



**Consumer and Worker Protection**

**DEPARTMENT OF CONSUMER AND WORKER PROTECTION (DCWP) LICENSING CENTER**  
42 Broadway, Lobby  
New York, NY 10004

**By Appointment Only Hours:**

Monday-Thursday: 8 a.m. – 4 p.m.  
Last appointment: 3:30 p.m.

**NYC SMALL BUSINESS SUPPORT CENTER**  
90-27 Sutphin Blvd, 4th Floor  
Jamaica, NY 11435

**By Appointment Only Hours:**

Monday-Thursday: 8 a.m. – 4 p.m.  
Last appointment: 3:30 p.m.

# 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>DCWP License Number (if applicable):</b>	
<b>Business Contact Name:</b>	
<b>Phone Number:</b>	
<b>Preferred Days and Times for Inspection:</b>	

*DCWP will call to schedule an inspection. DCWP will aim to accommodate a preferred inspection day/time based on availability of resources.*

<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>DCWP Plate (Office Use Only)</b>	<b>DCWP Decal (Office Use Only)</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*Continued >*

<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>DCWP Plate (Office Use Only)</b>	<b>DCWP Decal (Office Use Only)</b>
11						
12						
13						
14						
15						
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I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

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

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

\_\_\_\_\_  
*Print Title/Position (if any)*

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