

**MARYLAND SAFETY EQUIPMENT
REPAIR ORDER**

6495676

Local # _____

(PURSUANT TO TITLE 23 OF THE TRANSPORTATION ARTICLE, ANNOTATED CODE OF MARYLAND)

DRIVER'S LICENSE NO. J-111-222-333-444 LICENSE CLASS CM STATE MD.

OPERATOR NAME (FIRST) MICHAEL (MIDDLE) THOMAS (LAST) JOHNSON

VEHICLE OWNER'S FULL NAME S/A DRIVER

OWNER CURRENT ADDRESS 123 MAIN STREET

CITY BERWYN HEIGHTS STATE MD. ZIP CODE 20740

VEHICLE LIC. NO. ABC-123 STATE MD. MAKE FORD VEH. YEAR 97 TYPE 4S

VEHICLE SERIAL NUMBER 123456A789CD1234E

TITLE NUMBER 123456 DATE 03-03-03 TIME 0755

LOCATION 6300 BLK. MD. RT. 193 E/B

OPERATOR/OWNER SIGNATURE _____

- | | | |
|--|--|--|
| <input type="checkbox"/> 50 BRAKES | <input type="checkbox"/> 62 LOAD COVER * | <input type="checkbox"/> 81 FOG/AUX. LAMP |
| <input type="checkbox"/> 51 TIRES | <input checked="" type="checkbox"/> 64 STOP LIGHTS * | <input type="checkbox"/> 82 EM. WRNG. LAMP * |
| <input type="checkbox"/> 52 STEERING | <input type="checkbox"/> 65 TAG LIGHT(S) * | <input checked="" type="checkbox"/> 83 B.U. LAMP * |
| <input type="checkbox"/> 53 EXHAUST SYSTEM | <input type="checkbox"/> 66 DASH LIGHTS * | <input type="checkbox"/> 84 REFLECTORS * |
| <input type="checkbox"/> 54 WINDSHIELD WRPS. * | <input type="checkbox"/> 67 WHEEL ALIGNMENT | <input type="checkbox"/> 85 EXT. AIR BRAKE COMP. |
| <input type="checkbox"/> 55 HDLIGHTS* <input type="checkbox"/> AIM | <input type="checkbox"/> 68 REARVIEW MIRRORS * | <input type="checkbox"/> 86 LOW AIR WRNG. DEVICE * |
| <input type="checkbox"/> 56 TAILLIGHTS * | <input type="checkbox"/> 69 DOOR LATCH/HANDLE * | <input type="checkbox"/> 87 CLEARANCE LAMP * |
| <input type="checkbox"/> 57 HORN * | <input type="checkbox"/> 70 FUEL SYSTEM <input type="checkbox"/> CAP * | <input type="checkbox"/> 88 I.D. LAMP * |
| <input type="checkbox"/> 58 DRIVERS SEAT | <input type="checkbox"/> 71 TURN SIGNALS * | <input type="checkbox"/> 89 SAFETY BELTS |
| <input type="checkbox"/> 59 SUSPEN./SHOCKS | <input type="checkbox"/> 72 WHEELS/LUGS | <input type="checkbox"/> 90 LIFT AXLE AIR/WGT. RATIO |
| <input type="checkbox"/> 60 BUMPERS * | <input type="checkbox"/> 73 HOOD/CATCH(S) * | |
| <input checked="" type="checkbox"/> 61 GLASS * <input type="checkbox"/> TINT | <input type="checkbox"/> 74 FLOOR/TRUNK PAN(S) | LIFT AXLE AIR/WGT. RATIO FOR DUMP |
| | <input type="checkbox"/> 76 FENDER(S)/FLAP(S) * | SERVICE VEHICLES MUST BE |
| | <input type="checkbox"/> 77 SPD MTR./ODMTR. | INSPECTED BY MD. MANUFACTURER, |
| | <input type="checkbox"/> 78 HAZ. WRNG. LAMP * | MD. SECOND STAGE MANUFACTURER, |
| | <input type="checkbox"/> 79 PARK LAMP * | TRUCK INSPECTION STATION OR A |
| | <input type="checkbox"/> 80 S. MRKR. LAMP * | STATE OPERATED WEIGHT FACILITY. |

FOR A TINT VIOLATION VEHICLE MUST BE TAKEN TO MD. STATE POLICE AUTOMOTIVE SAFETY ENFORCEMENT DIVISION FOR CERTIFICATION DURING DRY WEATHER ONLY * MAY BE VISUALLY CERTIFIED BY PARTICIPATING POLICE DEPARTMENT

OFFICER SIGNATURE CPL. R.T. HUSTON I.D. NO. 1426

COUNTY/CITY PG COUNTY/CITY CODE 16 AGENCY AL STATION BM

CERTIFICATION OF INSPECTION, MUST BE COMPLETED BY AN AUTHORIZED MARYLAND INSPECTION STATION OR PARTICIPATING POLICE DEPARTMENT WHERE APPLICABLE. I HEREBY CERTIFY THAT THE DESCRIBED VEHICLE HAS BEEN INSPECTED AND THAT THE INDICATED DEFECT(S) HAS (HAVE) BEEN CORRECTED.

SIGNATURE OF REGISTERED MECHANIC OR POLICE OFFICER _____ DATE INSPECTED _____

NAME INSPECTION STATION (STAMP) / POLICE DEPT. _____ STATION NO./AGENCY CODE _____

ADDRESS/INSPECTION STATION STAMP _____

COPY
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