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# INSPECTION FORM

COMPANY/PARTNERSHIP NAME

.....

POSTAL ADDRESS

.....

TOWN/CITY ..... STATE ..... POSTCODE .....

PHONE ..... MOBILE .....

FACSIMILE ..... EMAIL .....

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>MONTH OF INSPECTION</b>												
<b>NUMBER OF VEHICLES</b>												
<b>CLASS OF VEHICLES</b>												
<b>INSPECTION PERIOD</b>	6 monthly <input type="checkbox"/>						12 monthly <input type="checkbox"/>					
<b>IF YOU DO NOT WISH TO RECEIVE FURTHER CORRESPONDENCE PLEASE TICK THE BOX</b>											<input type="checkbox"/>	