



# Motor Vehicle Division

96-0144 R08/08 www.azdot.gov

Mail Drop 531M  
Competitive Government Partnerships  
Motor Vehicle Division  
PO Box 2100  
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tpds@azdot.gov

## INSPECTION REQUEST

Inspection Requested For:

Traffic Survival School <input type="checkbox"/> Office <input type="checkbox"/> Classroom	Maximum Classroom Occupancy
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Professional Driver Training School <input type="checkbox"/> Office <input type="checkbox"/> Classroom <input type="checkbox"/> Vehicle <input type="checkbox"/> Motorcycle Skills Site <input type="checkbox"/> Test Track <input type="checkbox"/> Test Route
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Driver License Examiner <input type="checkbox"/> Office <input type="checkbox"/> Motorcycle Skills Site <input type="checkbox"/> Test Track <input type="checkbox"/> Test Route
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Request Date
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School/Company Name	MVD School License Number		
Requestor Name			
Mailing Address	City	State	Zip
Contact Person Name	Phone (     )		

Address Where Inspection Is To Be Performed (if different from above)	City	State	Zip
Major Cross Streets			

Agreement Attached (if facility is not owned by Requestor)

Vehicle Identification Number	Year	Make	Body Style
License Plate	Registration Expires		
Vehicle Insurance Company Name	Vehicle Insurance Policy Number		

Vehicle Identification Number	Year	Make	Body Style
License Plate	Registration Expires		
Vehicle Insurance Company Name	Vehicle Insurance Policy Number		

I certify that the information provided above is true and correct to the best of my knowledge.

School Owner Name (first, middle, last, suffix)	School Owner Signature	Date
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### MVD Use

Received Date	Completion Date	Completed By	Check List Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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