



CERTIFICATE NUMBER

Commercial Vehicle Inspection Certificate Traffic Safety Act

PART 1 - VEHICLE OWNER AND VEHICLE IDENTIFICATION

Vehicle Type:		Trailer			Seating Capacity:									
GVW:		kg			Brake Type:			Air						
Owner Name:		Foothills County												
Address:	P.O	. Box 56	05 Stn. M	lain										
City:	High River				Province:		AB	AB			Postal Code:		T1\	/1M7
Telephone	Num	ber:	(403) 65	2-239	90		•							
Vehicle Identification Number:					2C9ASS3M1HB183387									
Make: Cross Country							Mod	el:	Tag Trailer					
Year:	2017					U			Unit Number:			E32-529		
Odometer:	8	8455 KM Lic			ence Plate Number:			5EG420			Province	9 :	AB	

IT IS AN OFFENCE TO FALSIFY AN INSPECTION CERTIFICATE

PART 2 - CERTIFICATION

I certify the vehicle described in Part 1 has passed the inspections and tests established under the Traffic Safety Act for a Commercial Vehicle.

Inspection Facility Name:		Facility Number:				
Foothills County		12932				
Inspection Technician Name):	Technician Number:				
Kristopher Smith		D2215				
Inspection Technician Signa	ture:	1110				
Inspection Date: 2024/09/04		1 1/00				