



**NH DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
BUREAU OF ENFORCEMENT
REQUEST FOR SCHOOL BUS INSPECTION**

NAME OF REGISTERED OWNER: _____

STREET ADDRESS: _____

TOWN _____ COUNTY: _____ STATE: _____

S.A.U. NO.: _____ OWNED BY: _____

A. SCHOOL DIST. B. COMPANY C. INDIVIDUAL

VEHICLE DESCRIPTION

MAKE: _____ BODY: _____

REGISTRATION NO: _____ V.I.N.: _____

LOCATION: WHERE SCHOOL BUS WILL BE INSPECTED: _____

HAS SCHOOL BUS BEEN PREPPED & LETTERED? YES NO

DATE: _____ SIGNATURE: _____

DSSP293 TITLE: _____ PHONE NO.: _____