

MONTANA HIGHWAY PATROL

Type E Vehicle Inspection School Year 2019

[] County	TR-13A	
[] School System		
[] Highway Patrol		

This completed form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected. **Shaded fields must be verified by the Highway Patrol.**

County # and Name						School System # and Name						
Vehicle I.D. # (VIN) Bus Number			Model Year		License #	Rated Capacity ****						
Chassis Make Wheelchair Lift Equipped?		Body Make Bu			Bus T	ype	Type E		Type of Fuel			
		Wheel	Wheelchair Tiedowns Are			Ownership						
	INSPEC						THE HIGHWAY PATROL					
		_	This	inspe	ction i	s for s	emester 1					
Fields Listed in the MT School Bus Standards			Approved			Fields Listed in the MT School Bus Standards		Approved				
Page		Yes	No	NA**	Corr	Page		Yes	No	NA**	Corr	
	5 Star National Rating						Wheel Chair Lift					
	Head Lights						Backup Camera - Purchased New					
	Left Front Signal						Backup Alarm					
	Right Front Signal						Tires					
	Rear Right Signal						Battery					
	Rear Left Signal						Windows					
	Entrance Doors (4)						Windshield (No Cracks)					
	Tail Lights						Windshield Wipers					
	Head Lamp Indicator						Fluids					
	Interior Lamps						Horn					
	Speedometer						Heaters					
	Ceiling Interior						Defrosters					
	Seating-10 or Fewer						Steering Gear					
	Passenger Seat Belts						Exhaust-No Leaks					
	Driver's Seat Belt						Fire Extinguisher					
	Seat Belt Cutter						First Aid Kit					
	Mirrors Interior						Body Fluids Kit					
	Mirrors Exterior						Warning Device(3) Reflector Triangles					
	Identification Black Lettering (6in.)						Cleanliness					
	Identification-Sides						Trailer Hitch (Optional)					
	Identification-Rear						Electronic Recording Device (ERD) - Purchased New					
			Moi	ntana So	hool B	us Stand	dards 2018					
	t inspection, this bus is: [] Approved	[] Not A	pprove	ed			On reinspection, this bus is: [] Appr	oved	[] Not	Approv	/ed	
Badge	ting Patrol Officer: No.:	Date:				-	Inspecting Patrol Officer: Badge No.:	Date:				
	ure of District Official							Date:				