



Bus Testing Request Form

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* are required fields.

Contact Information

First Name	<input type="text"/>	*
Last Name	<input type="text"/>	*
Email	<input type="text"/>	*
Phone	<input type="text"/>	*

Bus Model

1. Bus Model Manufacturer	<input type="text"/>	*
Is this a new or existing model?	Please choose one.	▼*
2. New Bus Model Name	<input type="text"/>	*
3. Chassis Manufacturer and Model <small>(if different than "Bus Model Manufacturer")</small>	<input type="text"/>	*
Is the Chassis new or an existing model?	Please choose one.	▼*

Bus Specification

4. Bus Length	<input type="text"/>	(feet) *
5. Service Life Category	Please choose one.	▼*

Bus Passenger Capacity

6. Passenger Capacity		
a. Quantity of dedicated seated passenger positions	<input type="text"/>	*
b. Quantity of dedicated wheelchair passenger positions	<input type="text"/>	*
c. Quantity of convertible wheelchair/seated passenger positions	<input type="text"/>	*
d. Maximum standee passenger capacity	<input type="text"/>	*

Bus Weight Capacity

7. Weight Capacity		
Gross Axle Weight Rating (GAWR (lb)) – Axle 1 (Front)	<input type="text"/>	*
Gross Axle Weight Rating (GAWR (lb)) – Axle 2	<input type="text"/>	*
Gross Axle Weight Rating (GAWR (lb)) – Axle 3	<input type="text"/>	*
Gross Vehicle Weight Rating (GVWR)(lb)	<input type="text"/>	*

Bus Fuel Type & Power Source

8. Primary Fuel Type	Please choose one.	▼
Other Option	<input type="text"/>	*
Primary Power Source	Please choose one.	▼*
Power Source Manufacturer & Model	<input type="text"/>	*
9. Secondary Fuel Type	Please choose one.	▼*
Other Option	<input type="text"/>	*
Secondary Power Source	Please choose one.	▼*
Power Source Manufacturer & Model	<input type="text"/>	*
10. Propulsion System Type	Please choose one.	▼
11. Propulsion System Components Manufacturer & Model	<input type="text"/>	

Bus Testing Program

12. Has this bus model already undergone a full test in the Bus Testing Program?	Please choose one.	▼*
13. Test Bus Vehicle Identification Number	<input type="text"/>	*
14. Does this bus model meet all applicable Federal Motor Vehicle Safety Standards at the time of its manufacturing?	Please choose one.	▼
If yes, please attach a FMVSS certification statement or a picture of the FMVSS certification label affixed to the actual test bus.	<input type="button" value="Browse..."/> No file selected.	*
15. Does the bus model meet the Buy America U.S. content requirements of 49 CFR 661.11, Rolling Stock Procurement?	Please choose one.	▼*
If yes, please attach a Buy America Pre-Award Audit report or equivalent document.	<input type="button" value="Browse..."/> No file selected.	*

Additional Information

16. Additional Comments	<div style="border: 1px solid gray; padding: 5px; min-height: 60px;">Secondary</div>
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