT

9. Result
   Yes
   No
   X
   Pass
   Detect
   X
   Summary Offense Ticket Issued
   Yes
   No
   X

10. Confirmation of Repairs
    This is to certify that the defects noted on the report hereon have been corrected and all necessary parts have been installed.

11. Mechanic / Owner's Signature
    Mechanic's Certificate Number
    Date
    YYYMMDD: 2016 / 10 / 13
    Time: 10:13

12. Owner or Driver's Signature
    Date
    YYYMMDD: 2016 / 10 / 13
## Bus Inspection Report

### DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION

**P.O. Box 8710, St. John's, NL Canada A1B 4J5**  
**Telephone: (709) 729-8359 Fax: (709) 729-8102**

#### Bus Inspection Report

**BB16C310H1**

### Inspection Information

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Y Y Y Y M M DD</th>
<th>Time In</th>
<th>Announced</th>
<th>Unannounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 / 10 / 14</td>
<td></td>
<td>08 : 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location:** St Johns  
**Inspection Area (Prairies):** Lee Percy  
**Inspection Area (Prairies) No.:** 553  
**Inspection Area (Prairies):** Darrell Bennett  
**Inspection Area (Prairies) No.:** 506

### Owner / Driver Information

**Registered Owner (Prairies):** Island bus service Island bus services  
**Owner’s Address:** Box 175 Bell Island NL 4A1 (Box 4)

**Driver’s Name (Prairies):**  
**Driver’s Address:**  
**Number of Service:** Log Back  
**Carrier Maintained:** Non-compliant

### Vehicle Information

**Chassis Year:** 2004  
**Make:** Bluebird  
**Plate No:** BA1285  
**Body Year:** 2004  
**Mark:** bluebird  
**License Plate:**  
**Date of Last Mechanical Inspection:** Aug 2016  
**Date of Manufacture:** Jan 2003

### Inspection

**LEGEND**

- **P** - Passed  
- **X** - Defects  
- **S** - Service Required  
- **O** - Out of Service  
- **N** - N/A

**Safety**

<table>
<thead>
<tr>
<th>System</th>
<th>Description</th>
<th>P</th>
<th>X</th>
<th>Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguishers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seat Belts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head / Wiping Kit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stair Arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mirror (Exterior)</td>
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</tr>
<tr>
<td>Kit</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sun Visor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power Assistor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master Cylinder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power Train</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Fuel System</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Exhaust System</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Drive Shaft</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Suspension</td>
<td></td>
<td></td>
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<tr>
<td>Springs / Shocks / Hangers</td>
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<tr>
<td>Shock</td>
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<tr>
<td>Tires &amp; Wheel Assembly</td>
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</tr>
<tr>
<td>Air Suspension</td>
<td></td>
<td></td>
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</tbody>
</table>

**Steering**

<table>
<thead>
<tr>
<th>System</th>
<th>Description</th>
<th>P</th>
<th>X</th>
<th>Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brakes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steering Gear</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power Assistor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coupler, Box</td>
<td></td>
<td></td>
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</tbody>
</table>

**Electrical**

<table>
<thead>
<tr>
<th>System</th>
<th>Description</th>
<th>P</th>
<th>X</th>
<th>Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternator &amp; Belt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switches / Wires</td>
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</tr>
<tr>
<td>Emergency Exit Warning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dimmers / Headlamps</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

**Body**

<table>
<thead>
<tr>
<th>System</th>
<th>Description</th>
<th>P</th>
<th>X</th>
<th>Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doors &amp; Windows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Exit Doors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 40(1)

**Remarks**

1/ Back up brake motor not working  
2/ Brake lines Rust  
3/ Rear brake pads and rotors  
4/ Ties hoses

### Results

**Out of Service**  
**Yes** X  
**No**  
**Pass** X  
**Defects** X

**Summary Inspection Ticket Issued:** Yes X  
**No**

### Confirmation of Repairs

This is to certify that the defects noted on the report have been corrected and all necessary parts have been installed.

**Mechanic / Owner’s Signature:**  
**Mechanic Certificate Number:**

**Date of:** Y Y Y Y M M DD  
**Official Inspection Station Number:**  
**Official / Inspector Signature:**

**Remarks:**

**Notice:** This inspection is not a guarantee or warranty as to the future condition or reliability of the vehicle inspected herein. It does not authorize the operation of an unsafe vehicle or an improperly equipped motor vehicle at any time. Proof of repair or to be performed is the vehicle owner on or before the date.

FOR THE NEXT FIVE YEARS FROM THE DATE OF ISSUE, THE INSPECTION AREA SHALL BE SUBJECT TO INSPECTION AS PROVIDED UNDER THE MOTOR VEHICLE REGISTRATION ACT AND THE COMPATIBLE BUS INSPECTION REPORT. section 9 if the MVA and/or other Motor Registration Division policy is subject to a written inspection. This vehicle is subject to annual inspection. This vehicle is subject to annual inspection. All questions can be directed to the Motor Registration Division toll free at 1-877-435-6888.
DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION
P.O. Box 2710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report
AT 165VXGZ1

<table>
<thead>
<tr>
<th>Inspection Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Inspection: 2016 / 10 / 14</td>
</tr>
<tr>
<td>Time In: 08:36</td>
</tr>
<tr>
<td>Announced: No</td>
</tr>
<tr>
<td>Unannounced: Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner / Driver Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Owner (Name): Krista Cull</td>
</tr>
<tr>
<td>Address: P.O. Box 175, Bell Island NL, A0A 4H0</td>
</tr>
<tr>
<td>Driver's Name (First): Krista Cull</td>
</tr>
<tr>
<td>Driver's License No: 6576</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chassis Year: 2002</td>
</tr>
<tr>
<td>Make: BLUEBIRD</td>
</tr>
<tr>
<td>Plate No: BAH 586</td>
</tr>
<tr>
<td>Body Year: 2002</td>
</tr>
<tr>
<td>Make: BLUEBIRD</td>
</tr>
<tr>
<td>Body S/N: 10277303</td>
</tr>
<tr>
<td>Date of Last Mechanical Inspection: Aug 2016</td>
</tr>
<tr>
<td>Date of Manufacture: Dec 2002</td>
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</table>

<table>
<thead>
<tr>
<th>Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legend:</td>
</tr>
<tr>
<td>P - Passed</td>
</tr>
<tr>
<td>X - Defects</td>
</tr>
<tr>
<td>S - Service Restricted</td>
</tr>
<tr>
<td>O - Out of Service</td>
</tr>
<tr>
<td>N - N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguisher: P</td>
</tr>
<tr>
<td>First Aid Kit: P</td>
</tr>
<tr>
<td>Hazmat Warning Kit: P</td>
</tr>
<tr>
<td>Stop Arm: P</td>
</tr>
<tr>
<td>Windshield (N/Crash): P</td>
</tr>
<tr>
<td>Valve: P</td>
</tr>
<tr>
<td>Horn: P</td>
</tr>
<tr>
<td>Cross Arm: P</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brake Light Test: Yes</td>
</tr>
<tr>
<td>Master Cylinder: S</td>
</tr>
<tr>
<td>Master Cylinder: 75%</td>
</tr>
<tr>
<td>Master Cylinder: 3</td>
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<tr>
<td>Master Cylinder: 2</td>
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<tr>
<td>Parking Brake: P</td>
</tr>
<tr>
<td>Brake Lines: P</td>
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<tr>
<td>Power Assist: P</td>
</tr>
<tr>
<td>Master Cylinder: P</td>
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</table>

<table>
<thead>
<tr>
<th>Steering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering Wheel: P</td>
</tr>
<tr>
<td>Power Assist: P</td>
</tr>
<tr>
<td>Column, Rack: P</td>
</tr>
<tr>
<td>Linkage: P</td>
</tr>
<tr>
<td>Front End: P</td>
</tr>
<tr>
<td>Auxiliary Equipment: P</td>
</tr>
<tr>
<td>Dash &amp; Instruments: P</td>
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<tr>
<td>Wiper &amp; Washer: N</td>
</tr>
<tr>
<td>Emergency Brake: N</td>
</tr>
<tr>
<td>Parking Brake: N</td>
</tr>
<tr>
<td>Anti-lock Brake: N</td>
</tr>
<tr>
<td>Electrical</td>
</tr>
<tr>
<td>Battery: P</td>
</tr>
<tr>
<td>Alternator: N</td>
</tr>
<tr>
<td>Starter: N</td>
</tr>
<tr>
<td>Tires &amp; Wheels</td>
</tr>
<tr>
<td>Tires &amp; Wheels: N</td>
</tr>
<tr>
<td>Tires &amp; Wheels: N</td>
</tr>
<tr>
<td>Tires &amp; Wheels: N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confirmation of Repairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanic / Owner's Signature:</td>
</tr>
<tr>
<td>Mechanic Certificate Number:</td>
</tr>
<tr>
<td>Date of Inspection: 2016 / 10 / 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RIGHT REAR ID LIGHT 2 REAR FLEX LINE RUSTED 3 BRAKE LINE FITTING LEAKING 4 HOLE IN FRONT RIGHT WHEEL WELL</td>
</tr>
<tr>
<td>Out of Service: Yes</td>
</tr>
<tr>
<td>Summary Offence Ticket Issued: Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>The above inspection report shows defects to have been found on the vehicle bearing licence plate number BAH 586. You are hereby directed to correct the defects as noted above and report to MRID as on or before for a follow-up inspection.</td>
</tr>
</tbody>
</table>

| Time Out: 08:36 |

NOTICE: The inspection results may not be considered to be the final judgment of the registration of the vehicle described herein and a certificate of compliance must be obtained by the registrant at any time prior to the renewal of registration for the vehicle. The certificate of compliance is required for the renewal of registration and any vehicle with a certificate of compliance issued prior to the renewal of registration may be inspected for compliance with the regulations by the government of another Canadian province, state or municipality. Any violations of the regulations may result in a fine or other penalties. Any other errors or omissions in this report may be subject to legal action.
## Bus Inspection Report

### DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION

P.O. Box 8710, St. John's, NL Canada A1B 4J5  
Telephone (709) 729-0350 Facsimile (709) 729-0102

**Bus Inspection Report**  GB1602G060

### Inspection Information

**Date of inspection:** Y Y Y M D D 2016 / 10 / 14  
**Time in:** 19:00  
**Location:** St. John's

- **Announced:** Unannounced [X]
- **Inspection Information:**
  - **Inspectors Name (First):** Darryl Bennett  
  - **Inspectors Name (Last):**

#### Owner / Driver Information

- **Registered Owner:** Island bus services  
- **Owner's Name:**
- **Owner's Address:** Box 175 Bed Island NL A0A 4H0  
- **Vehicle Identification:**
  - **Vehicle Identification Number:**
  - **Serial No.:** 00000  
  - **Body S/N:** B102223

#### Vehicle Information

- **Make:** BlueBird  
- **Model:**
- **Year:** 2006  
- **Kilometers:** 198733

### Inspection

**Legend**

- **P - Passed**
- **X - Defects**
- **S - Service Restricted**
- **O - Out of Service**
- **N - N/A**

#### Safety

- **Fire Extinguisher:**
- **First Aid Kit:**
- **Stop Arm:**
- **Mirrors:**
- **Side Rearview:**
- **Ham:**
- **Crossing Arm:**

#### Brakes

- **Master Cylinder:**
- **Power Brake:**
- **Air Brake:**
- **Compressor & Rel:**
- **Drum or Brake:**
- **Hose or Line:**
- **Brake Adjustment:**

#### Steering

- **Steering Wheel:**
- **Ignition Lock:**
- **Brake Light:**

#### Body

- **Bumpers & Fenders:**
- **Crossed, Frame:**
- **Body Mounis:**
- **Underride Undercoating:**
- **Roof Hatch:**

#### Suspension

- **Sway Links:**
- **Shocks:**
- **Suspension Rod Assembly:**
- **Air Suspension:**

#### Electrical

- **Battery:**
- **Alternator & Rect:**
- **Switches / Wires:**
- **Emergency Exit Warning:**
- **Brake Warning:**
- **Lamps:**

#### Remarks

- **Service Requested:**
- **N/A:**

### Results

The above inspection report shows defects have been found on the vehicle bearing licence plate number: BAH410. You are hereby directed to correct the defects as noted above and to report to MRO on or before Oct 28 2016 for a follow-up inspection.

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Owner or Driver's Signature:**

**Inspection Signature:**

---

**DOCUMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5  
Telephone (709) 729-0350 Facsimile (709) 729-0102

**Bus Inspection Report**  GB1602G060

### Inspection Information

**Date of inspection:** Y Y Y M D D 2016 / 10 / 14  
**Time in:** 19:00  
**Location:** St. John's

- **Announced:** Unannounced [X]

**Inspection Information:**

- **Inspection Information:**
  - **Inspectors Name (First):**
  - **Inspectors Name (Last):**

#### Owner / Driver Information

- **Registered Owner:** Island bus services  
- **Owner's Name:**
- **Owner's Address:** Box 175 Bed Island NL A0A 4H0  
- **Vehicle Identification:**
  - **Vehicle Identification Number:**
  - **Serial No.:** 00000  
  - **Body S/N:** B102223

#### Vehicle Information

- **Make:** BlueBird  
- **Model:**
- **Year:** 2006  
- **Kilometers:** 198733

### Inspection

**Legend**

- **P - Passed**
- **X - Defects**
- **S - Service Restricted**
- **O - Out of Service**
- **N - N/A**

#### Safety

- **Fire Extinguisher:**
- **First Aid Kit:**
- **Stop Arm:**
- **Mirrors:**
- **Side Rearview:**
- **Ham:**
- **Crossing Arm:**

#### Brakes

- **Master Cylinder:**
- **Power Brake:**
- **Air Brake:**
- **Compressor & Rel:**
- **Drum or Brake:**
- **Hose or Line:**
- **Brake Adjustment:**

#### Steering

- **Steering Wheel:**
- **Ignition Lock:**
- **Brake Light:**

#### Body

- **Bumpers & Fenders:**
- **Crossed, Frame:**
- **Body Mounis:**
- **Underride Undercoating:**
- **Roof Hatch:**

#### Suspension

- **Sway Links:**
- **Shocks:**
- **Suspension Rod Assembly:**
- **Air Suspension:**

#### Electrical

- **Battery:**
- **Alternator & Rect:**
- **Switches / Wires:**
- **Emergency Exit Warning:**
- **Brake Warning:**
- **Lamps:**

#### Remarks

- **Service Requested:**
- **N/A:**

### Results

The above inspection report shows defects have been found on the vehicle bearing licence plate number: BAH410. You are hereby directed to correct the defects as noted above and to report to MRO on or before Oct 28 2016 for a follow-up inspection.

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Owner or Driver's Signature:**

**Inspection Signature:**

---

**DOCUMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 8710, St. John's, NL Canada A1B 4J5  
Telephone (709) 729-0350 Facsimile (709) 729-0102

**Bus Inspection Report**  GB1602G060

### Inspection Information

**Date of inspection:** Y Y Y M D D 2016 / 10 / 14  
**Time in:** 19:00  
**Location:** St. John's

- **Announced:** Unannounced [X]

**Inspection Information:**

- **Inspection Information:**
  - **Inspectors Name (First):**
  - **Inspectors Name (Last):**

#### Owner / Driver Information

- **Registered Owner:** Island bus services  
- **Owner's Name:**
- **Owner's Address:** Box 175 Bed Island NL A0A 4H0  
- **Vehicle Identification:**
  - **Vehicle Identification Number:**
  - **Serial No.:** 00000  
  - **Body S/N:** B102223

#### Vehicle Information

- **Make:** BlueBird  
- **Model:**
- **Year:** 2006  
- **Kilometers:** 198733

### Inspection

**Legend**

- **P - Passed**
- **X - Defects**
- **S - Service Restricted**
- **O - Out of Service**
- **N - N/A**

#### Safety

- **Fire Extinguisher:**
- **First Aid Kit:**
- **Stop Arm:**
- **Mirrors:**
- **Side Rearview:**
- **Ham:**
- **Crossing Arm:**

#### Brakes

- **Master Cylinder:**
- **Power Brake:**
- **Air Brake:**
- **Compressor & Rel:**
- **Drum or Brake:**
- **Hose or Line:**
- **Brake Adjustment:**

#### Steering

- **Steering Wheel:**
- **Ignition Lock:**
- **Brake Light:**

#### Body

- **Bumpers & Fenders:**
- **Crossed, Frame:**
- **Body Mounis:**
- **Underride Undercoating:**
- **Roof Hatch:**

#### Suspension

- **Sway Links:**
- **Shocks:**
- **Suspension Rod Assembly:**
- **Air Suspension:**

#### Electrical

- **Battery:**
- **Alternator & Rect:**
- **Switches / Wires:**
- **Emergency Exit Warning:**
- **Brake Warning:**
- **Lamps:**

#### Remarks

- **Service Requested:**
- **N/A:**

### Results

The above inspection report shows defects have been found on the vehicle bearing licence plate number: BAH410. You are hereby directed to correct the defects as noted above and to report to MRO on or before Oct 28 2016 for a follow-up inspection.

### Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

**Owner or Driver's Signature:**

**Inspection Signature:**
Bus Inspection Report

Department of Government Services, Motor Registration Division
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone: (709) 729-0333 Fax: (709) 729-0102

DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St John's, NL Canada A1B 4J5
Telephone: (709) 729-0333 Fax: (709) 729-0102

Bus Inspection Report

BB1802H1X2

Inspection Information

Date of Inspection: 2016 / 10 / 14
Time: 09:15
Location: St Johns
Inspector's Name (Print): Lee Percy
Inspector's Name (Print): Daniel Bennett

Owner Information

Registered Owner: Island Bus Services
ISN No: NFRIC021064
Owner's Address: Box 175 Bell Island NL A0E 4H0
Driver's License No:

Vehicle Information

Chassis Year: 2005
Make: IC bus
Plate No: BAH404
Body Year: 2005
Make: IC bus
Engine No: 000000
Motor S/N: 983234

Inspection

LEGEND

P - Passed
X - Defects
S - Service Required
O - Out of Service
N - N/A

Service Required means the vehicle is out of service if it may, however, be driven to a place of repair provided there are no passengers on board.

<table>
<thead>
<tr>
<th>Item</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brakes</td>
<td>Failed</td>
</tr>
<tr>
<td>Steering</td>
<td>Passed</td>
</tr>
<tr>
<td>Body</td>
<td>Failed</td>
</tr>
</tbody>
</table>

Remarks

1/ ABS light not working
2/ FRH rear axle brake fluid leak
3/ rear exhaust clamp loose
4/ top up master cylinder
5/ rear bumper fill panel
6/ All red flashing rear lens
7/ Driver unsure of school bus operation ETC controls and stopping of bus

Out of Service: Yes
Pass: No
Defects: X
Summary: Orange Ticket issued: No

Confirmation of Repairs

This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.

Mechanic/Owner's Name: 
Mechanic Certificate Number: 

Date of Inspection:
Global Inspection Station Number:

Owner's/Driver's Name: 
Owner's/Driver's Signature:

Inspection Time Out: 10:15

NOTICE: This inspection is a safeguard or reminder in the event of the vehicle's breaking licence plate number number BAH404. You are hereby directed to correct the defects as noted above and to report to MRR at and on or before Oct 29, 2016 for a follow-up inspection.

104
**Bus Inspection Report**

**ATH60VX352**

### Inspection Information
- **Date of Inspection:** YYYY MM DD 2016 / 10 / 14
- **Time:** 09:15
- **Announced:**
- **Unannounced:**

#### Location
- ST JOHN'S

#### Inspectors
<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>No.</th>
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<tbody>
<tr>
<td>Glenn Sheppard</td>
<td>590</td>
</tr>
<tr>
<td>Krista Cull</td>
<td>576</td>
</tr>
</tbody>
</table>

#### Owner / Driver Information
<table>
<thead>
<tr>
<th>Address</th>
<th>Owners Name (Print)</th>
<th>Driver's Name (Print)</th>
<th>Driver's Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELL ISLAND NL, ADAMS</td>
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</tr>
</tbody>
</table>

#### House of Service
- Log Book
- Carrier Maintains
- Non-compliant

### Vehicle Information
- **Make:** FRHT
- **Model:** THOMAS
- **Year:** 2005
- **Serial No.:** BAH344
- **VIN:** 2UZAAD075CV80506
- **Body Style:** 524-6524-417-11909
- **Model Year:** 2005
- **Odometer:** 184382
- **Type:** School
- **PP:**
- **Date of Last Mechanical Inspection:** Aug 2016
- **Date of Manufacture:** May 2005

### Inspection

**Safety**
- **Fender Quarters:** P
- **Front Axle:** P
- **Hazard Warning:** P
- **Tail Lights:** P
- **Wheel:** P
- **Power Assisted:**

**Brakes**
- **Brake Lamp Test:** Yes
- **Maximum:** 0 %

**Steering**
- **Steering Lock:**
- **Power Assist:**
- **Column Ser.:**
- **Linkage:**
- **Front End:**
- **Rear:**

**Body**
- **Rust / Guard Rails / Panels:**
- **Roof:**
- **Windshield:**
- **Windows:**

**Auxiliary Equipment**
- **Dash / Instruments:**
- **Streetlight:**
- **Windshield Wiper / Wiper:**
- **Emergency Shut off:**
- **Dept. Ambulance / Emergency Calls:**
- **Reflectors / Reflectors:**
- **Graping / Gaps:**

**Electrical**
- **Battery:**
- **Alternator / Belt:**
- **Sweeps / Wipers:**
- **Emergency Exit Warning:**
- **Flash Lamps / Indicators:**
- **Side Marker Lamps:**

**Air Suspension**
- **Tires & Wheels:**
- **Brake Adjustment:**
- **Low Air Warning:**

### Remarks

1. **ANTI-VANDAL NOT WORKING**
2. **EXIT WINDOW BUZZERS**
3. **REAR EXIT DOOR SEIZED**

### Results

- **Out of Service:** Yes
- **Pass:**
- **Defects:**
- **Summary Of offences ticket issued:**

### Confirmation of Repairs

**Mechanic / Owner's Signature:**
- **Mechanic Certificate Number:**
- **Inspection Date:** YYYY MM DD 2016 / 10 / 14
- **Inspection Time:** 10:14

**Owner / Driver's Signature:**
- **Inspection Date:** YYYY MM DD 2016 / 10 / 14
- **Inspection Time:** 10:14
## Bus Inspection Report

### Inspection Information
- **Vehicle Identification Number (VIN):** BAH405
- **License Plate:** DRBUAFFP9B1B5164
- **Make:** INTL
- **Model Year:** 2006
- **Fuel Type:** Diesel
- **Engine Size:** Turbocharged Direct Injection
- **Chassis Year:** 2005
- **Plate No.:** 10277339
- **Owner:** Krista Cull
- **Address:** PO BOX 175, BELL ISLAND NL, A0A4H0
- **Operator:** Glenn Shippeard
- **Location:** ST JOHNS
- **Date of Inspection:** 2016 / 10 / 14
- **Time of Inspection:** 10:00
- **Vehicle Type:** Bus
- **Service:** Annual
- **Inspection Date:** Aug 2016
- **Date of Manufacturer:** Feb 2005

### Inspection

#### Safety
- **Brakes:**
  - Air Brakes: P
  - Power Assisted: P
  - Master Cylinder: P
- **Fuel System:**
  - Compartment: N
  - Manifold: N
- **Suspension:**
  - Brake Adjustments: N
  - Air Suspension: N
  - Tires & Wheels: P
  - Rear/Wheels: N
- **Traction Rod Assemblies:** N

#### Emissions
- **Exhaust System:**
  - Exhaust System: N
  - DPF: N

#### Engine
- **Engine:**
  - Cooling: N
  - Oil Quality: N
  - Emission Controls: N

#### Electrical
- **Battery:**
  - Charging: P
  - Alternator: P
  - Electrical Wiring: P

#### Body
- **Body:**
  - Rearview Mirror: N
  - Exterior: N
  - Cab Interior: N
  - Floor Mat: N

#### Other
- **Axle and Brakes:**
  - Power Assisted: P
  - Master Cylinder: P
  - Emergency Shut-off: N
  - Pedals: P

#### Conclusion

**Out of Service:** No

**Defects:**
- **Brakes:**
  - Air Brakes: P
  - Power Assisted: P
  - Master Cylinder: P
- **Fuel System:**
  - Compartment: N
  - Manifold: N
- **Suspension:**
  - Brake Adjustments: N
  - Air Suspension: N
  - Tires & Wheels: P
  - Rear/Wheels: N
- **Traction Rod Assemblies:** N

**Summary of Offence Ticket Issued:** No

### Confirmation of Repairs

- **Vehicle:** BAH405
- **Make:** INTL
- **Model Year:** 2006
- **Fuel Type:** Diesel
- **Engine Size:** Turbocharged Direct Injection
- **Service:** Annual
- **Inspection Date:** Aug 2016
- **Date of Manufacturer:** Feb 2005
- **Out of Service:** No
- **Defects:**
  - **Brakes:**
    - Air Brakes: P
    - Power Assisted: P
    - Master Cylinder: P
  - **Fuel System:**
    - Compartment: N
    - Manifold: N
  - **Suspension:**
    - Brake Adjustments: N
    - Air Suspension: N
    - Tires & Wheels: P
    - Rear/Wheels: N
  - **Traction Rod Assemblies:** N

**Summary of Offence Ticket Issued:** No
# Bus Inspection Report

**Department of Government Services, Motor Registration Division**  
PO Box 8710, St John's, NL, Canada A1B 4J5  
Telephone: (709) 720-0355 Fax: (709) 720-1002  

**AX16QVHMD**

**Inspection Information**

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>2016/10/31</th>
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<tbody>
<tr>
<td>Time In</td>
<td>09:30</td>
</tr>
<tr>
<td>Location</td>
<td>Goulds</td>
</tr>
<tr>
<td>Inspector's Name (First)</td>
<td>Krista Cull</td>
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<tr>
<td>Inspector's Name (Last)</td>
<td>Glenn Shappert</td>
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**Owner/Driver Information**

<table>
<thead>
<tr>
<th>Registered Owner (First)</th>
<th>EXECUTIVE TAXI LTD</th>
</tr>
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<tbody>
<tr>
<td>Registrant Address (First)</td>
<td>27 Jordan Place, PO Box 210, St John's, NL, A1A 1J0</td>
</tr>
<tr>
<td>Driver's Name (First)</td>
<td>[Redacted]</td>
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<tr>
<td>Driver's Name (Last)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Driver's Address</td>
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</tr>
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</table>

**Vehicle Information**

| Year | 2015 |
| Model | GMC |
| Make | Microbiro |
| Plate No | BAH 293 |
| Owner | Glenda J Jenson |
| Body | N/S |
| vin | 15-28555 |
| Date of Last Mechanical Inspection | Jun 2016 |
| Date of Manufacture | Jan 2015 |

**Inspection**

<table>
<thead>
<tr>
<th>P</th>
<th>Passed</th>
<th>X</th>
<th>Defects</th>
<th>S</th>
<th>Service Restricted</th>
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<td>Alternator &amp; Bitter</td>
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</table>

**Results**

**No Visible Defects Found**

REF #: 29953

Out of Service | Yes | No | X
Pass | X | Defects | Summary Offence Ticket Issued | Yes | No | X

**Confirmation of Repairs**

This report certifies that the defects noted on the report have been corrected and all necessary parts have been installed.

**Mechanic/Owner's Signature**  
Glenda J Jenson

**Mechanic/Owner's Date**  
2016/10/31

**Officer/Inspector Signature**  
[Redacted]

**Officer/Inspector Date**  
2016/10/31

NOTES: This inspection is not a guarantee or warranty as to the future condition of the vehicle described herein, nor does it authorize the operation of an unsafe vehicle or an unfitness-occupied motor vehicle at any time. Proof of repair by the registered owner to be presented to the registered office or before the date due.

PERMIT STATEMENT: Under the authority of the Highway Traffic Act (NTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Motor Inspection Report. Neither the ERA nor Motor Registration Division is bound to disclose any personal information to third parties, the government of another provincial jurisdiction, select levels of government, and municipalities. Any questions can be directed to the Motor Registration Division at 1-877-424-6667.
Bus Inspection Report

AX16C9V0609

DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Inspection Information

Date of Inspection: Y Y M D D 2016/10/31
Time: 09:00

Unannounced [x]
Announced [ ]

Location: GOULD

Owner / Driver Information

Section 40(1)

Registered Owner: DAVE GULLIVER CAB

Owner's Name: [ ]
Owner's Address: P.O. BOX 2072, ST JOHN'S, A1C5A6
Owner's License No. [ ]
Owner's Phone: [ ]
Owner's Fax: [ ]

Registered Driver: [ ]
Driver's Name: [ ]
Driver's Address: [ ]
Driver's Phone: [ ]
Driver's Fax: [ ]

Hours of Service: Log Back [ ]

Vehicle Information

Chassis Year: 2008
Chassis Make: BLUE
Vehicle Plate: BAG444

Model Year: 2008
Model Make: BLUEBIRD
Vehicle S/N: 8943174
Body S/N: LJT8276

OMM000023624

Date of Last Mechanical Inspection: JUN 2016
Date of Manufacture: Mar 2007

Inspection

Legend: P - Passed, S - Service Required, O - Out of Service, N - N/A

{Inspection results and details...}

Results

The above inspection report shows defects to have been found on the vehicle during licence plate number: BAG444.

You are hereby directed to correct the defects as noted above and to report to MRC at:

on or before Nov 07, 2016 for a follow-up inspection.

Confirmation of Repairs

Mechanic / Owner's Signature [ ]
Mechanic Certificate Number [ ]

Date of Repair: Y Y M D D 2016/10/31

Owner / Driver Information

Section 40(1)

Owner or Driver's Signature [ ]

Date: Y Y M D D 2016/10/31

Time: 09:00

Remainder:

NOTE: The inspection is subject to the accuracy and reliability of the vehicle's defect scheme, and may result in the核定 of an invalid vehicle or an unqualified operator at any time. PDRs are not to be tampered with or altered in any way.

PRIVATE EXAMINATION. Under the provisions of the Highway Traffic Act, no personal examination of the inspection report is required to be made by any person who may be qualified to use the vehicle on the highway. No examination of the vehicle may be made by any person.

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**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

P.O. Box 6710, St. John's, NL Canada A1B 4J5

Telephone: (709) 729-0380 Fax: (709) 729-6102

**Bus Inspection Report**

BB16PXKF50

---

**Inspection Information**

1. Date of Inspection: Y M D Y 2016 / 10 / 31
   Time: 09:00
   Announced: X
   Unannounced: X

2. Inspectors Name (Print): Lee Panty
   No.: 553
   Inspectors Name (Print): Darrail Bennett
   No.: 506

3. Owner/Driver Information
   - Registered Owner (Print): EXECUTIVE TAXI LTD
   - Driver's Address: 27 JORDAN PLACE, PO BOX 210, ST JOHN'S NL A0A 1L0
   - Driver's Name (Print): 
   - Driver's Licence No.: 
   - Hours of Service: Log Book
     Carrier Maintains: X
     Non-compliant: 

4. Vehicle Information
   - Make: FRHT
   - Year: 2007
   - Plate No: BAG198
   - S/N: J4UZA8RCC17CW25184
   - Serial No: 9676219
   - Body: 
   - Date of Last Mechanical Inspection: Jul 2018
   - Date of Manufacture: 

5. **LEGENO**
   - P: Passed
   - X: Defects
   - S: Service Restricted
   - D: Out of Service
   - N: N/A

6. **Safety**
   - Fire Extinguisher: P
   - First Aid Kit: P
   - Hazard Warning Kit: P
   - Stop Arm: P
   - Mirrors (Int/Ext): P
   - Visor: P
   - Horn: P
   - Cross Arm: X

7. **Brakes**
   - Brake Master Test: Yes
   - X: Defects
   - S: Service Restricted
   - D: Out of Service
   - N: N/A

8. **Steering**
   - Steering Wheel: P
   - Power Assist: P
   - Column: P
   - Linkage: P
   - Front End: P

9. **Auxiliary Equipment**
   - Dash & Instruments: P
   - Windshield Washer/Wipers: P
   - Emergency Exit: P
   - Anti-slip Patch: P
   - Electrical: P
   - Battery: P

10. **Body**
    - Bumpers & Guards: P
    - Catches: P
    - Body Mounts: P
    - Body Structure: P
    - Underbody: P
    - Roof: P
    - Windows: P
    - Seats: P
    - Rub/Guard Rails/Panel: P
    - Side View: P
    - Doors: P
    - Reflectors: P
    - Grab Straps: P
    - Tires & Wheel Covers: P

11. **Suspension**
    - Springs: P
    - Shocks: P
    - Tires & Wheels: P
    - Air Suspension: P

12. **Power Train**
    - Air Brakes: P
    - Compressor & Tanks: N
    - Open Valve & Tank: N
    - Engine: P
    - Drive Shaft: P
    - Brake Adjustment: N
    - Exhaust: P
    - Fuel System: O
    - Exhaust System: P
    - Drive Shaft: P
    - Suspension: O
    - Sonority: A
    - Shocks: X
    - Tires: P
    - Air Suspension: N

13. **Remedies**
    - 1/ Rear U bolts loose 2/ fuel leak 3/master cylinder low
    - 4/ shock loose 5/ emergency door release not working 6/ steam glass 7/ replace license plate
    - Note: No Brake preference due to defects 8/ rust brake lines must be replaced

14. **Confirmation of Repairs**
    - This is to certify that the defects noted on the report herein have been corrected and all necessary parts have been installed.
    - Mechanic/Owner's Signature:
    - Mechanic Certificate Number:

---

**Section 40(1)**

**NOTES:** This inspection is not a guarantee or warranty as to the fitness or condition of the vehicle described herein. The driver or owner is responsible for correcting the defects noted herein. Inspections are not required to be performed on or before the due date.

**PRIVACY STATEMENT:** Under the authority of the Highway Traffic Act (HTA), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Bus Inspection Report. Section 15(1) allows Motor Registration Division to disclose all personal information to be authorized. By the government of another Canadian jurisdiction, federal, provincial, and municipal entities. Any questions can be directed to the Motor Registration Division at 1-877-636-2860.
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 6710, St. John's, NL, Canada A1E 4Z9
Telephone: (709) 729-0339 Facsimile: (709) 729-6102

Bus Inspection Report
AX160VGRU

Inspection Information

Date of Inspection: 2016/10/31
Time: 09:30

Location: GOULDS
Inspection No.: 576

Owner / Driver Information

Registered Owner: EXECUTIVE TAXI LTD
Owner's Address: 27 JORDAN PLACE, PO BOX 210, ST JOHN'S, NL, A1A 1G1
Driver's Name: 
Driver's Licence No.:

Vehicle Information

Make: THOMAS
Model Year: 2006
Body Year: 2006

Body Type: School Bus

Inspection

Date of Last Mechanical Inspection: JUL 2016

Summary: The above inspection report shows defects to have been found on the vehicle having licence plate number BAG397. You are hereby directed to correct the defects as noted above and to report to the MRO at

Remarks

1. REPLACE WINDSHIELD
2. REPLACE FANBELT
3. LF CONVEX MIRROR
4. BATTERY HOLDDOWN
5. RRI
6. ROTOR PITTED
7. ROOF HATCH BUZZER

Confirmation of Repairs

Mechanics: Owners Signature: Mechanic's Certificate Number:
Date of Repair (YYYY/MM/DD):

Remarks:
**Inspection Information**

- **Date of Inspection:** 2016 / 10 / 31
- **Time in:** 10:00
- **Location:** Goul's

**Inspection**

**Legend**

- P: Passed
- X: Defects
- S: Service Restricted
- O: Out of Service
- N: N/A

<table>
<thead>
<tr>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
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</thead>
<tbody>
<tr>
<td>Fire Extinguisher</td>
<td>P</td>
<td>P</td>
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<tr>
<td>First Aid Kit</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Hazard Warning Lamps</td>
<td>P</td>
<td>X</td>
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<tr>
<td>DCP Arm</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Mirrors (Front, Rear)</td>
<td>P</td>
<td>X</td>
</tr>
<tr>
<td>Visor</td>
<td>P</td>
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<td>Horn</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Steering Wheel</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Power Assisted Brakes</td>
<td>P</td>
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<tr>
<td>Dash &amp; Instruments</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Windshield Washer / Wipers</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Emergency Exit Door</td>
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<td>X</td>
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<td>Pedals, Footrests</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Anti-skid System</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Electrical System</td>
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<td>X</td>
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<tr>
<td>Battery</td>
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<td>X</td>
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<tr>
<td>Alternator &amp; Belts</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Switches / Wiring</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Emergency Exit</td>
<td>P</td>
<td>X</td>
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<tr>
<td>Batteries / Charge</td>
<td>P</td>
<td>X</td>
</tr>
<tr>
<td>Solar Panel Controllers</td>
<td>P</td>
<td>X</td>
</tr>
</tbody>
</table>

**Remarks**

1. EXHAUST PIPE MISSING MUFFLER BACK AND HOLE IN MUFFLER
2. VALVE LEAKING ON AIR BRAKE.
3. SEAT COVER LEFT SIDE 3RD SEAT BACK

**Results**

- **Fail Date:** 2016 / 10 / 31
- **Time:** 10:00
- **Owner's Signature:** [Signature]

**Confirmation of Repairs**

- **Mechanic / Owner's Signature:** [Signature]
- **Mechanic Certificate Number:** [Number]

**Remarks:**

- **Report Date:** 2016 / 10 / 31
- **Official Inspection:** Completed

**NOTES:**

- The inspection report is a guarantee of service as to the safety condition or the reliability of the vehicle as of the time of the inspection. No other inspections of the vehicle will be done by the Newfoundland and Labrador Motor Registration Department for a period of 12 months.

**Field Inspection Report:**

- Date: 2016 / 10 / 31
- Time: 10:00
- Location: Goul's

**Owner / Driver Information**

- Registered Owner (Print): EXECUTIVE TAXI LTD
- Vehicle Identification Number: VAF8085
- Make: PRHT
- Model: THOMAS
- Year: 2006
- Color: Black
- Engine Code: V8
- Mileage: 0
- Vin: 1WTHB46C26216894
- Sticker No: 9954224

**Bus Inspection Report**

- Date of Inspection: 2016 / 10 / 31
- Time: 10:00
- Location: Goul's
DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 7173, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0350 Facsimile: (709) 729-0102

Bus Inspection Report
BB16PDXSW1

Inspection Information

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Y Y Y M M D D</th>
<th>Time in</th>
<th>Announced</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 / 10 / 31</td>
<td></td>
<td>10:00</td>
<td>X</td>
<td>Paradise</td>
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</tbody>
</table>

Inspector's Name (First) Lee Percy

No. 553

Inspector's Name (Surname) Darrin Bennett

No. 506

Owner / Driver Information

Owner's Address 55 b linegar ave st john's of nik 1tp

Driver's Licence No.

Driver's Name (First) [redacted]

Driver's Name (Surname) [redacted]

Owner's HSC No. 345792431

Section 40(1)

Vehicle Information

<table>
<thead>
<tr>
<th>Chassis Year</th>
<th>Make / Model</th>
<th>Plate No.</th>
<th>S/N</th>
</tr>
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<tbody>
<tr>
<td>2006</td>
<td>Lrt 1000</td>
<td>ba0372</td>
<td>100</td>
</tr>
</tbody>
</table>

Owner's Address 55 b linegar ave st john's of nik 1tp

Owner's Name (Surname) Bennet

Owner's HSC No. 345792431

Date of Last Mechanical Inspection Oct 2016

Date of Manufacture Mar 2007

Section 40(1)

Inspection

<table>
<thead>
<tr>
<th>System</th>
<th>Safety</th>
<th>Brakes</th>
<th>Steering</th>
</tr>
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<tbody>
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Section 40(1)

<table>
<thead>
<tr>
<th>System</th>
<th>Body</th>
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<tr>
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Section 40(1)

<table>
<thead>
<tr>
<th>System</th>
<th>Exterior</th>
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Section 40(1)

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<thead>
<tr>
<th>System</th>
<th>Electrical</th>
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<tbody>
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Section 40(1)

<table>
<thead>
<tr>
<th>System</th>
<th>Miscellaneous</th>
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<tbody>
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</table>

Section 40(1)

Remarks

1/ Master cylinder low top up 2/ Replace L/F flex hose rubbing 3/ Replace rear brake pads since missing 4/ Front shock leaking

Out of Service Yes No X Pass Defects X

Summary of Defects and Violations

Defects X

Confirmation of Repairs

This is to certify that the defects noted in the report herein have been corrected and all necessary parts have been installed.

Mechanic: Owner's Signature

Mechanic's Certificate Number

Date of Y Y Y M M D D Official Inspection Number

Repeat Test / Y N

Officer / Inspector Signature

Remarks:

NOTES: This inspection is made pursuant to the terms and conditions of the vehicle registration permit and/or the owner is notified of any defects or violations of the Motor Vehicle Act.

Owner's Name (Surname) Bennet

Owner's Address 55 b linegar ave st john's of nik 1tp

Owner's HSC No. 345792431

A copy of this report will be forwarded to the Ministry of Transportation and Climate Action. Per the Motor Vehicle Act, any defects or violations noted herein will be reported to the appropriate authorities.

Published by the Department of Government Services, Motor Registration Division

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DEPARTMENT OF GOVERNMENT SERVICES,
MOTOR REGISTRATION DIVISION
P.O. Box 8710, St. John's, NL Canada A1B 4J5
Telephone: (709) 729-0359 Facsimile: (709) 729-0102

Bus Inspection Report

0616PXL0B2

Inspection Information

<table>
<thead>
<tr>
<th>Location: Paradise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspector's Name: Lee Percy</td>
</tr>
<tr>
<td>Inspector's Name: Darrell Bernard</td>
</tr>
</tbody>
</table>

Owner / Driver Information

<table>
<thead>
<tr>
<th>Registered Owner: Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner's Address: 550 Lingar Ave St. John's NL A1A 1J0</td>
</tr>
<tr>
<td>Driver's Name: [Redacted]</td>
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<tr>
<td>Driver's Address: [Redacted]</td>
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<tr>
<td>Hours of Service: Log Book [X] Carrier Moutains [X] Non-compliant [ ]</td>
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</tbody>
</table>

Vehicle Information

<table>
<thead>
<tr>
<th>Chassis Year: 2008</th>
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<tbody>
<tr>
<td>Make: Bluebird</td>
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<tr>
<td>Model: Bluebird</td>
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<tr>
<td>Plate No: BAG273</td>
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<td>Mileage: 162292</td>
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<td>Date of Last Reinspection: June 2016</td>
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Inspection

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<th>Item</th>
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<th>X</th>
<th>Defects</th>
<th>S</th>
<th>Service Restricted</th>
<th>O</th>
<th>Out of Service</th>
<th>N</th>
<th>N/A</th>
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<tbody>
<tr>
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# Bus Inspection Report

**AX16QVF0A8**

## Inspection Information

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>M M D D</th>
<th>Time in</th>
<th>Announced</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 / 10 / 31</td>
<td></td>
<td>10:30</td>
<td>X</td>
<td>Gouds</td>
</tr>
</tbody>
</table>

**Inspection Date:** 2015/10/31

**Time:** 10:30

**Announced:** X

**Location:** Gouds

### Inspectors Information

<table>
<thead>
<tr>
<th>Inspectors Name</th>
<th>Inspectors Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Krista Cull</td>
<td>Glenn Sheppard</td>
</tr>
</tbody>
</table>

### Owner / Driver Information

<table>
<thead>
<tr>
<th>Owner Address</th>
<th>Driver Name</th>
<th>Driver Licence No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 JORDAN PLACE, PO BOX 210, ST.JOHN'S NL, A0A1J8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Driver Name:**

**Driver Licence No.:**

**Owner Address:** 27 JORDAN PLACE, PO BOX 210, ST.JOHN'S NL, A0A1J8

**Driver Name:**

**Driver Licence No.:**

<table>
<thead>
<tr>
<th>Hours of Service</th>
<th>Log Book</th>
<th>Driver Maintains</th>
<th>Non-compliant</th>
</tr>
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<tbody>
<tr>
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### Vehicle Information

<table>
<thead>
<tr>
<th>Cross Year</th>
<th>Make</th>
<th>Plate No</th>
<th>Model Year</th>
<th>Serial No</th>
<th>Date of Last Mechanical Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>FRHT</td>
<td>BAJ251</td>
<td>2007</td>
<td>10548616</td>
<td>JUN 2016</td>
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</table>

**Cross Year:** 2007

**Make:** Frht

**Plate No.:** BAJ251

**Model Year:** 2007

**Serial No.:** 10548616

**Date of Last Mechanical Inspection:** JUN 2016

### Inspection

#### Safety

<table>
<thead>
<tr>
<th>Fire Extinguisher</th>
<th>Ped. Air Bag</th>
<th>Inspected Warning Kit</th>
<th>Stop Arm</th>
<th>Horn</th>
<th>Mirror (incl. Ext.)</th>
<th>Year</th>
<th>Ham</th>
<th>Crossing Arm</th>
</tr>
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<tbody>
<tr>
<td>P</td>
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</tbody>
</table>

**Fire Extinguisher:** P

**Ped. Air Bag:** P

**Inspected Warning Kit:** P

**Stop Arm:** P

**Horn:** P

**Mirror (incl. Ext.):** P

**Year:** P

**Ham:** P

**Crossing Arm:** P

#### Power Train

<table>
<thead>
<tr>
<th>Power Train</th>
<th>Fuel System</th>
<th>Exhaust System</th>
<th>Drive Shaft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Brakes</td>
<td>Compressor &amp; Belts</td>
<td>Dran Valve &amp; Tanks</td>
<td>Brake System</td>
</tr>
<tr>
<td>P</td>
<td>N</td>
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</tr>
</tbody>
</table>

**Power Train:** Air Brakes

**Fuel System:** Compressor & Belts

**Exhaust System:** Dran Valve & Tanks

**Drive Shaft:** Brake System

#### Suspension

<table>
<thead>
<tr>
<th>Suspension</th>
<th>Springs / Laths / Hangers</th>
<th>Shocks</th>
<th>Torsion Rod Assembly</th>
<th>Axle Assembly</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
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**Suspension:**

**Springs / Laths / Hangers:** N

**Shocks:** N

**Torsion Rod Assembly:** N

**Axle Assembly:** N

#### Brakes

<table>
<thead>
<tr>
<th>Brakes</th>
<th>Brake Master Test</th>
<th>Meter Reading 1</th>
<th>Meter Reading 2</th>
<th>Meter Reading 3</th>
<th>%</th>
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**Brakes:**

**Brake Master Test:**

**Meter Reading 1:**

**Meter Reading 2:**

**Meter Reading 3:**

**%:**

### Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Body</th>
<th>S / N</th>
<th>Service S / N</th>
<th>Odometer (Km)</th>
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<tbody>
<tr>
<td></td>
<td>Bumpers &amp; Fenders</td>
<td>056328</td>
<td></td>
<td>212652</td>
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</tbody>
</table>

**Body:**

**S / N:** 056328

**Service S / N:**

**Odometer (Km):** 212652

**Engine:**

**Service S / N:**

**Odometer (Km):**

### Remarks

1. LF ROTOR
2. REPLACE CROSSING ARM
3. ABS KIGHT
4. BROKE BRAKE LINE DURING BRAKE TEST.

**REF4 29957**

### Results

**Out of Service:**

**Yes:** X

**No:**

**Pass:**

**Defects:**

**Summary Of Defects:**

**Ticket Issued:**

**Yes:**

**No:**

### Confirmation of Repairs

**Vehicle:**

**Make:**

**Model:**

**Year:**

**Service S / N:**

**Odometer (Km):**

**Remarks:**

**Mechanic / Owner's Signature:**

**Mechanic Certificate Number:**

**Date of Out Of Service:**

**Data of Inspections:**

**Official Inspection Station Number:**

**Repair:**

**Owner / Driver's Signature:**

**Date:**

**Data of Out Of Service:**

**Inspection Time:**

**11:00**

**NOTICE:** This inspection is not a guarantee or warranty as to the future condition of the vehicle or its ability to be operated in the future or ever. It is intended as an indication of the condition of an unregistered vehicle as of the date of this inspection. This vehicle has not been subjected to a road test or any other tests.

**FOR OFFICE USE ONLY**

**Reviewed by:**

**Date:**

**Routine:** X

**Compliant:**

**MVA:**

**Inspection Site:**

**Site:**

**Date:**

**Inspection Time:**

**11:00**

114
**DEPARTMENT OF GOVERNMENT SERVICES, MOTOR REGISTRATION DIVISION**

**Bus Inspection Report**

**BB18PX1UF3**

### Inspection Information

- **Date of Inspection:** 2016 / 10 / 31
- **Time In:** 11:10
- **Location:** paradise
- **Inspected by:** Lee Percy
- **Announced:** Unannounced

### Owner / Driver Information

- **Registered Owner (Print):** EXECUTIVE TAXI LTD
- **Owner's Address:** 27 JORDIAN PLACE, PO BOX 210, ST. JOHN'S NL, A1A 4J9
- **Hours of Service:** Log Book
- **Owner's License No.:**
- **Driver's License No.:**

### Vehicle Information

- **Chassis Year:** 2006
- **Make:** FRHT
- **Plate No.:** BAG341
- **Body Year:** 2005
- **Model:** Thomas
- **Color:**
- **S/N:** 8N54830
- **Type:** School
- **PP:**
- **Date of Last Mechanical Inspection:** Jun 2016
- **Date of Manufacturer:** Mar 2005

### Inspection

**LEGEND**

- **P:** Passed
- **X:** Defects
- **S:** Service Restricted
- **O:** Out of Service
- **N:** N/A

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## DEPARTMENT OF GOVERNMENT SERVICES
### MOTOR REGISTRATION DIVISION
P.O. Box 2710, St John’s, NL Canada A1B 4J5
Telephone (709) 729-0339 Fasclerlile (709) 729-0102

# Bus Inspection Report

### 0916PX3A74

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<tr>
<th>Driver's Address</th>
<th>S5b lineare ave st john's nl a1a 1p</th>
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<table>
<thead>
<tr>
<th>Driver's Licence No</th>
<th>553</th>
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</table>

<table>
<thead>
<tr>
<th>Hours of Service</th>
<th>Log Book</th>
<th>Corner Maintain X</th>
<th>Non-compliant</th>
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</table>

## Vehicle Information

<table>
<thead>
<tr>
<th>Chassis Year</th>
<th>Make</th>
<th>Int.</th>
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<tbody>
<tr>
<td>2006</td>
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<tr>
<th>Body Year</th>
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<tr>
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<tr>
<th>Original</th>
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<th>Int.</th>
<th>Type</th>
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<tr>
<td>254512</td>
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## Inspection

### Safety

<table>
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<tr>
<th>P</th>
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</thead>
<tbody>
<tr>
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<td>X</td>
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</tbody>
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### Brakes

<table>
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<tbody>
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### Steering

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### Body

<table>
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<tr>
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### AUXILIARY EQUIPMENT

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### ELECTRICAL

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### SuspenSion

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<tbody>
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### Powertrain

<table>
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<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### Remarks

1/ABS system not working 2/ #1 lights 3/ rusty brake lines 4/ tail pipe hanger

### Results

The above inspection report shows defects to have been found on the vehicle bearing licence plate number: 0916PX3A74. You are hereby directed to correct the defects as noted above and to report to NROD all such defects on or before Dec 07, 2016 for a follow-up inspection.

### Confirmation of Repairs

This is to certify that the defects noted on the report hereof have been corrected and all necessary parts have been installed.

<table>
<thead>
<tr>
<th>Mechanic / Owner's Signature</th>
<th>Mechanic Certificate Number</th>
</tr>
</thead>
</table>

### Date of Y Y Y Y M M D D Official Inspection Station Number Passed

<table>
<thead>
<tr>
<th>Date</th>
<th>12:15</th>
</tr>
</thead>
</table>

## Notice

NOTICE: The inspection is not a guarantee or warranty as to the fitness condition or the reliability of the vehicle inspected herein. It does not authorize the operation of an unsafe vehicle or an unsafe vehicle in any manner. Any vehicle failing to pass inspection is required to be repaired to the extent necessary by the owner or operator of the vehicle to pass inspection. Further any violation of the regulations of the Motor Vehicle Act is subject to the penalties imposed under the said Act.

PRIVACY: All personal information is collected in accordance with the Freedom of Information and Protection of Privacy Act and is used for the purpose of ensuring a safe and efficient Motor Vehicle Registration system in the Province of Newfoundland and Labrador. 

Any questions or concerns regarding the inspection process may be directed to the Motor Registration Division at toll free 1-877 636-6657.
Inspection Information

Data of Inspection Y Y Y Y M M D D 2016 / 10 / 31
Time Announced 13:00

Location: Brookland Rd
Inspector's Name (Phno): Lee Parry
Inspector's Name (Phno): Darnel Bennett

Owner / Driver Information

Registered Owner: Executive Taxi
Owner's Name: Name
Driver's Name: Name

Vehicle Information

Chassis Year: 2008
Make: Int.
Body Year: 2007
Make: Int.

Inspection

Section 40(1)

LEGEND
P - Passed
X - Detroit
S - Service Restricted
O - Out of Service
N - N/A

Safety
Fire Extinguisher
Pass<br/>
First Aid Kit<br/>
Insured Warning Kit<br/>
Stop Arm<br/>

Brakes
Brake Master Test<br/>
Brake Lines<br/>

Power Train
Air Brakes<br/>
Compressors & Sets<br/>

Suspension
Springs / Uppers / Hangers<br/>
Shockers<br/>

Body
Hood<br/>
Rear Door<br/>

Electrical

Auxiliary Equipment

Feetwell<br/>

Reporting Unit(s): 1

Remarks

1. stop arm check operation 2. heated mirrors 3. service door not working properly 4. new battery 5. brake pads low 6. tires low 7. fender damage 8. mirror missing 9. emergency lights not working 10. rear springs fail 11. front springs fail

OUT OF SERVICE: No. 553

Confirmation of Repairs

Mechanic / Owner's Signature

Summary Inspection Ticket Issued

INSPECTION OUT OF SERVICE: No. 553

NOTICE: This inspection is not a guarantee or warranty as to the future condition or the capability of the vehicle described above, nor does it authorize the operation of any vehicle in an unregistered or out of service condition. This report is subject to be forwarded to the issuer of the same as shown above.

PRIVATE STATEMENT: Under the authority of the Highway Traffic Act R.S. 2008, personal information will be collected for the purpose of issuing a Highway Traffic Act insurance Premium. Any queries can be directed to the Motor Registration Division toll free at 1-877-636-6881.
1/ stop arm check: operation
2/ heated mirrors
3/ service door not working properly/ not opening/ closing properly trouble
with gear
4/ replace front brake pads/ replace rear brake pads cracks in pads
5/ RH/S rear spring cracked oil
   tour of 3 springs

Page 2

Inspection No.
BB1608X53W5