



**VEHICLE FACTORS GROUP CHAIRMAN'S  
FACTUAL REPORT**

**Vehicle Attachment 2 - MVA, School Vehicle Inspection Certification**

**Baltimore, MD**

**HWY17MH007**

(4 pages)

**School Vehicle Inspection Certification - Type A**

AAAFORDABLE TRANSPORTATION

Name of Owner - Organization or Institution

46 SOUTH FRANKLINTOWN RD BALTIMORE MD 21223

Street Address/RFD and Box Number City County State Zip Code

2016 IC 4DRUAAP9FB029679 INTERNATIONAL

Vehicle Year Make Vehicle Identification Number Body Mfr.

20337H 1876 30182

Tag # Vehicle # Odometer Reading

• Pull all wheels. Inspection includes all items included in COMAR 11.14.02 (Type II) and 11.14.04 (Type I)  
 (See Back of Form)

Brake readings for all four wheels. If replacements are needed, correct and show replacement readings.			
Pads or Linings		Discs or Drums	
Measure in 32nds		inches	thousandths
R.F.	16/32	R.F. 1	• 53
L.F.	15/32	L.F. 1	• 52
R.R.	22/32	R.R. 1	• 53
L.R.	22/32	L.R. 1	• 54

AAAFORDABLE TRANSPORTATION

2016-07

Name of Inspection Station/Facility Station/Facility Number Work Order Number

46 SOUTH FRANKLINTOWN RD BALTIMORE MD 21223

Street Address/RFD and Box Number City County State Zip Code

As required by the Code of Maryland Regulations, I hereby certify, under penalty of perjury, that a Type A inspection has been performed on the above listed vehicle.

I further certify that any and all defects have been corrected and this vehicle is in safe operating condition.

07-18-16

Emmanuel Lester

*[Signature]*

Date of Inspection

Printed Name of Inspector

Signature of Inspector

Emmanuel Lester

Signature of individual responsible for repairs

Signature of owner, local superintendent or authorized agent

**If this form is not filled out completely it will be returned and the inspection considered incomplete.**

**School Vehicle Inspection Certification - Type A**

**AAAFORDABLE TRANSPORTATION**

Name of Owner - Organization or Institution

46 SOUTH FRANKLINTOWN RD BALTIMORE MD 21223

Street Address/RFD and Box Number City County State Zip Code

2016 IC 4DRUAAP9FB029679 INTERNATIONAL

Vehicle Year Make Vehicle Identification Number Body Mfgr.

20337H 1876 30182

Tag # Vehicle # Odometer Reading

• Pull all wheels. Inspection includes all items included in COMAR 11.14.02 (Type II) and 11.14.04 (Type I)  
 (See Back of Form)

Brake readings for all four wheels. If replacements are needed, correct and show replacement readings.			
Pads or Linings		Discs or Drums	
Measure in 32nds		inches	thousandths
R.F.	16/32	R.F. 1	• 53
L.F.	15/32	L.F. 1	• 52
R.R.		R.R.	•
L.R.		L.R.	•

**AAAFORDABLE TRANSPORTATION**

2016-07

Name of Inspection Station/Facility Station/Facility Number Work Order Number

46 SOUTH FRANKLINTOWN RD BALTIMORE MD 21223

Street Address/RFD and Box Number City County State Zip Code

As required by the Code of Maryland Regulations, I hereby certify, under penalty of perjury, that a Type A inspection has been performed on the above listed vehicle.

I further certify that any and all defects have been corrected and **this vehicle is in safe operating condition.**

07-18-16 Emmanuel Lester

Date of Inspection Printed Name of Inspector Signature of Inspector

Emmanuel Lester

Signature of individual responsible for repairs Signature of owner, local superintendent or authorized agent

**If this form is not filled out completely it will be returned and the inspection considered incomplete.**



**School Vehicle Inspection Certification - Type A**

**AAAFORDABLE TRANSPORTATION**

Name of Owner - Organization or Institution

46 SOUTH FRANKLINTOWN RD BALTIMORE MD 21223

Street Address/RFD and Box Number City County State Zip Code  
2016 IC 4DRUAAP9FB029679 INTERNATIONAL

Vehicle Year Make Vehicle Identification Number Body Mfgr.  
20337H 1876 30182

Tag # Vehicle # Odometer Reading

• Pull all wheels. Inspection includes all items included in COMAR 11.14.02 (Type II) and 11.14.04 (Type I)  
(See Back of Form)

Brake readings for all four wheels. If replacements are needed, correct and show replacement readings.			
Pads or Linings		Discs or Drums	
Measure in 32nds		inches	thousandths
R.F.	16/32	R.F. 1	53
L.F.	15/32	L.F. 1	52
R.R.		R.R.	
L.R.		L.R.	

**AAAFORDABLE TRANSPORTATION**

2016-07

Name of Inspection Station/Facility Station/Facility Number Work Order Number  
46 SOUTH FRANKLINTOWN RD BALTIMORE MD 21223  
Street Address/RFD and Box Number City County State Zip Code

As required by the Code of Maryland Regulations, I hereby certify, under penalty of perjury, that a Type A inspection has been performed on the above listed vehicle.

I further certify that any and all defects have been corrected and this vehicle is in safe operating condition.

07-18-16 Emmanuel Lester  
Date of Inspection Printed Name of Inspector Signature of Inspector

Emmanuel Lester  
Signature of individual responsible for repairs Signature of owner, local superintendent or authorized agent

**If this form is not filled out completely it will be returned and  
the inspection considered incomplete.**