



### III. VEHICLE LISTING

Please list all vehicles to be considered for inspection as a §59B service providing vehicle

**Please copy this page if addition space is needed**

Year:

Make:

Model:

VIN.#:

Lic.#:

Plate#:

#### **FOR AGENCY USE ONLY**

Date of Evaluation: \_\_\_\_\_

#### **The vehicle:**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. meets ADA requirements.                                   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. waived by chairperson.                                    | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. certified by state of Department of Transportation (DOT). | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Name of Inspector: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

Year:

Make:

Model:

VIN.#:

Lic.#:

Plate#:

#### **FOR AGENCY USE ONLY**

Date of Evaluation: \_\_\_\_\_

#### **The vehicle:**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. meets ADA requirements.                                   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. waived by chairperson.                                    | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. certified by state of Department of Transportation (DOT). | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Name of Inspector: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

#### **Office Use Only**

Initials of Person Assigned to Application: \_\_\_\_\_

License # Assigned: \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_