**Section 448.APPENDIX G Report of Lost or Stolen Safety Certificates**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATION NUMBER | | | | |  | | | | | | | DATE |  | | |
|  | | | | | | | | | | | | | | | |
| Name of Station | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | |
| (Street) | | | | | | | | | (City) | | | | | (Zip Code) | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | |  | Local Police | | | | | Police | | |
| Date loss or | | | | | | |  | County Sheriff | | | | | Report | | |
| theft occurred | | |  | | | |  | State Police | | | | | No. | |  |
|  | | | | | | | | | | | | | | | |
| Reason for loss or theft | | | | | | |  | | | | | | | | |
|  | | | | | | |  | | | | | | | | |
|  | | | | | | |  | | | | | | | | |
|  | | | | | | |  | | | | | | | | |
|  | | | | | | |  | | | | | | | | |
| SAFETY CERTIFICATES LOST OR STOLEN | | | | | | | | | | | | | | | |
| SAFETY CERTIFICATE NO. | | | | | | | | | |  | THRU NO. | | | | |
|  |  | | | | | | | | |  |  | | | | |
|  |  | | | | | | | | |  |  | | | | |
|  |  | | | | | | | | |  |  | | | | |
| Section 448.100(f)(1) and (2) regarding loss States: | | | | | | | | | | |  | | | | |
|  | This Station Owner shall IMMEDIATELY notify the Section by telephone or telegraph of the loss or theft of any Certificate of Safety. The owner shall, in addition, immediately notify the local police jurisdiction in which the Station is located. The term "loss" shall include the failure to receive Certificates VIA the U.S. Mail or otherwise enroute to the Station. Each loss or theft shall be accounted for by the affidavit of the Owner stating all known details. | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
|  | | | | | | Signature of Owner or Authorized Agent | | | | | | | | | |
| Note: Immediately forward | | | | | | | | | | | | | | | |
| Administrator's Copy to the | | | | | | | | | | | | | | | |
| Vehicle Inspection Section | | | | | | | | | | | | | | | |
| 2300 S. Dirksen Parkway, Room 319 | | | | | | | | | | | | | | | |
| Springfield, IL 62754 | | | | | | | | | | | | | | | |
| Administrator's Copy | | | | | | | | | | | | | | | |
| SV1-1241-1 | | | | | | | | | | | | | | | |