

MCMIS COUNT REPORT ORDER FORM

A. SELECT REPORT TYPE

CENSUS COUNT (\$12.00)

INSPECTION COUNT (\$31.00)

For year: _____

CRASH COUNT (\$12.00)

For years: _____

*For the Crash Count Reports you may choose up to three years to include, from 1989 to the present. For the Inspection Count, you may specify one year. If you do not specify the year, you'll receive the most recent year by default. For the Census Count you do not need to specify a year.

B. DESCRIBE THE COMPANIES, CRASHES, OR INSPECTIONS TO BE INCLUDED IN YOUR REPORT

C. PROVIDE YOUR MAILING ADDRESS

CONTACT NAME: _____

COMPANY NAME: _____

STREET: _____

CITY: _____ STATE _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ DATE: _____

D. SEND ORDER FORM AND PAYMENT TO

Department of Transportation
 Federal Motor Carrier Safety Administration
 Office of Registration and Safety Information, W65-206
 1200 New Jersey Avenue SE
 Washington, DC 20590
 (606) 330-3804