STUDENT TRANSPORTATION VEHICLE REPORT
(STV) Y-10 REV. 7-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
COMMERCIAL VEHICLE SAFETY UNIT
On The Web at http://dmvct.org

DMV USE	DISTRICT
	INSPECTOR

INSTRUCTIONS

1. PLEASE TYPE OR PRINT ALL INFORMATION.
2. IDENTIFY INDIVIDUALLY ALL CONTRACTORS AND THEIR VEHICLES BY TYPE AND MARKER PLATE NUMBERS.
3. SUBMIT THIS REPORT BY AUGUST 30TH EACH YEAR.

TO: **DEPARTMENT OF MOTOR VEHICLES, COMMERCIAL VEHICLE SAFETY, 60 STATE STREET, WETHERSFIELD, CT 06161**

CITY OR TOWN	SCHOOL YEAR	DATE OF REPORT	NAME, ADDRESS, AND TELEPHONE NUMBER OF TRANSPORTATION COORDINATOR

CONTRACTOR(S)	SCHOOL BUS				NON - SCHOOL BUS			
NAME, ADDRESS, TELEPHONE NO.	TYPE I	TOTAL VEHICLES ( )	TYPE II	TOTAL VEHICLES ( )	MOBILITY IMPAIRED (CARS, VANS, STATION WAGONS)	TOTAL VEHICLES ( )	NON MOBILITY IMPAIRED (VEH - 10 OR MORE PASS.)	TOTAL VEHICLES ( )
	MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS	

CONTRACTOR(S)	SCHOOL BUS				NON - SCHOOL BUS			
NAME, ADDRESS, TELEPHONE NO.	TYPE I	TOTAL VEHICLES ( )	TYPE II	TOTAL VEHICLES ( )	MOBILITY IMPAIRED (*CARS, VANS, STATION WAGONS*)	TOTAL VEHICLES ( )	NON MOBILITY IMPAIRED (*VEH - 10 OR MORE PASS.)*	TOTAL VEHICLES ( )
	MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS	