



### Bus Testing Request Form

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of the Paperwork Reduction Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB control number. This includes the time it will take for reviewing instructions. The OMB control number for this collection is 2132-0550 and the expiration date is XX/XX/XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review the instructions and complete and review the information collection. The information will be used by FTA to assess customer needs, determine how well FTA is responding to those needs and improve service, if needed. Response to this request is mandatory.

\* 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: 10px; min-height: 60px;">Secondary</div>
-------------------------	---