**Section 448.APPENDIX I Defective, Mutilated or Replacement Certificate of Safety Report**

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| ILLINOIS DEPARTMENT OF TRANSPORTATION | | |
| VEHICLE INSPECTION SECTION | | |
| 2300 S. Dirksen Parkway | | |
| Springfield, Illinois 62764 | | |
| DEFECTIVE, MUTILATED, OR REPLACEMENT CERTIFICATE OF SAFETY REPORT | | |
| Instructions: | 1. Staple not more than four certificates to each form. Use additional copies if necessary. | |
|  | 2. Use #2 pencil and complete a Vehicle Inspection Report for each replaced Certificate of Safety. | |
|  | 3. Code in bubble in blank box at end of glazing field on VIR. | |
| Mailing Instructions: | | Complete one or more copies and return with monthly report (ST-2) to the VIS/DOT. (As shown in the above address.) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STAPLE  CERTIFICATE  HERE  #1  Record complete serial  number before removing  from glass. | | | |  |  |  |  |  | STAPLE  CERTIFICATE  HERE  #2  Record complete serial  number before removing  from glass. | | |
|  |  |  |  |
| C/S No. | |  |  | C/S No. |  |  |
|  |  | | |  | | |
| STAPLE  CERTIFICATE  HERE  #3  Record complete serial  number before removing  from glass. | | | |  |  |  |  | STAPLE  CERTIFICATE  HERE  #4  Record complete serial  number before removing  from glass. | | |
| Remarks C/S #1 | Remarks C/S #2 | Remarks C/S #3 | Remarks C/S #4 |
| C/S No. | |  |  | | | | | | C/S No. |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vehicle Inspection | | Date |  | |  | Prepared by (print) | |  |
| Station No. |  | | |  | | Signature |  | |
| SVI-1280 (Rev. 1-76) | | | | | | | | | |

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| ADDITIONAL INFORMATION REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | If you submit your rejected vehicle to any testing station other than the one which first rejected it, the you must: | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | 1. | | Pay appropriate test fee (first retest is free only at original testing station). | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | 2. | | Present the second testing station with your blue copy of the Inspection Report (VIR-1) from the original testing station. | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | 3. | | Notify the Vehicle Inspection Section in writing by completing all of the items on the lower part of this notice. | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | 4. | | After the second safety test is completed, detach the lower portion of this notice, affix a stamp, enter your return address, and mail immediately. | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | REMEMBER  Only use this notice if you do not return your rejected vehicle to the original testing station for retest. | | | | | | | | | | | | | | | | | | | | | | |  |
| NOTICE TO THE ILLINOIS DEPARTMENT OF TRANSPORTATION–VEHICLE INSPECTION SECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | In compliance to the legal requirements of Section 13-109 of the Vehicle Code, I submit that the following information in writing regarding my rejected vehicle which was safety tested as a second or different testing station other than the first testing station which rejected my vehicle. | | | | | | | | | | | | | | | | | | | | | | |  |
| FIRST TESTING STATION | | | | | | | | DESCRIPTION OF MY VEHICLE | | | | | | | | | | | | | | SECOND TESTING STATION | | | | | | |
| Name |  | | | | | | |  | Truck | | |  | | | Bus | | |  | | Trailer | | Name | | |  | | | |
| Address |  | | | | | | |  | | Tractor | | | | |  | | Semitrailer | | | | | Address | | |  | | | |
| City & Zip | | |  | | | | | Year & Make | | | | | |  | | | | | | | | City & Zip | | | |  | | |
| Date of Test | | | |  | | | | V.I.N. (Serial No.) | | | | | | | |  | | | | | | Date of Test | | | | |  | |
| Cause of Rejection (Defects) | | | | | | | | Fleet No. | | |  | | | | | | | | | | | Certificate of Safety Number Issued (If any) | | | | | | |
|  | | | | | | | | License No. | | | | |  | | | | | | | | |  |  | | | | | |
|  | | | | | | | | Repairs Made by | | | | | | |  | | | | | | |  | | Approved | | | | |
|  | | | | | | | | Date Repairs Completed | | | | | | | | | | |  | | |  | | Rejected | | | | |
| My Name (Print) | | | | | |  | | | | | | | | | | (Company, If owner) | | | | | |  | | | | | | |
| Address |  | | | | | | | | | | | | | | | City & Zip Code | | | | |  | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAILURE TO COMPLY WITH THE LAW REGARDING REJECTED VEHICLES WILL SUBJECT THE OWNER TO ARREST | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SV1-1312 (Rev. 9/76) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |