



Shop Approval
And
Inspector Certifications

Date: _____

Name of Shop: _____

Address: _____

Phone #: _____

Name of Owner: _____

Please also fill out attached Certifications for all Inspectors and return with this form.

Signature of Owner/Supervisor

For Office Use Only

Approved by: _____

Shop Manager/Supervisor

Date: _____

Shop Name, Address and Phone #

Date: _____

To Whom it May Concern:

The employees listed below are qualified to perform preventative maintenance, brake inspections and Federal D.O.T Annual Vehicle Inspections in accordance with 49 CFR Part 396.25 and Part 396.19. Our employees have their qualifications reviewed annually.

- _____
- _____
- _____
- _____
- _____
- _____

Sincerely,

(Signature)
Shop Owner/Manager