



# Mechanical Tool & Equipment Requirements

LEGAL NAME OF BUSINESS	OPERATING NAME (dba)	VENDOR NUMBER
FACILITY ADDRESS		
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

## Mechanical Requirements & Dealer Mechanical

<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Hand, Air and Power Tools sufficient to complete safe, quality repairs
<input type="checkbox"/> Battery Charger	<input type="checkbox"/> Hoist
<input type="checkbox"/> Electrical Diagnostic Equipment	<input type="checkbox"/> Jack Stands (minimum of 4)
<input type="checkbox"/> Engine code scanner	<input type="checkbox"/> Oxy / acetylene torch / induction heater
<input type="checkbox"/> Floor Jack	<input type="checkbox"/> Shop manuals or computer link

## Additional Service Equipment

<input type="checkbox"/> Alignment hoist or pit with front wheel pads for full front wheel rotation
<input type="checkbox"/> Four wheel alignment equipment
<input type="checkbox"/> Inner tie rod replacement tool kit
<input type="checkbox"/> Tie rod forks
<input type="checkbox"/> Wheel alignment specs, online or loaded on to wheel alignment computer

## Tire Shop

<input type="checkbox"/> High speed balancer and weights
<input type="checkbox"/> Patch kit for inside tire repairs
<input type="checkbox"/> Tire changing machine, at least one "rim clamp" type for mag wheels including rim guards (rim capability up to 20")

## Trade Qualifications

Number of Automotive Service Technicians (attach certificates) _____
Number of Wheel Alignment Technicians (attach certificates) _____
Other (please specify and attach certificates) _____
A/C Retrofit Certificates (attach copies) _____
HRAI Certificates, if applicable (attach copies) _____

## Warranty

Written (Attach Copy) <input type="checkbox"/> yes <input type="checkbox"/> no	If no, describe type: _____
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## Photo Checklist

Digital photos of premises including:	<input type="checkbox"/> Signage consistent with operating name	<input type="checkbox"/> External view – from street showing business signage
<input type="checkbox"/> Inside view – showing office/main working area	<input type="checkbox"/> Required tools & equipment	
Number of repair stalls available: _____	Size of premises in square feet: _____	
Office/Reception area self-contained: <input type="checkbox"/> yes <input type="checkbox"/> no		

By signing below, you hereby agree the information provided is accurate and your facility, as a service provider to ICBC, has read and understands the requirements and possesses all required tools and equipment.

\_\_\_\_\_  
SIGNATURE (Signing Officer)

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

## To be completed and approved by an ICBC designate

DATE COMPLETED (ddmmyyyy)	ICBC RESOURCE #	ICBC REPRESENTATIVE	SERVICING CLAIM CENTRE CC
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