

**Certifier details**

Company name

Certifier name

Certifier ID

**Vehicle details**

Make

Year of manufacture

Model

Model code

VIN/chassis

Odometer reading

Reason for inspection

**Details of company performing the inspection**

Company name

Technician's name

Address

Phone number

Mobile number

Scanner used

Date program last updated

**Components inspected**

<input type="checkbox"/> Driver's airbag	<input type="checkbox"/> Booster cushion in seats	<input type="checkbox"/> Seatbelt pre-tensioner
<input type="checkbox"/> Electronic	<input type="checkbox"/> Knee airbags (dash)	<input type="checkbox"/> ABS
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Brake pedal bags	<input type="checkbox"/> ESC
<input type="checkbox"/> Clock spring	<input type="checkbox"/> Front crash sensors	
<input type="checkbox"/> Passenger's airbag	<input type="checkbox"/> Side crash sensors	

Side impact (seats, doors, pillars)  
 Front  Rear

Other

**Declaration**

I confirm that:

- I am sufficiently competent and experienced to carry out inspections on supplementary restraint systems, anti-lock braking systems and/or electronic stability control systems, and
- I have carried out an inspection on the vehicle specified above using suitable equipment, and
- I am satisfied that the inspection did not identify any faults in those systems or components identified in this declaration.

Signature

As inspected on (date)