

Type B School Vehicle Inspection Certification

Please fully complete form – Print Clearly

Date Inspected: _____ School System: _____

Bus owner (same as on vehicle registration card): _____

Address: _____

odometer reading	Vehicle Identification Number		bus number
year	make	body style	tag number

I certify that a safety inspection has been performed on the above listed school vehicle and that a record of this inspection is on file in this office.

date of inspection	name of inspector (print)	inspector
		<i>signature</i>
facility name	station/facility number	transport supervisor or agent
		<i>signature</i>

6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062

For more information visit our website at www.mva.maryland.gov, call 410-768-7000 or TTY for the hearing impaired: 1-800-492-4575.