# Vehicle Inspection Connection (VIC)

**Authorization Code:** FLGFXFUXU8D2A



## Texas Department of Public Safety Vehicle Inspection Report

### PLEASE RETAIN FOR YOUR RECORDS

# Federal Motor Carrier Safety Regulation Compliance

I have performed the annual inspection of the referenced vehicle, which is accurate, complete and in accordance with the inspection criteria set forth in 49C.F.R. Chapter 396.17 through 396.21

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Overali Result:	01/31/2019 05:17 PM	Inspection Fee:	\$40.00
Test Date/Time:	CDEC	Repair Cost:	\$0.00
Inspection Class: Inspection Exp Date:	01/31/2020	Total:	\$40.00
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Vehicle Information

#### Station Information

Vehicle Information			
VIN: License Number: Registration County: Vehicle Type: Year:	5HTAE4324W7H6188B TX X48911 NONE Trailer 1998 HEIL	Station #: Station Name: Station Address: Inspector Name:	6P027978  LAUREL P.M. & OIL CHANGE  4840 EMIL RD.  SAN ANTONIO, TX 78219  MARCELO MOYA  tion Information
Model: Fuel Type: Odometer Reading: Insurance Exp: Insurance Mileage Exp:	TANKER None 11/17/2019	Inspection Type: Test Type: Affidavit Type:	COMMERCIAL/DECAL INITIAL

I certify that I have properly performed the vehicle inspection according to the state regulations and procedure manuals, and as the undersigned duly appointed inspector, hereby certify that I have physically examined the

manufacturer's yehicle identification/number of the motor vehicle described above.

Certified Inspector Signature