

Shop Approval And Inspector Certifications

Date:	
Name of Shop:	
Address:	
Phone #:	
Name of Owner:	
Please also fill out attached Certifica	ations for all Inspectors and return with this form.
	Signature of Owner/Supervisor
	For Office Use Only
Approved by:	
Shop N	Manager/Supervisor
Dato:	

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. •		Shop Name, Address and Phone #
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	Sincerely,	
	(Signature)	
Shop Owner/Manager	Shop Owner/Manager	