



**Phone:** (780)448-0645  
**Toll Free:** 1-800-416-4082

Simple. Clear. Affordable.

## **AUTOMOBILE GLASS INSPECTION FORM**

**To: All "AMI" Approved Glass Shops,**

Please inspect **ALL** glass on the vehicle and affix your store name/number, address and phone number in the appropriate area, providing there is no damage of any kind to the glass, such as excessive pitting, chips, cracks, etc. Make sure all other information is correctly filled out and in the corresponding spaces. All addresses must contain a valid street location, city, province and postal code. If there are any questions or discrepancies please contact our office immediately. Send back the completed form as soon as the vehicle inspection is done, via email or fax to the **BROKERAGE** requesting the inspection.

I, the undersigned, confirm that the glass on the below mentioned vehicle is clear of any and all damage and the vehicle is as described below.

### **VEHICLE INFORMATION**

OWNERS FULL NAME: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

FULL VIN #: \_\_\_\_\_

OWNERS CONTACT INFO: \_\_\_\_\_

(Phone Number / Email Address)

OWNERS BROKER INFO: \_\_\_\_\_

### **APPROVED GLASS SHOP INFORMATION**

NAME OF SHOP & SHOP #: \_\_\_\_\_

SHOP ADDRESS: \_\_\_\_\_

SHOP PHONE #: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

INSPECTORS FULL NAME: \_\_\_\_\_

INSPECTORS SIGNATURE: \_\_\_\_\_