



**CERTIFICATE NUMBER**
**Commercial Vehicle Inspection Certificate  
Traffic Safety Act**
**PART 1 - VEHICLE OWNER AND VEHICLE  
IDENTIFICATION**

|                                       |                       |                              |           |
|---------------------------------------|-----------------------|------------------------------|-----------|
| <b>Vehicle Type:</b>                  | Truck                 | <b>Seating Capacity:</b>     |           |
| <b>GVW:</b>                           | 24300 kg              | <b>Brake Type:</b>           | Air       |
| <b>Owner Name:</b>                    | Capital Pressure Ltd. |                              |           |
| <b>Address:</b>                       | Box 1960              |                              |           |
| <b>City:</b>                          | Sundre                | <b>Province:</b>             | AB        |
|                                       |                       | <b>Postal Code:</b>          | T0M1X0    |
| <b>Telephone Number:</b>              | (403) 638-2256        |                              |           |
| <b>Vehicle Identification Number:</b> | 1NKDLB0X47R931204     |                              |           |
| <b>Make:</b>                          | Kenworth              | <b>Model:</b>                | Construct |
| <b>Year:</b>                          | 2007                  | <b>Unit Number:</b>          | 495       |
| <b>Odometer:</b>                      | 461475 KM             | <b>Licence Plate Number:</b> | L73611    |
|                                       |                       | <b>Province:</b>             | 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.

|   |  |
|---|--|
| <b>Inspection Facility Name:</b>        | <b>Facility Number:</b>  |
| Capital Pressure Ltd.                   | 17020  |
| <b>Inspection Technician Name:</b>      | <b>Technician Number:</b>  |
| Daniel Reaman                           | C5063  |
| <b>Inspection Technician Signature:</b> |  |
| <b>Inspection Date:</b>                 | 2020/02/28   |