

VERIFICATION OF ADA INSPECTION



The vehicle identified below has been inspected and meets the requirements for operation as an ADA-Accessible Taxicab.

Vehicle Identification Number (VIN) _____

MTA Inspector: _____ **Date:** _____

Comments:

Gen Svcs/ADA Inspector: _____ **Date:** _____

Comments:

Vehicle Owner/Driver to Return Form to Company for Forwarding to Transportation Licensing Commission.