**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 Section  Illinois Department of Transportation  2300 South Dirksen Parkway  Springfield, Illinois 62764 | | | | | | | | | | | | | |
| MSR-1-76-T | | | | | | | | | | | Revision No. ½-76 | | | | |