



**Nova Scotia Automobile Dealers Safety Association**  
P.O. Box 9410 Station A  
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902-425-2441 fax

## **NSADSA DEALERSHIP SAFETY COMPLIANCE REVIEW PROGRAM**

YES! I would like my dealership to be inspected under the new NSADSA Dealership Safety Compliance Program.

**Please Print:**

NAME: \_\_\_\_\_

DEALERSHIP: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

DATE: \_\_\_\_\_

CONTACT PERSON FOR INSPECTION: \_\_\_\_\_