

START DATE / /	START TIME	END DATE / /	END TIME	LEVEL	LOCATION CODE	LOCATION DESCRIPTION	CO CODE	FACILITY TYPE <input type="checkbox"/> FIXD <input type="checkbox"/> RDSD	INSPECTR CD						
SPECIAL ACTIVITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO		ALCOHOL/CONTROLLED SUBST CK? <input type="checkbox"/> YES <input type="checkbox"/> NO		TRAFFIC ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		COND BY LOCAL JURIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRUG INTERDICTION SEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO #ARRESTS _____		SZ/WT ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		POST-CRASH INSP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
U S DOT NO.	CARRIER NAME														
CARRIER STREET ADDRESS							CITY	STATE	ZIP	INTERST CARR <input type="checkbox"/> Y <input type="checkbox"/> N					
DRIVER LAST NAME				DRIVER FIRST NAME				MI	DRIVER DOB / /		DRIVER LICENSE NO.				LIC ST
CO-DRIVER LAST NAME				CO-DRIVER FIRST NAME				MI	CO-DRIVER DOB / /		CO-DRIVER LICENSE NO.				LIC ST
SHIPPER NAME				SHIPPING PAPER #		TRIP ORIGIN (CITY/STATE) /			TRIP DESTINATION (CITY/STATE) /			CARGO			
UN #	VEH TYP	MAKE	YEAR	COMPANY #	LICENSE #	ST	VEHICLE IDENTIFICATION NO.			GWWR	CVSA DEC #	OOS STICKER #			
1															
2															
3															
4															
HM CODE	REPT QTY <input type="checkbox"/>	HAZARD WASTE <input type="checkbox"/>	HAZ MAT DESCRIPTION							HM PLACARDS REQ? <input type="checkbox"/> YES <input type="checkbox"/> NO		HM BULK/PKG INSP <input type="checkbox"/> BULK <input type="checkbox"/> NON-BULK			
	<input type="checkbox"/>	<input type="checkbox"/>								CARGO TANK SPEC NUMBER:		<input style="width:100px; height:20px;" type="text"/>			
UNIT	VIOLATION CODE		OOS	DEF VER	CIT #	DESCRIPTION									
			<input type="checkbox"/>												
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BRAKE ADJUSTMENTS: \_\_\_\_\_ NO. OF AXLES:  SEAL NOS. REMOVED: \_\_\_\_\_ VSP SEAL NOS. INSTALLED: \_\_\_\_\_  
 LOCALLY DEFINED FIELDS: FUND CODE  PRIME TIME  H  M M SUMMONS COUNT  SPECIAL PROJECT

AXLE #	CHAMBER TYPE	L BRAKE MEASURE	R BRAKE MEASURE
1			
2			
3			
4			
5			
6			
7			
8			

**NOTICE TO MOTOR CARRIER: VEHICLE HAS BEEN PLACED OUT OF SERVICE!**  
 SEE REVERSE SIDE OF THIS REPORT FOR COMPLIANCE/CERTIFICATION.

PURSUANT TO AUTHORITY CONTAINED IN THE 1950 CODE OF VIRGINIA (AS AMENDED), I HEREBY DECLARE AND MARK THE ABOVE VEHICLE(S) "OUT OF SERVICE." NO PERSON SHALL REMOVE THE HEREIN NUMBER STICKER(S) OR OPERATE SUCH VEHICLE(S) UNTIL NECESSARY REPAIRS HAVE BEEN COMPLETED AND THE VEHICLE(S) RESTORED TO SAFE OPERATING CONDITION.

ITEMS 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

PLACED OOS BY: \_\_\_\_\_ UNDER CODE SECTION:  52-8.4  10.1-1450  
 LOCATION PLACED OOS: \_\_\_\_\_ TELEPHONE NUMBER OF STATE POLICE: \_\_\_\_\_  
 COPY RECEIVED BY: \_\_\_\_\_