

Approved Theft



Deterrent Program

VSIB Certified and Approved Installers Registration Form

To be completed by the Installer Applicant

Date of Application: _____ / _____ / _____ VSIB Installers Registration # (Leave Blank) _____

Installer Name (Printed): _____

Installers Address: _____

City: _____ Prov: _____ Postal Code: _____

Installers Home Phone #: (____) _____ - _____ Cell #: (____) _____ - _____

Mechanic's License # / M.E.C.P. Certificate #: _____

I hereby acknowledge that I am a Licensed or Apprentice Mechanic within the Province of _____ or hold the appropriate M.E.C.P. Certification, and I have received the VSIB training and agree to install all immobilizers that meet the Canadian Standard for Automobile Theft Deterrent Equipment and Systems: Electronic Immobilization; (CAN/ULC- S.338), to the Canadian Standard for Installation of Automobile Theft Deterrent Equipment and Systems (CAN/ULC ORD S.275.1).

Installer Signature: _____

Name of Approved Installation Facility:
(Employer) _____

Address: _____ Phone: _____

City: _____ Prov: _____ Postal Code: _____