

License Number _____
 License Issued _____

License Fee \$ 200.00
 Receipt # _____

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

To the Honorable Mayor, Common Council, City Clerk, and Chief of Police of the City of La Crosse:
 The undersigned hereby makes application for a Public Vehicle for Hire License.

BUSINESS NAME	<i>dba</i> BULLET CAB	SINKOSS USA LLC
BUSINESS ADDRESS	2709 SOUTH AVE, LACROSSE WI 54601 suite # H Zoning: <u>Commercial</u> Confirmed by: <u>Steve Nederloe</u> 11/4/13	
BUSINESS TELEPHONE	608-519-3200	
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	# 456-1028197527-02	

OWNER(S) NAME (First, Full Middle, Last)	MIAN MUKHTAR AHMAD (Mike)	DUPLICATE RECEIPT	
OWNER(S) DATE OF BIRTH	██████████	785 CITY CLERK/LICENSES	3350
OWNER(S) ADDRESS	2611 15 TH ST S LA CROSSE WI 54601	VF104105618 001 131104	
OWNER(S) TELEPHONE	608-797-2511	7/04/13 1:56PM PAID	200.00

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
 HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO
 IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

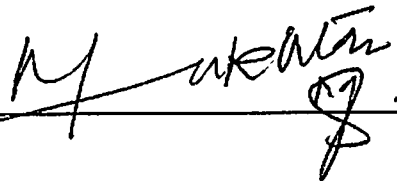
INSURANCE CARRIER	NATIONAL INDEMNITY COMPANY
POLICY NUMBER	CPS1614380-01
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	\$ 2 mil CSL auto liability

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates _____ Vehicle Rental Rate _____
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	\$ 1.50 start up, \$ 2.00 a mile, \$ 0.50 extra person, \$ 20.00 hour mail - (Copy Attached).
NUMBER OF VEHICLES TO BE LICENSED	4

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
5GZDV23L35D192520	2005, SATURN, RELY 2	7	WI BULL3T 1
2HKRL1865YH606454	2000 HONDA, ODESSY	7	WI BULL3T 2
5GZDV23L15D207970	2005, SATURN, RELY 2	7	WI BULL3T 3
1C3EL46T04N141279	2004, CHRYSLER SEBRING	5	WI 692 VGC

- ✓ ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE CERTIFYING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION. THE INSPECTION AND CERTIFICATE MUST BE COMPLETED BY AN A.S.E. CERTIFIED TECHNICIAN.
- ✓ ATTACH A CERTIFICATE OF INSURANCE. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE BY MAKE, MODEL AND VIN. SAID POLICY MUST NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.
- ✓ ATTACH A PHOTOCOPY OF THE TITLE AND REGISTRATION FOR EACH VEHICLE. NO VEHICLE WITH A SALVAGE TITLE MAY BE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER THAN 10 MODEL YEARS AT TIME OF ORIGINAL APPLICATION (renewals are exempt).

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to public vehicles for hire (Sec. 20.16 of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT  DATE 11/1/13

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

POLICY NUMBER:

COMMERCIAL AUTO
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED


This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 11/18/13	Countersigned By: 
Named Insured: SINKOSS USA LLC DBA BULLET CAB	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):	CITY OF LA CROSSE 400 LA CROSSE STREET LA CROSSE WI 54601
---------------------------------------	---

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

BULLET CAB

2641 15th Street South
La Crosse Wi 54601
608-519-3200 /608-797-251
Bulletcab@hotmail.com

Subject: Rates And Fees

\$ 1.50 Start up
\$ 2.00 Mile
\$ 20.0 Hour wait
\$.50 per extra person

Contact Info: Mian Ahmad(Mike)

608-797-2511

Mikeahmad786@hotmail.com

Bullet Cab
2641 15th Street S.
La Crosse WI 54601

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 5GZDV23L35D192520		Year 2005	Make SATURN
Title Number 13009L6017-0	Issue Date 01/09/2013	Chassis Type TRUK	Odometer Reading 189459
		Odometer Status ACTUAL	Odometer Date 01/09/2013
Product Number 57878130095	Body Style VAN	Color SILVER/ALUMINUM	Fleet No.

Titled Owner(s)
 SINKOSS USA LLC
 2641 15TH ST S
 LA CROSSE, WI 54601-6413

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document. 5GZDV23L35D192520

Lien Holder(s)
 NONE,

Additional Vehicle Detail

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



11-1-1114931

MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
 state1

QUESTIONS:
 Contact the Division of Motor Vehicles at
 414-266-1000, 608-266-1466
 www.dot.wisconsin.gov

KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE

BULLET 1.

Bullet Cab
 2641 15th Street S.
 La Crosse WI 54601



WISCONSIN

Certificate of Vehicle Registration

0000000

Plate Number	Registration	Chassis	Gross Weight	Period	Product Number	Registration Number
BULL3T 1	AUT AUT	TRUK		A	55623130097	1302900240199
Vehicle Identification Number			Year	Make	Color	Fleet No.
5GZDV23L35D192520			2005	STRN	SILVER/ALUMINUM	
					Expiration Date	Amount Received
					01/04/2014	\$ 15.00

SINKOSS USA LLC
 2641 15TH ST S
 LA CROSSE, WI 54601-6413

This Registration Certificate is not a
 Title. Not Valid for Transfer of
 Ownership.
 Contact the 414-266-1000
 Division of Motor 608-266-1466
 Vehicles at:
www.dot.wisconsin.gov



Bullet Cab
 2641 15th Street S.
 La Crosse WI 54601

CERTIFICATE OF INSPECTION

NAME OF BUSINESS 'BULLET CAB'
ADDRESS 2709 SOUTH AVE, SUITE 'H' LA CROSSE WI 54601
VEHICLE MAKE SATURN MODEL RELY 2 YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers Lamps/Reflectors	_____	_____	_____ ✓
Tail Lamps (incl. cover)	_____	_____	_____ ✓
Back Up Lamps	_____	_____	_____ ✓
Brake Lamps	_____	_____	_____ ✓
Steering System	_____	_____	_____ ✓
Hood & Trunk Latches	_____	_____	_____ ✓
Emission/Exhaust System	_____	_____	_____ ✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ ✓
Windshield (incl. wipers & washers)	_____	_____	_____ ✓
Windows (side, rear)	_____	_____	_____ ✓
Windshield Defroster	_____	_____	_____ ✓
Horn	_____	_____	_____ ✓
Mirrors	_____	_____	_____ ✓
Speed Indicator	_____	_____	_____ ✓
Restraining Devices & Seats	_____	_____	_____ ✓
Brakes (incl. parking brake)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Matthew Kennel Printed Name: Matthew Kennel

Business Math's Auto Repair Address 4527 mormon center Rd. Date 11-4-13

Sec. 20.16(F)(1) Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2HKRL1865YH606454	Year 2000	Make HONDA			
Title Number 13227L0009-1	Issue Date 08/15/2013	Chassis Type TRUK	Odometer Reading 83413	Odometer Status ACTUAL	Odometer Date 06/29/2005
Product Number 15693132275	Body Style VAN	Color GRAY	Fleet No.		

Titled Owner(s)
SINKOSS USA LLC
2641 15TH ST S
LA CROSSE, WI 54601-6413

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
NONE.

Additional Vehicle Detail
PREVIOUSLY TITLED IN: NC
EXEMPT FROM ODOMETER - 10 YEARS OLD

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
1-148

13-1044160540

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466
www.dot.wisconsin.gov

This document should be held without watermark - Hold to light to view

Any alteration, correction, fluid or erasure voids this title

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

BULLET 2

Bullet Cab
2641 15th Street S
La Crosse WI 54601



WISCONSIN 
Certificate of Vehicle Registration

0000000

Plate Number	Registration	Chassis	Gross Weight	Period	Color	Product Number	Registration Number
BULL3T 2	AUT AUT	TRUK		A	GRAY	95021132272	13227L00091
Vehicle Identification Number			Year	Make	Expiration Date	Amount Received	
2HKRL1865YH606454			2000	HOND	08/14/2014	\$ 229.50	
YEAR							

0000000
 SINKOSS USA LLC
 2641 15TH ST S
 LA CROSSE, WI 54601-6413

Bullet Cab
 2641 15th Street S.
 La Crosse WI 54601

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the 414-266-1000
 Division of Motor 608-266-1466
 Vehicles at:
www.dot.wisconsin.gov



Bullet Cab
 2641 15th Street S
 La Crosse Wi 54601

CERTIFICATE OF INSPECTION

NAME OF BUSINESS 'BULLET CAB'
 ADDRESS 2709 SOUTH AVE SUITE # 'H' LACROSSE WI 54601
 VEHICLE MAKE HONDA MODEL ODESSY YEAR 2000

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
Windshield (incl. wipers & washers)	_____	_____	✓
Windows (side, rear)	_____	_____	✓
Windshield Defroster	_____	_____	✓
Horn	_____	_____	✓
Mirrors	_____	_____	✓
Speed Indicator	_____	_____	✓
Restraining Devices & Seats	_____	_____	✓
Brakes (incl. parking brake)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Matt Kennel Printed Name: Matt Kennel

Business Matt's Auto Repair Address 4527 mormon center Rd. Date 11-4-13

Sec. 20.16(F)(1) Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 5GZDV23L15D207970	Year 2005	Make SATURN			
Title Number 13275L4013-7	Issue Date 10/02/2013	Chassis Type TRUK	Odometer Reading 180000	Odometer Status ACTUAL	Odometer Date 10/02/2013
Product Number 93437132753	Body Style VAN	Color GRAY	Fleet No.		

Titled Owner(s)
SINKOSS USA LLC OR AHMAD MIAN M
2641 15TH ST S
LA CROSSE, WI 54601-6413

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document. 5GZDV23L15D207970

Lien Holder(s)
NONE,

Additional Vehicle Detail
PREVIOUSLY TITLED IN: MN

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
000081

13-1-4548616

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466
www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

BULLET 3

Bullet Cab
2641 15th Street S.
La Crosse WI 54601



WISCONSIN 
Certificate of Vehicle Registration

Plate Number BULL3T3	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color GRAY	Product Number 92428132753	Registration Number 13275L40137
Vehicle Identification Number 5GZDV23L15D207970		Year 2005	Make STRN	Expiration Date 04/29/2014	Fleet No.	Amount Received \$ 198.25	

0000000
 SINKOSS USA LLC DR AHMAD MIAN M
 2641 15TH ST S
 LA CROSSE, WI 54601-6413

This Registration Certificate is not a
 Title. Not Valid for Transfer of
 Ownership.
 Contact the 414-265-1000
 Division of Motor 608-265-1466
 Vehicles at:
 www.dot.wisconsin.gov



Bullet Cab
 2641 15th Street S.
 La Crosse Wi 54601

CERTIFICATE OF INSPECTION

NAME OF BUSINESS 'BULLET CAB'
 ADDRESS 2709 SOUTH AVE. SUITE # 'H' LA CROSSE WI 54601
 VEHICLE MAKE SATURN MODEL RELY 2 YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
Windshield (incl. wipers & washers)	_____	_____	✓
Windows (side, rear)	_____	_____	✓
Windshield Defroster	_____	_____	✓
Horn	_____	_____	✓
Mirrors	_____	_____	✓
Speed Indicator	_____	_____	✓
Restraining Devices & Seats	_____	_____	✓
Brakes (incl. parking brake)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Matthew Kennel Printed Name: Matthew Kennel

Business Math's Auto Repair Address 4527 Norman Center Rd. Date 11-4-13

Sec. 20.16(F)(1) Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 1C3EL46T04N141279	Year 2004	Make CHRYSLER			
Title Number 13246L3026-2	Issue Date 09/03/2013	Chassis Type AUTO	Odometer Reading 135711	Odometer Status ACTUAL	Odometer Date 09/03/2013
Product Number 19564132461	Body Style 4DR SEDAN	Color SILVER/ALUMINUM		Fleet No.	

Titled Owner(s)
SINKOSS USA LLC
2641 15TH ST S
LA CROSSE, WI 54601-6413

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
NONE,

Additional Vehicle Detail
PREVIOUSLY TITLED IN: ID

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
117531

T056S, 8/2010
13-1-4143334

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466
www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

CAR 4

Bullet Cab
2641 15th Street S.
La Crosse WI 54601

ANY alteration, correction, fluid, or erasure voids this title



WISCONSIN

Certificate of Vehicle Registration

Plate Number	Registration	Chassis	Gross Weight	Period	Color
692VGC	AUT AUT	AUTO		A	SILVER/ALUMINUM
Vehicle Identification Number	Year	Make	Expiration Date		
1C3EL46T04N141279	2004	CHRY	08/22/2014		

0000000

Product Number
25516132463

Registration Number
13246L30262
Fleet No

Amount Received
\$ 74.50

0000000
SINKOSS USA LLC
2641 15TH ST S
LA CROSSE, WI 54601-6413

This Registration Certificate is not a
Title Not Valid for Transfer of
Ownership.

Contact the 414-266-1000
Division of Motor 608-266-1466
Vehicles at:
www.dot.wisconsin.gov



Bullet Cab
2641 15th Street S.
La Crosse Wi 54601

CERTIFICATE OF INSPECTION

NAME OF BUSINESS ' BULLET CAB '
ADDRESS 2709 SOUTH AVE. SUITE # 'H' LA CROSSE WI 54601
VEHICLE MAKE CHRYSLER MODEL SEBRING YEAR 2004

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
Windshield (incl. wipers & washers)	_____	_____	✓
Windows (side, rear)	_____	_____	✓
Windshield Defroster	_____	_____	✓
Horn	_____	_____	✓
Mirrors	_____	_____	✓
Speed Indicator	_____	_____	✓
Restraining Devices & Seats	_____	_____	✓
Brakes (incl. parking brake)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Matthew Zed Printed Name: Matthew Kimmel

Business Math's Auto Repair Address 4527 marion Coulee Rd Date 11-4-13

Sec. 20.16(F)(1) Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).