



PREVIOUS OWNER

NYDOT LIMO INSPECTIONS

SCHOHARIE, NY

HWY19MH001

(5 pages)

DRIVER/VEHICLE EXAMINATION REPORT

New York State Department of Transportation
Commercial Motor Vehicle Inspections
50 Wolf Road, POD 5-3
Albany, NY 12232
Phone #: (518)457-3406 Fax #:

Report Number:
Inspection Date: 5/15/2015 Certification Date:
Time Started: 19:09 Time Ended: 19:36
Inspection Level: II - Walk-Around
HM Inspection Type: No HM Inspection

RLS LIMOUSINES OF THE CAPITAL DISTRICT INC
137 LARK STREET
ALBANY, NY 12210
USDOT #:
MC/MX #:
State #: 37532
Phone #:
Fax #:

Driver:
License #:
Date of Birth:
State:

Location: NYSDOT OFFICE MilePost:
Highway: 50 WOLF RD Origin: SCOTIA, NY Bill of Lading: 61064
County: ALBANY Destination: ALBANY, NY Cargo: EMPTY
Shipper:

VEHICLE IDENTIFICATION:
Table with columns: Unit, Type, Make, Year, State, License#, Equipment ID, Unit VIN, GVWR, CVSA #, CVSA Issued #, OOS Stkr.#

BRAKE ADJUSTMENTS: No brake measurements recorded.

VIOLATIONS :
Table with columns: Vio Code, Section, Unit, OOS, State Citation Number, Verify*, Crash, Violation Description

HazMat: No HM Transported. Placard: NA Cargo Tank:

Special Checks:
Alcohol/Controlled Substance Check
Conducted by Local Jurisdiction
Size and Weight Enforcement
EScreening
Traffic Enforcement
PASA Conducted Inspection
Drug Interdiction Search
Post Crash Inspection
PBBT Inspection
Arrests:

Inspection Notes:

Special Study Fields:

Special Study1:
Special Study2:
Special Study3:
Special Study4:
Special Study5:
Special Study6:
Special Study7:
Special Study8:
Special Study9:
Special Study10:

Locally Defined Fields:
NYS Insp Sticker #: K959515;Power Unit Mileage: 178957;Seating Capacity With Driver: 18;Through CDLIS Yes/No: YES;Through NYS PIN/NLETS Yes/No: YES;MEC Verified Yes/No: NO

Report Prepared By:
KEVIN GARDNER

Badge #:
M6021

Copy Received By:
BENSON, ROBERT W



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Driver:
License #:
Date of Birth:
State:

USDOT #: Phone #:
MC/MX #: Fax #:
State #: 37532

3) MOTOR CARRIER: Sign and return within 15 days of issuance, this report ONLY if violations are entered in the violation section .

MAILING ADDRESS: New York State Department of Transportation
Commercial Motor Vehicle Inspections
50 Wolf Road POD 53
Albany, New York 12232

EMAIL ADDRESS: trucksafety@dot.ny.gov

DO NOT SEND TICKETS TO THIS ADDRESS

4) TRAFFIC TICKETS: If issued, MUST be returned to the COURT whose address appears on the front of the TICKET .

5) If you have any reason to question the results of this inspection go to https://dataqs.fmcsa.dot.gov.

6) If the vehicle has NOT been repaired and HAS been permanently removed from service , initial here _____ and sign number 7.

7) MOTOR CARRIER CERTIFICATION: I hereby certify that all violations entered on this report have been corrected or have not been corrected in accordance with paragraph 6, and action has been taken to assure compliance with the NYS Transportation Law and Regulations .

Signature of Carrier Official: X Date:

- 1). DRIVER: Return this TE 241 report to the motor carrier whose name appears at the top.
2). REPAIRER: If vehicle defects are listed in the violation section above, please sign the report when repairs are completed.

Signature of Repairer: X Facility: Date:

Report Prepared By:
KEVIN GARDNER

Badge #:
M6021

Copy Received By:
BENSON, ROBERT W



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Commercial Motor Vehicle Inspections
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Albany, NY 12232
Phone #: (518)457-3406 Fax #:

Report Number:
Inspection Date: 5/9/2015 Certification Date:
Time Started: 19:48 Time Ended: 20:16
Inspection Level: I - Full Inspection
HM Inspection Type: No HM Inspection

RLS LIMOUSINES OF THE CAPITAL DISTRICT INC
137 LARK STREET
ALBANY, NY 12210
USDOT #:
MC/MX #:
State #: 37532

Phone #:
Fax #:

Driver:
License #:
Date of Birth:
State:

Location: MAIN OFFICE MilePost:
Highway: WOLF ROAD Origin: NISKAYUNA, NY Bill of Lading:
County: ALBANY Destination: ALBANY, NY Cargo: PASSENGER
Shipper:

VEHICLE IDENTIFICATION: Table with columns: Unit, Type, Make, Year, State, License#, Equipment ID, Unit VIN, GVWR, CVSA #, CVSA Issued #, OOS Stkr.#

BRAKE ADJUSTMENTS: Table with columns: Axle #, 1, 2

VIOLATIONS : No violations were discovered.

HazMat: No HM Transported. Placard: NA Cargo Tank:

Special Checks: List of checkboxes for Alcohol/Controlled Substance Check, Traffic Enforcement, Post Crash Inspection, etc.

Inspection Notes:

Special Study Fields:

Special Study1: Special Study6:
Special Study2: Special Study7:
Special Study3: Special Study8:
Special Study4: Special Study9:
Special Study5: Special Study10:

Locally Defined Fields:
NYS Insp Sticker #: K959515;Power Unit Mileage: 178871;Seating Capacity With Driver: 18;Through CDLIS Yes/No: YES;Through NYSPIN/NLETS Yes/No: NO;MEC Verified Yes/No: NO

Report Prepared By:
VERONICA JEMMOTT

Badge #:
M6027

Copy Received By:
LINDNER, JOSEPH J



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