NEWSTEAD MECHANICAL CONSULTING LTD.

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Tel: (368) 997-7796

DEEL	THEAT OF DECOMMENDED DEDAIDS	8 I IADII ITV WAIVED
REFUSAL OF RECOMMENDED REPAIRS & LIABILITY WAIVER Customer Name: Vehicle (Year/Make/Model/Plate): Date: Our Red Seal Certified mechanic has inspected your vehicle and determined that it requires necessary repairs to ensure safe operation. Specifically, the following issues have been identified:		
	se repairs are required to meet basic safety stan onsidered unsafe to operate on public roads.	dards. Until these repairs are completed, the vehicle
By sigr	igning below, you acknowledge the following:	
1. 2. 3. 4.	3. You have declined the recommended repairs.4. You understand that the repairs declined ma	nsafe to drive in its current condition. Nirs at this time. y be necessary to ensure that all components of the plete these repairs may cause premature wear or
5.6.	5. You understand and accept that Newstead I not liable for any physical damages, injurie passengers, or the general public as a res	
Custo	tomer Acknowledgment	
	e undersigned, have read and understood this w pt full responsibility for any consequences of op	aiver. I have declined the recommended repairs and erating this vehicle in its current condition.
Customer Signature:		_ Date:
Shop Representative:		Date: