**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.) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STAPLECERTIFICATEHERE#1Record complete serialnumber before removingfrom glass. |  |  |  |  |  | STAPLECERTIFICATEHERE#2Record complete serialnumber before removingfrom glass. |
|  |  |  |  |
| C/S No. |  |  | C/S No. |  |  |
|  |  |  |
| STAPLECERTIFICATEHERE#3Record complete serialnumber before removingfrom glass. |  |  |  |  | STAPLECERTIFICATEHERE#4Record complete serialnumber before removingfrom glass. |
| Remarks C/S #1 | Remarks C/S #2 | Remarks C/S #3 | Remarks C/S #4 |
| C/S No. |  |  | C/S No. |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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) |