



Bus Information Form

Complete for each bus and provide a copy to DOV, Office of Safe Environment

Bus #1	
Name of Owner:	
Address:	
City/State/Zip:	
License Plate #:	Month and Year of Expiration:
Month and Year Inspection Sticker Expires:	_____
Is Inspection Sticker "State" or "D.O.T."?	_____
Bus Manufacturer's Seating Capacity:	_____

Bus #2	
Name of Owner:	
Address:	
City/State/Zip:	
License Plate #:	Month and Year of Expiration:
Month and Year Inspection Sticker Expires:	_____
Is Inspection Sticker "State" or "D.O.T."?	_____
Bus Manufacturer's Seating Capacity:	_____

Bus #3	
Name of Owner:	
Address:	
City/State/Zip:	
License Plate #:	Month and Year of Expiration:
Month and Year Inspection Sticker Expires:	_____
Is Inspection Sticker "State" or "D.O.T."?	_____
Bus Manufacturer's Seating Capacity:	_____