

ATTACHMENT D4



U.S. Department of
Transportation
**National Highway Traffic
Safety
Administration**

VEHICLE INSPECTION FORM

(2/26/10 Draft)

Form Approved O.M.B. No. 2127-0626
Expiration Date: XXXX

National Automotive Sampling System
Tire Pressure Monitoring System-Special
Study

1. Primary Sampling Unit Number
2. Site Number

3. Observation Number
4. Date of Observation ____ / ____ /
2010

VEHICLE IDENTIFICATION

5. Vehicle Model Year
6. Vehicle Make
7. Vehicle Model
8. Vehicle Mileage _____

9. Vehicle Body Type Category
1) Automobiles
2) Utility Vehicles
3) Van Based Light Trucks
4) Light Conventional Trucks

10. Vehicle Identification Number (VIN)

Left justify; Slash zeros and letter Z (and) --No VIN—Code all zeros --Unknown—Code all nines

TPMS INFORMATION

11. TPMS Display

- 1) Display Only No, Yes
2) Tire Specific Warning Icon: No, Yes
3) Tire Specific PSI: No, Yes

LF Tire ____ psi

LR Tire ____ psi

RR Tire ____ psi

RF Tire ____ psi

PLACARD/OWNER'S MANUAL INFORMATION

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0626. Since data will be collected on this form via observation and inspection, public reporting for this collection of information is estimated to be approximately 0 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590. NHTSA Form 1063

ATTACHMENT D4

12. GVWR _____ lbs
13. Manufacturer's Recommended Tire Size* _____
14. Manufacturer Recommended Cold Tire Pressure (Front)** _____ psi
15. Manufacturer Recommended Cold Tire Pressure (Rear)** _____ psi
16. Manufacturer Recommended Hot Tire Pressure (Front)** _____ psi
17. Manufacturer Recommended Hot Tire Pressure (Rear)** _____ psi

* If more than one tire size is recommended, refer to the procedures document.

** If placard/manual does not specify hot or cold and shows only one pressure amount, code the specified amount in "Cold" and code N/A in "Hot. OR refer to procedures manual

DRAFT

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0626. Since data will be collected on this form via observation and inspection, public reporting for this collection of information is estimated to be approximately 0 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590. NHTSA Form 1063