**Section 448.APPENDIX F Monthly Vehicle Inspection Station Report**

(This form is to be used for reporting truck C/S only.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For |  |  |  |  |
|  | (month) |  | (year) |  |
| Station Name | Station I.D. |
|  |  |  |
| (Write the complete station name) | (Four digits) |
| A. | Total number of C/S received (including re-orders) for reporting |
| month |  |
|  |
| B. | Total number of C/S placed on vehicles (including C/S used for |  |
| windshield replacement, also report on Form SV1-1280) | (4) |  |
|  |
| C. | Total number of C/S returned to V.I.S. | (5) |  |  |
|  |
| D. | Total number of C/S lost or stolen (also report |  |
| on Form SV1-1241) | (6) |  |  |
|  |
| E. | Total number of defective and mutilated C/S |
| (also report on Form SV1-1280) | (7) |  |  |
|  |
| F. | Total Items C, D, and E | (8) |  |
|  |
| G. | Total Item B and F (This total must match Item A) |  |
|  |
| H. | List serial numbers of C/S being returned to V.I.S. with this report |
| (5): |
|  | No. |  | thru No. |  |
|  | No. |  | thru No. |  |
|  |  |  |
|  | (Signature of Station Owner/Operator) | (Date) |
|  | AGENCY NOTE: Numbers shown in parentheses are for V.I.S. office use only. This report must be received at the V.I.S. office by the 10th of the month. |
|  | Send this report, together with all unused C/S, by Certified Mail, to: |
|  | Vehicle inspection SectionIllinois Department of Transportation 2300 South Dirksen ParkwaySpringfield, Illinois 62764 |
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