



Taxicab and For Hire  
Vehicle Bureau License



Date	_____
Tracking Number	_____

## BRAKE TAG INSPECTION STATION OPERATION CHANGE FORM

Complete this form to obtain approval to a change in operations of your Inspection Station. No changes to signage, layout, operating hours, or point of contact are permitted without approval of the Department of Safety and Permits.

Type of Station:    Public Satellite Station    Fleet Station

Type of Change (Check all that apply):    Signage    Layout    Operating Hours    Point of Contact

Current Brake Tag Inspections Station Certification Number \_\_\_\_\_

Business Name \_\_\_\_\_

### PROPOSED SIGNAGE

Full text of proposed signage (attach another sheet if necessary)

**A photo or mock up of signage must be submitted along with this application for approval.  
A photo of the location where signage will be displayed must be submitted along with this application for approval.**

Length \_\_\_\_\_ Width \_\_\_\_\_ Type:    Attached    Hanging    Double-Sided

### PROPOSED CHANGE TO LAYOUT

Please summarize the proposed layout change below.

Why is this change needed?

Related Building Permit Number (if applicable) \_\_\_\_\_

Will your inspection lane be on the same plane for at least 25ft?    Will you have restroom facility for customers?  
Yes    No    Yes    No

Will you have adequate space to accomodate vehicles awaiting inpection with out normally using public streets and roads for parking?    Yes    No

**A Proposed Plot Plan must be submitted along with this application for approval.  
Plot Plans must show entire premises including inspection area as well as space for vehicle queuing and to conduct a 20 mile per hour road test, all buildings, canopies, poles, curb cuts, drainage basins, and other obstructions and their distance from the testing area.**



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### CHANGE IN OPERATING HOURS

Fill in Proposed Operating Hours (DO NOT INCLUDE LUNCH CLOSURE in calculation of total hours)

Day	Opening	Closing	(Lunch Closure)	Opening	Closing	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

### CHANGE IN POINT OF CONTACT INFORMATION

**STATION POINT OF CONTACT** This individual is the person to whom all mail or email is to be directed and who will be responsible for overall supervision of the inspection facility.

Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### ACKNOWLEDGMENTS

In making this application, it is expressly understood and agreed, that all the provisions, covenants, and conditions which are stipulated for appointment as an Official Station of the above described business, shall be adhered to, understanding that my license is subject to cancellation, suspension or revocation for failure to fully comply with the rules and regulations set forth by the Department of Safety & Permits Motor Vehicle Inspection Bureau, City Code of New Orleans and Louisiana State Law.

I understand that no changes are authorized to be made without written approval from the Department of Safety and Permits Motor Vehicle Inspection Bureau.

I hereby certify that all information in the application is true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_