

# ROSTER OF SIGHTSEEING BUSES AND REQUEST FOR INSPECTION

Please enter below information for each sightseeing bus your business will operate. You must submit a current State Department of Motor Vehicles Registration for each vehicle listed.

Attach additional pages as necessary.

<b>Business Name:</b>								
<b>DCA License Number (if applicable):</b>								
<b>Business Contact Name:</b>								
<b>Telephone Number:</b>								
<b>Preferred Days and Times for Inspection:</b> <i>DCA will call to schedule an inspection. DCA will aim to accommodate a preferred inspection day/time based on availability of resources.</i>								
<b>B U S</b>	<b>DMV License Plate Number</b>	<b>Vehicle Identification Number (VIN)</b>	<b>Bus Number</b>	<b>State of Registration</b>	<b>Is the bus an open-air sightseeing bus? <i>Enter Yes or No</i></b>	<b>If this is an open- air sightseeing bus, does it have a headphone- limited sound reproduction system? <i>Enter Yes or No</i></b>	<b>DCA Plate (Office Use Only)</b>	<b>DCA Decal (Office Use Only)</b>
1								
2								
3								
4								
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7								
8								
9								
10								

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title (if any)*

\_\_\_\_\_  
*Date*