Applicant : _____

D/B/A: _____

VEHICLE LIST

								FOR SWMA USE ONLY		
								VEHICLE INPSECTIONS		
#VEH	**YEAR**	**MAKE**	**BODY TYPE**	**PLATE#**	**VIN#**	**UNLADEN WEIGHT**	**LOAD CAPACITY**	**DATE**	**RESULTS**	**INSPECTION #**
1										
2										
3										
4										
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22										

PLEASE LIST ALL VEHICLES. FORMS AS NEEDED FROM THE TOWN CLERK'S OFFICE