



VIN and Vehicle Description Confirmation – Prorate/Commercial Fleet Vehicles

This form is solely applicable to:

- vehicles located outside B.C., that are owned by a prorate account, operating under a prorate account or are in the process of being added to a prorate account; OR,
- commercial (type 2) vehicles located outside B.C., owned by a fleet account or in the process of being added to a fleet account.

Important: Any fee for form completion is solely the responsibility of the vehicle owner and ICBC assumes no responsibility for any fees or charges incurred by a vehicle owner.

To be completed by Broker

Broker Information

DATE (ddmmyyyy)	BROKER NUMBER	BROKER AGENCY NAME	BROKER PHONE NUMBER	BROKER FAX NUMBER
-----------------	---------------	--------------------	---------------------	-------------------

Vehicle Information

YEAR	MAKE	MODEL	BODY STYLE
VEHICLE IDENTIFICATION NUMBER		PLATE NUMBER	

Owner Information

NAME OF OWNER	FLEET NUMBER
ADDRESS	
CITY	PROVINCE

To be completed by Inspector

VIN and Vehicle Description Confirmation (Please select one of the following four options and complete any associated fields)

- | | |
|---|--|
| <input type="checkbox"/> At least two VINs were sighted and numbers exactly matched the documented VIN of the vehicle listed above. Please record the location on the vehicle where the VIN was sighted.
_____ and _____

<input type="checkbox"/> At least one VIN does not match the documented VIN of the vehicle listed above. Please record all VINs and associated locations on the vehicle.

_____ | <input type="checkbox"/> Only one VIN could be located and sighted and the number exactly matches the documented VIN on the vehicle listed above. Please record the location on the vehicle where the VIN was sighted.

<input type="checkbox"/> No VIN number can be located on the vehicle. |
|---|--|

Physical Damage (Please indicate any physical damage)

- Windshield
 Body Location _____
 None Visible

Inspection completed by (check ONE only)

- Vehicle Registry/Licensing Agent
 Police Service
 Licensed Vehicle Weigh Scale
 Licensed Vehicle Inspection Facility
 Commissioner for Taking Oaths

NAME AND ADDRESS OF FACILITY COMPLETING THE VIN INSPECTION	
INSPECTION FACILITY NUMBER (where applicable)	INSPECTOR NUMBER OR POLICE BADGE NUMBER (where applicable)

Certification

I certify that I have physically inspected this vehicle and, to the best of my knowledge, the Vehicle Identification Number and description shown accurately describes the vehicle. There was no indication that the Vehicle Identification Number plate has been altered.

DATE

Signature of Person Completing Inspection

Name (Print)