START /	START DATE START TIME END DATE ENE			END T	TIME LEVEL LOCATION CODE			LOCAT	LOCATION DESCRIPTION					CO CODE FACILITY TYPE INSF			INSPEC	TR CD		
SPECI.		COHOL/CON		_ED SUBS	т ск?	TRAFFIC YES				Y LOCAL .		DRUG INTER		SEARCH? S	SZ/WT ENF				SH INSP?	
U S DOT					CARR	RIER NAM	E													
NO. CARRI	ER STREET	T ADDRESS								CITY					STAT	E ZIF)		INTERS	T CARR
DRIVE	R LAST NAI	МЕ				DRIVER FIRST NAME					MI DRIVER DOB DRIVER LICENSE N			0.				LIC ST		
CO-DF	RIVER LAST	NAME				CO-DRIVER FIRST NAME					MI	CO-DRIVER DOB CO-DRIVER LICENS			SE NO.				LIC ST	
SHIPP	ER NAME				SHIPPING PAPER # TRIP ORIGIN (C				(CITY/ST.	TRIP DESTINATION (CITY/S			TATE) CARGO							
									/				/ 0000							
UN#	VEH TYP MAKE			YEAR	COMPANY #		L	ICENSE #	ST		VEHICLE IE	ENTIFICATION NO.		GVWR	C/	CVSA DEC#		OS STICI	KER#	
2		_																		
3																				
4																				
	M CODE	REPT QTY		HAZARD WASTE					ШΛ7	MAT DES	CDIDT	ION			HM PLAC	ARDS R	EQ?	YES	□ NO	
П	WI CODE			WASTE					ПАС	WAT DES	OCKIPI	ION			HM BULK	/PKG IN	SP [BULK	□ NO	N-BULK
															CARGO	TANK				
														SPEC NUMBER:						
UNIT																				
							+													
							+													
							+													
							+													
							+													
BRAKE		NO. OF	- [SEAL NO	S. REMO	VED: _					VSP SEAL	NOS. INST	'ALLED: .						
ADJUS	ADJUSTMENTS: AXLES:						OCALLY DEFINED FIELDS: FUND CODE PRIME TIME (HMM) SUMMONS COUNT SPECIAL PROJECT													
AXLE #	CHAMBER TYPE	L BRAKE MEASURE		RAKE SURE	一	7 N	OTIO	CE T	о мотс)R C	RR	IER: VEH	IICLE	HAS BEEN	PLACE	ED O	UT OI	F SER	VICE	1
1				\dashv		`` لـ								COMPLIANCE/CE						
2	PURSUANT TO AUTHOR							THORITY CONTAINED IN THE 1950 CODE OF VIRGINIA (AS AMENDED), I HEREBY DECLARE AND MARK THE ABOVE SERVICE." NO PERSON SHALL REMOVE THE HEREIN NUMBER STICKER(S) OR OPERATE SUCH VEHICLE(S) UNTIL												
3						NECESSARY REPAIRS HAVE BEEN COMPLETED AND THE VEHICLE(S) RESTORED TO SAFE OPERATING CONDITION.														
4	ITEN					TEMS MARKED "OUT OF SERVICE" MUST BE REPAIRED AND THIS FORM COMPLETED AND RETURNED WITHIN 15 DAYS TO: DEPARTMENT OF STATE POLICE, MOTOR CARRIER SAFETY, P. O. BOX 27472, RICHMOND, VA 23261-7472														
5				_	DI 10-	·D 005 =	20/-													
6				_		ED OOS E									CODE SE	CTION:	<u> </u>	2-8.4	10.1-	1450
7		1			LOCAT	ION PLAC	JED OC	DS:						TELEP	HONE					

VIRGINIA STATE POLICE DRIVER/VEHICLE INSPECTION REPORT No. _____

SP-233 Rev. 1/1/16

ORIGINAL - MOTOR CARRIER SAFETY SECTION

COPY RECEIVED BY:

TELEPHONE NUMBER OF STATE POLICE:

E OF M	OTOR CARRIER OPERATING AUT	HORITY:						
							DATE	/ /
	VIOLATION CODE	oos	DEF VER	CIT#	DESCRIPTION			
DI	DIVED NAME.		TICE	то	R DECLARED "OUT OF SERVICE"			
	RIVER NAME:							
_	PURSUANT TO AUTHORITY	IN THE 1950	CODE O	F VIRG	ADDRESS:	RIVER "OUT		
	DECLARED O	OUT OF SER	VICE BY		DRIVER'S SIGNATURE RECI	EIVING NOTI	CE	
	МОТ	OR CA	RRIE	R'S	RT OF COMPLIANCE WITH THIS NOTI	CE		
				С	ATION OF REPAIRMAN			
	I CERTIFY THAT THE	REQUIRED	REPAII	RS SH	IE "OUT OF SERVICE COLUMN" HAVE BEEN SATISFACT	ORILY CO	MPLETED.	
					REPAIR W		DATE /	TIME
		AN			NAME OF SHOP/ GARAGE	ED:	/ /	

→ NOTE TO MOTOR CARRIER ←

SIGNATURE OF CARRIER OFFICIAL or DISIGNEE

THIS ENTIRE SHEET MUST BE RETURNED WITHIN 15 DAYS TO: DEPARTMENT OF STATE POLICE, MOTOR CARRIER SAFETY, P. O. BOX 27472, RICHMOND, VA 23261-7472

TITLE

DATE

ORIGINAL -- MOTOR CARRIER SAFETY SECTION