

# **“THE LIVING WAGE ACT OF 2006”**

**Title I, D.C. Law No. 16-118, (D.C. Official Code §§ 2-220.01-11)**

**Effective June 9, 2006, recipients of new contracts or government assistance shall pay affiliated employees and subcontractors who perform services under the contracts no less than the current living wage. Effective January 1, 2010, the living wage rate is \$12.50.**

## **The requirement to pay a living wage applies to:**

- All recipients of contracts in the amount of \$100,000 or more; and, all subcontractors of these recipients receiving \$15,000 or more from the funds received by the recipient from the District of Columbia, and,
- All recipients of government assistance in the amount of \$100,000 or more; and, all subcontractors of these recipients of government assistance receiving \$50,000 or more in funds from government assistance received from the District of Columbia.

**“Contract” means a written agreement between a recipient and the District government.**

**“Government assistance” means a grant, loan or tax increment financing that result in a financial benefit from an agency, commission, instrumentality, or other entity of the District government.**

**“Affiliated employee” means any individual employed by a recipient who received compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the contract or government assistance or who are otherwise employed by the contractor, recipient or subcontractor.**

Certain exceptions may apply where contracts or agreements are subject to wage determinations required by federal law which are higher than the wage required by this Act; contracts for electricity, telephone, water, sewer other services delivered by regulated utility; contracts for services needed immediately to prevent or respond to a disaster or eminent threat to the public health or safety declared by the Mayor; contracts awarded to recipients that provide trainees with additional services provided the trainee does not replace employees; tenants or retail establishments that occupy property constructed or improved by government assistance, provided there is no receipt of direct District government assistance; Medicaid provider agreements for direct care services to Medicaid recipients, provided that the direct care service is not provided through a home care agency, a community residential facility or a group home for mentally retarded persons; and contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

Exemptions are provided for employees under 22 years of age employed during a school vacation period, or enrolled as a full-time student who works less than 25 hours per week, provided that other employees are not replaced, and for employees of nonprofit organizations that employ not more than 50 individuals.

**Each recipient and subcontractor of a recipient shall provide this notice to each affiliate employee covered by this notice, and shall also post this notice concerning these requirements in a conspicuous site in the place of business.**

**All recipients and subcontractors shall retain payroll records created and maintained in the regular course of business under District of Columbia law for a period of at least 3 years.**

This is a summary of the “Living Wage Act of 2006”. For the complete text go to:

[www.does.dc.gov](http://www.does.dc.gov) or [www.ocp.dc.gov](http://www.ocp.dc.gov)

**To file a complaint contact: Department of Employment Services**

**Office of Wage-Hour**

**64 New York Avenue, N.E., Room 3105, Washington, D.C. 20002**

**(202) 671-1880**



## **LIVING WAGE ACT FACT SHEET**

The “Living Wage Act of 2006,” Title I of D.C. Law 16-18, (D.C. Official Code §§2-220.01-.11) became effective June 9, 2006. It provides that District of Columbia government contractors and recipients of government assistance (grants, loans, tax increment financing) in the amount of \$100,000 or more shall pay affiliated employees wages no less than the current living wage rate.

**Effective January 1, 2010, the living wage rate is \$12.50 per hour.**

Subcontractors of D.C. government contractors who receive \$15,000 or more from the contract and subcontractors of the recipients of government assistance who receive \$50,000 or more from the assistance are also required to pay their affiliated employees no less than the current living wage rate.

“Affiliated employee” means any individual employed by a recipient who receives compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or a contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the government assistance or contract, or who are otherwise employed by the contractor, recipient or subcontractor.

**Exemptions** – The following contracts and agreements are exempt from the Living Wage Act:

1. Contracts or other agreements that are subject to higher wage level determinations required by federal law (i.e., if a contract is subject to the Service Contract Act and certain wage rates are lower than the District’s current living wage, the contractor must pay the higher of the two rates);
2. Existing and future collective bargaining agreements, provided that the future collective bargaining agreement results in the employee being paid no less than the current living wage;
3. Contracts for electricity, telephone, water, sewer or other services provided by a regulated utility;
4. Contracts for services needed immediately to prevent or respond to a disaster or eminent threat to public health or safety declared by the Mayor;
5. Contracts or other agreements that provide trainees with additional services including, but not limited to, case management and job readiness services, provided that the trainees do not replace employees subject to the Living Wage Act;

6. An employee, under 22 years of age, employed during a school vacation period, or enrolled as full-time student, as defined by the respective institution, who is in high school or at an accredited institution of higher education and who works less than 25 hours per week; provided that he or she does not replace employees subject to the Living Wage Act;
7. Tenants or retail establishments that occupy property constructed or improved by receipt of government assistance from the District of Columbia; provided, that the tenant or retail establishment did not receive direct government assistance from the District of Columbia;
8. Employees of nonprofit organizations that employ not more than 50 individuals and qualify for taxation exemption pursuant to Section 501 (c) (3) of the Internal Revenue Code of 1954, approved August 16, 1954 (68A Stat. 163; 26. U.S.C. §501(c)(3));
9. Medicaid provider agreements for direct care services to Medicaid recipients, provided, that the direct care service is not provided through a home care agency, a community residence facility, or a group home for mentally retarded persons as those terms are defined in section 2 of the Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code §44-501); and
10. Contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

## **Enforcement**

The Department of Employment Services (DOES) and the D.C. Office of Contracting and Procurement (OCP) share monitoring responsibilities.

If you learn that a contractor subject to this law is not paying at least the current living wage you should report it to the Contracting Officer.

If you believe that your employer is subject to this law and is not paying you at least the current living wage, you may file a complaint with the DOES Office of Wage – Hour, located at 64 New York Ave., NE, Room 3105, (202) 671-1880.

For questions and additional information, contact the Office of Contracting and Procurement at (202) 727-0252 or the Department of Employment Services on (202) 671-1880.

**Please note:** *This fact sheet is for informational purposes only as required by Section 106 of the Living Wage Act. It should not be relied on as a definitive statement of the Living Wage Act or any regulations adopted pursuant to the law.*



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## Department of Consumer and Regulatory Affairs

About DCRA

Permits

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### Get an Auto Repair License

**NAICS CODE:** 811100-1

**NAICS DESCRIPTION:** This classification applies if you perform repair services on motor vehicles in the District of Columbia for compensation, unless you perform those services solely in the course of carrying out your duties as a salaried employee of an organization or public agency. If you are licensed by DC Code provisions or other federal laws or regulations relating to repair services, you are exempt from this definition unless you perform other repair services not covered by the statute or regulation.

**Endorsement Class:** General Services and Repair

**Legal Authority:** DC Code: 47-2851, DC Municipal Regulation, Title 16, Ch 6

**License Duration:** Two (2) Years

**License Available Online:** No

**Category License Fee:** \$406.00

**Application Fee:** \$70.00

**Endorsement Fee:** \$25.00

**Technology Fee:** 10 percent of total

Step-by-Step Application Requirements

STEP ONE: Zoning Compliance

#### Certificate of Occupancy/Home Occupancy for Compliance for Zoning Regulations

Before applying for your BBL, you'll need a Certificate of Occupancy (C of O) or a Home Occupation Permit for the location where your business is conducted to demonstrate that your business does not conflict with building and zoning codes. (If your business is located in an office building, you may operate under the umbrella of the C of O issued to the owner of the building, as long as the C of O was issued for the entire building; check with your building owner or management company for the C of O holder name, number, and issue date.) If you have any questions about Certificates of Occupancy, please call Permit Operations Customer Service at (202) 442-4589.

**NOTE:** You DO NOT need to attach a copy of the Certificate of Occupancy to

*Does NOT  
Apply to businesses  
located outside  
of the District*

your application. You DO need to provide C of O number and issue date on your application.

## **STEP TWO: Corporate Registration**

### **Corporation Division Requirements**

If you are a corporation, partnership or limited liability company you must be registered in the District and in good standing. For instructions on how to register, please go to DCRA Corporate Registration Information Center. If you are a sole proprietor, no registration is necessary and you can skip this step. For more information, please call the Corporation Division at (202) 442-4432.

If you are not a resident of the District of Columbia, you'll need to appoint a Resident Agent or an Attorney-in-Fact who lives or works in an office in the District, who will be the official recipient of any financial, process, or legal notices that we need to send to you. If you are not a DC resident, please complete the Certified Resident Agent Appointment Form\*.

Every corporation needs to have a registered agent office in the District of Columbia. This office can but does not need to be the same as your place of business. Foreign corporations doing business in DC need to certify that their named registered agent is duly authorized to represent that corporation.

If your business uses a Trade Name, you'll need to register the name with DCRA and indicate both the trade name and the official business name (including its corporation, LLC, or partnership classification) if applicable.

## **STEP THREE: Taxes**

Office of Tax & Revenue (OTR) Registration

Before applying for your BBL, you'll also need to register your business with OTR and submit a copy of your tax registration certificate with your application. If you're not already registered, simply complete and file a Combined Business Tax Registration Application (Form FR500). You get all the necessary forms and submit your application online at the Business Tax Service Center. For more information, please call the Tax Customer Center at (202) 727-4829.

## **STEP FOUR: Clean Hands Certification**

You'll also need to certify that you don't owe more than \$100 to the District of Columbia government as a result of fees, penalties, interest, or taxes through completion of a Clean Hands form provided in your BBL application package. A signed form from the Office of Tax and Revenue may also be required.

## **STEP FIVE: Basic Business License Application**

To make sure you get your BBL as quickly as possible, you must submit a properly completed Basic Business License Application after completing steps 1 through 4. All of your responses should be printed clearly in English.

Note on PDF Forms: To download and fill out the Basic Business License Application form you should open the form and save to your desktop. We recommend you also rename the form as you save to your desktop. For most users, you should be able to save your work. If you cannot, you should print the form before closing.

## **STEP SIX: Specific Category Requirements**

### **Written Estimate**

You must submit a copy of your written estimate forms with your application for approval. The forms must comply with existing regulations pursuant to the DC Municipal Regulations Title 16 Chapter 6 § 633.



## Department of Consumer and Regulatory Affairs

### Office Hours

Thursday 9:30am-4:30pm,  
Monday, Tuesday, Wednesday,  
Friday 8:30am-4:30pm

### How to Reach Us

1100 4th Street SW  
Washington, DC 20024  
dcra@dc.gov

**Phone:** (202) 442-4400

**Fax:** (202) 442-9445

**TTY:** (202) 123-4567

FOIA Information

**Website:** <http://dcra.dc.gov>

**Blog:**  
<http://thisshouldbeillegal.com>

**Blog:**  
<http://rentnydcbasement.com>



Linda K. Argo  
Director  
Ask the Agency

## Tender of Goods and Final Bill

A copy of your final bill and tender of goods shall be submitted with your application for approval. The tender of goods shall constitute certification by the dealer that the dealer has fulfilled the dealer's obligations. The forms must comply with existing regulations pursuant to the DC Municipal Regulations Title 16 Chapter 6 § 637.

## Surety Bond

You are required to submit a Surety Bond to cover the full duration of the license period (two years) based upon the number of employees in your establishment:

- Employers with five or fewer employees must submit a Surety Bond in the amount of two thousand dollars (\$2,000).
- Employers with more than five employees must submit a Surety Bond of five thousand dollars (\$5,000)

## STEP SEVEN: Additional Business Activities

If you conduct more than one business activity (endorsement type), you'll need to indicate those activities on your BBL application. You might have any number of additional business activities connected to this particular license endorsement.

**Special Notes:** If your business includes any of the above endorsement activities, you can get additional fact sheets and application forms by contacting DCRA's License Center at (202) 442-4311, or by email at [bbl.infocenter@dc.gov](mailto:bbl.infocenter@dc.gov).

### Related Documents |

- Clean Hands Form
- Registered Agent Form
- Vehicle Receipt Estimate
- Consumer Goods Repair License Application
- Goods Repair Regulation
- Corporate Surety Bond
- Basic Business License Application Instructions
- Standard Basic Business License Application



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

# Basic Business License Application

**Applicant:** Please read instructions carefully before you complete this application.

**Language Preference:**  Spanish  Chinese  
 Vietnamese  Amharic  Korean  
Other \_\_\_\_\_

**DCRA Office use:**  
Customer Number

## SECTION A: BUSINESS / APPLICANT INFORMATION

**Check box** applicable to your business organization:  Sole Proprietorship  Partnership  Limited Liability Company  Corporation (For Profit)  Corporation (Non-Profit)

1. Business Owner (If owner is Sole Proprietor, print his/her name. If owner is Corporation, Limited Liability Company (LLC), or Partnership, print official Company Name to be licensed) .....

1a. Federal ID No. Federal Employer Identification Number (FEIN).....or if your business does not have a FEIN number, give your Social Security Number (SSN) .....

1b. Trade Name if applicable (see Instructions) .....

2. Business Address (If this is a Corporation, LLC or Partnership, please provide address of the company's main headquarters here)

2a. Street Address ..... Suite or Apartment No. ....

2c. City ..... State ..... Zip .....

2d. Phone number ( ) ..... 2e. Email .....

## SECTION A-1: OFFICERS, PARTNERS, MEMBERS

All Corporations, Partnerships, LLCs, and Unincorporated Associations must complete

### 3. President / Partner / Member:

3a. Name .....  
First Name M.I. Last Name

3b. Street Address .....

3c. City ..... State ..... Zip .....

3d. Phone ( ) ..... 3e. Email .....

### 4. Vice President / Partner / Member:

4a. Name .....  
First Name M.I. Last Name

4b. Street Address .....

4c. City ..... State ..... Zip .....

4d. Phone ( ) ..... 4e. Email .....

### 5. Secretary / Treasurer / Member:

5a. Name .....  
First Name M.I. Last Name

5b. Street Address .....

5c. City ..... State ..... Zip .....

5d. Phone ( ) ..... 5e. Email .....

## SECTION B: INFORMATION ABOUT BUSINESS PREMISE ADDRESS (Vendors: skip this section)

Location of business operation to be licensed.

6. Street Address ..... Suite or Apt No. ....

City ..... State ..... Zip .....

6a. Quadrant (check one)  NE  NW  SE  SW 6b. Ward ..... 6c. ANC .....

6d. Phone ( ) ..... 6e. Fax No. ....

6f. Email .....

6g. Certificate of Occupancy Number: ..... Date Issued .....

DCRA - Business License Center - 1100 4th Street SW, 2nd Floor  
Washington, DC 20024 - 202-442-4311 - Fax 202-442-4523

Website: [dcra.dc.gov](http://dcra.dc.gov) ♦ Email: [bbl.infocenter@dc.gov](mailto:bbl.infocenter@dc.gov)

**SECTION C: BILLING ADDRESS** (Address where DCRA should mail Renewal Notices)

7. Business Name (if different than line1).....  
 7a. Attention (Contact Name).....  
 7b. Street Address (if different than in Section C) .....  
 7c. City ..... State ..... Zip .....

**SECTION D: REGISTERED / RESIDENT AGENT**

Corporations, Partnerships and LLCs must provide Registered Agent information. Sole Proprietors who are not District residents must name a Resident Agent.

8. Contact Name ..... Title .....  
 8a. Business Name .....  
 8b. Street Address ..... Suite .....  
 8c. City ..... State ..... Zip .....  
 8d. Phone ( ) ..... Business Email .....

**SECTION E: LICENSE ENDORSEMENTS: Business Activities (Vendors: skip this Section)**

List all your business activities and their NAICS Codes. Choose from the *Table of Endorsement Business Activities* in the Instructions

| BUSINESS ACTIVITY – LICENSE ENDORSEMENT |  | Related NAICS Code for Activity |
|---|--|---------------------------------|
| 1                                       |  |                                 |
| 2                                       |  |                                 |
| 3                                       |  |                                 |
| 4                                       |  |                                 |
| 5                                       |  |                                 |
| 6                                       |  |                                 |
| 7                                       |  |                                 |
| 8                                       |  |                                 |
| 9                                       |  |                                 |
| 10                                      |  |                                 |

**SECTION F: BUSINESS EQUIPMENT, MACHINERY, & FACILITIES INFORMATION (Vendors: skip this Section)**

Give information about your business about your Basic Business License in Tables I, II and III below. If you need more space, write it on more paper and add it to the application.

**Table I. AUTOMOTIVE & OTHER EQUIPMENT**

Give the required information for each vehicle you will use in your business.

| <input checked="" type="checkbox"/> | Equipment Type    | Vehicle Make | Year | Identification No. | License Plate | State | Tare Weight | Capacity |
|-------------------------------------|-------------------|--------------|------|--------------------|---------------|-------|-------------|----------|
| <input type="checkbox"/>            | Ambulance         |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Carriages         |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Driving School    |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Horses            |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Solid Waste Truck |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Tow Truck         |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Tow Unit          |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Truck or Van      |              |      |                    |               |       |             |          |
| <input type="checkbox"/>            | Other _____       |              |      |                    |               |       |             |          |

**Table II. EATING ESTABLISHMENTS & HOUSING (Permanent & Transient)**

Give the number of units in each establishment type in your business.

| <input checked="" type="checkbox"/> | Type                     | Rooms / Units | Restaurant Seats | Resident Manager Name | Manager's Phone |
|-------------------------------------|--------------------------|---------------|------------------|-----------------------|-----------------|
| <input type="checkbox"/>            | Apartments               |               |                  |                       |                 |
| <input type="checkbox"/>            | Boarding / Rooming House |               |                  |                       |                 |
| <input type="checkbox"/>            | Carriages                |               |                  |                       |                 |
| <input type="checkbox"/>            | Hotel / Motel            |               |                  |                       |                 |
| <input type="checkbox"/>            | Restaurant               |               |                  |                       |                 |
| <input type="checkbox"/>            | Other                    |               |                  |                       |                 |

**SECTION F cont.**

**Table III. OPERATING MACHINERY, EQUIPMENT, FACILITIES, & PARKING LOTS**

Check all equipment used in your business activity and give the number of units. Each of these is a separate endorsement.

| <input checked="" type="checkbox"/> | Equipment   | Number of Units | <input checked="" type="checkbox"/> | Equipment                                 | Number of Units |
|-------------------------------------|---|-----------------|-------------------------------------|---|-----------------|
| <input type="checkbox"/>            | Amusement (Mechanical) Machines                     |                 | <input type="checkbox"/>            | Gasoline Dispensing Hoses                 |                 |
| <input type="checkbox"/>            | Billiard Tables                                     |                 | <input type="checkbox"/>            | Home Improvement Contractor Permit Number |                 |
| <input type="checkbox"/>            | Bowling Alley (lanes)                               |                 | <input type="checkbox"/>            | Parking Lot (square feet)                 |                 |
| <input type="checkbox"/>            | Bulk Fuel Meter Device(s)                           |                 | <input type="checkbox"/>            | Slot Weighing Machines                    |                 |
| <input type="checkbox"/>            | Bulk Fuel Storage Tank(s) - Above Ground            |                 | <input type="checkbox"/>            | Swimming Pool                             |                 |
| <input type="checkbox"/>            | Bulk Fuel Storage Tank(s) - Underground             |                 | <input type="checkbox"/>            | Vending Machines - Cigarettes             |                 |
| <input type="checkbox"/>            | Coin Operated Machines - Photograph, lockers, other |                 | <input type="checkbox"/>            | Vending Machines - Food                   |                 |
| <input type="checkbox"/>            | Game Boards / Tables                                |                 |                                     |   |                 |

**SECTION G: VENDOR INFORMATION (Vendors only)** This section is not necessary for all license endorsements. See Section G of the Instructions.

Check this box if you are certified as a Resident-Owned, Local Small Business Enterprise (LSDBE) business.

**Table IV. PRODUCTS FOR SALE**

Check all goods, wares, and merchandise that you will sell. You may not sell anything that is not on this list.

| <input checked="" type="checkbox"/> | Food                  | <input checked="" type="checkbox"/> | Merchandise                       |
|-------------------------------------|-----------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/>            | Beverages             | <input type="checkbox"/>            | Arts, Crafts                      |
| <input type="checkbox"/>            | Dispensed Food        | <input type="checkbox"/>            | Electronics, Watches, Calculators |
| <input type="checkbox"/>            | Frozen Dessert Sales  | <input type="checkbox"/>            | Flowers, Plants                   |
| <input type="checkbox"/>            | Prepackaged Food Only | <input type="checkbox"/>            | Perfumes, Oils, Incense           |
| <input type="checkbox"/>            | Produce               | <input type="checkbox"/>            | Printed, Recorded Media           |
| <input type="checkbox"/>            | Other _____           | <input type="checkbox"/>            | Toys                              |
|                                     |                       | <input type="checkbox"/>            | T-shirts, Hats, Handbags          |
|                                     |                       | <input type="checkbox"/>            | Other _____                       |

**Table V. VENDING SIDEWALK LOCATIONS REQUESTED**

See map of vending sites included in application packet. Refer only to currently mapped sidewalk vending sites. (You will have a chance to request other sites, as soon as they are mapped.) You must indicate all sites you wish to receive a public space permit for. Do not list sites you are not interested in getting a public space permit for. List your first choice at #1, second choice at #2, etc.

|    | Site Label (A,B,C) | Site Label (A,B,C) | Site Label (AA,BB) |
|----|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1  |                    | 11                 | 21                 | 31                 | 41                 | 51                 | 61                 | 71                 |                    |                    |                    |                    |
| 2  |                    | 12                 | 22                 | 32                 | 42                 | 52                 | 62                 | 72                 |                    |                    |                    |                    |
| 3  |                    | 13                 | 23                 | 33                 | 43                 | 53                 | 63                 | 73                 |                    |                    |                    |                    |
| 4  |                    | 14                 | 24                 | 34                 | 44                 | 54                 | 64                 | 74                 |                    |                    |                    |                    |
| 5  |                    | 15                 | 25                 | 35                 | 45                 | 55                 | 65                 | 75                 |                    |                    |                    |                    |
| 6  |                    | 16                 | 26                 | 36                 | 46                 | 56                 | 66                 | 76                 |                    |                    |                    |                    |
| 7  |                    | 17                 | 27                 | 37                 | 47                 | 57                 | 67                 | 77                 |                    |                    |                    |                    |
| 8  |                    | 18                 | 28                 | 38                 | 48                 | 58                 | 68                 | 78                 |                    |                    |                    |                    |
| 9  |                    | 19                 | 29                 | 39                 | 49                 | 59                 | 69                 | 79                 |                    |                    |                    |                    |
| 10 |                    | 20                 | 30                 | 40                 | 50                 | 60                 | 70                 | 80                 |                    |                    |                    |                    |

|    | Site Label (AA,BB) |
|----|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 81 |                    | 91                 | 101                | 111                | 121                | 131                | 141                | 151                |                    |                    |                    |
| 82 |                    | 92                 | 102                | 112                | 122                | 132                | 142                | 152                |                    |                    |                    |
| 83 |                    | 93                 | 103                | 113                | 123                | 133                | 143                | 153                |                    |                    |                    |
| 84 |                    | 94                 | 104                | 114                | 124                | 134                | 144                | 154                |                    |                    |                    |
| 85 |                    | 95                 | 105                | 115                | 125                | 135                | 145                | 155                |                    |                    |                    |
| 86 |                    | 96                 | 106                | 116                | 126                | 136                | 146                | 156                |                    |                    |                    |
| 87 |                    | 97                 | 107                | 117                | 127                | 137                | 147                | 157                |                    |                    |                    |
| 88 |                    | 98                 | 108                | 118                | 128                | 138                | 148                | 158                |                    |                    |                    |
| 89 |                    | 99                 | 109                | 119                | 129                | 139                | 149                | 159                |                    |                    |                    |
| 90 |                    | 100                | 110                | 120                | 130                | 140                | 150                | 160                |                    |                    |                    |

**Table VI. VENDOR ENDORSEMENTS**

Check the endorsements that apply to your business.

| <input checked="" type="checkbox"/> | Endorsement                                     |
|-------------------------------------|---|
| <input type="checkbox"/>            | ACZ Vendor A (Food) Central Zone                |
| <input type="checkbox"/>            | ANH Vendor A (Food) Neighborhood                |
| <input type="checkbox"/>            | ARW Vendor A (Food) Roadway                     |
| <input type="checkbox"/>            | BCZ Vendor B (Non-Food) Central Zone            |
| <input type="checkbox"/>            | BNH Vendor B (Non-Food) Neighborhood            |
| <input type="checkbox"/>            | BRW Vendor B (Non-Food) Roadway                 |
| <input type="checkbox"/>            | DBB Vendor D (Shoe Shine & Street Photographer) |

**SECTION H: EMPLOYEE INFORMATION** Employer must complete & sign this Section.

8. Name of Company of Employee to be Licensed .....

8a. Company FEIN / UI Number (if applicable).....

8b. Company Street Address .....

City ..... State ..... Zip .....

8c. Phone ( ) ..... Email .....

9. Employee Information (Non-District Residents must complete Section D giving their Resident Agent; see instructions for more details.)

9a. Employee Name (First, MI, and Last).....

9b. Social Security No. .... 9c. Date of Birth ..... 9d. Place of Birth.....

9e. Employee Description: Height ..... Weight ..... Color of Hair ..... Color of Eyes .....

9f. Driver's License No. .... State of License ..... Expiration Date .....

9g. Company Signatory ..... Print Name .....

Title (Owner/Manager): ..... Date Signed .....

**SECTION I: ADDITIONAL INFORMATION**

Give any additional information about your business activities that you feel is important to this Application. Include any descriptions that may not be covered in Section F or Table of Endorsement Business Activities

**SECTION J: APPLICANT'S SIGNATURE**

Send your signed application, required forms, and a check or money order for all fees, payable to "DC Treasurer," to:



Bank of America Lock Box Services  
Attention: DC Government Wholesale Lockbox #91360  
11333 McCormick Road  
Hunt Valley, MD 21031

Or bring it to our **Business License Center** at 1100 4th Street, SW 2nd Floor

I hereby submit this application, required forms and payment in the amount of \$..... for consideration of a Basic Business License based on the information in this application.

Applicant's Signature ..... Date.....

**For Office Use Only**

**CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS**

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the DC government, under circumstance in which the statement could reasonably be expected to be relied upon as true. (DC Code §22-2405).

**DC INSPECTOR GENERAL HOTLINE**

If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

**NOTICE OF NON-DISCRIMINATION**

In accordance with the DC Human Rights Act of 1977, as amended, DC Code Section 2.1401.01 et seq., ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of the act will not be tolerated. Violators will be subject to disciplinary action.



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

# Basic Business License Clean Hands Form

## LICENSE DIVISION

### CLEAN HANDS SELF CERTIFICATION

TO THE APPLICANT: Please read this form carefully and completely before signing. The District government shall not issue or reissue any license or permit if the applicant owes it more than \$100 in outstanding debt. You must complete and submit this certification form with any application for a license or permit or renewal by the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (DC Law 11-118, DC Code Sec. 47-2861 et seq.) as amended, effective October 21, 2000 (DC Law 13-183, sec. 2(b), DC Code sec. 47-2861 et. seq.).

I, \_\_\_\_\_, as \_\_\_\_\_, certify that \_\_\_\_\_  
(name) (owner/partner/corporate officer) (business name)

trading as \_\_\_\_\_ at \_\_\_\_\_, using business tax number \_\_\_\_\_,  
(trade name) (business address) (FEIN/SSN)

as of this date, does not owe more than one hundred dollars (\$100) in outstanding debt to the District of Columbia government as a result of:

- (1) Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1985, effective March 25, 1986 (DC Law 6-100; DC Code Sec. 8-801 (et. seq.) (2001 ed.); or
- (2) Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (DC Law 10-117; DC Code Sec. 8-901 (et. seq.) (2001 ed.); or
- (3) Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs (DCRA) Civil Infraction Act of 1985, effective October 5, 1985 (DC Law 6-42; DC Code Sec. 2-1801.01 (et. seq.) (2001 ed.); or
- (4) Past Due Taxes owed to the Office of Tax and Revenue pursuant to Title 47 of the DC Code; or
- (5) Past due District of Columbia Water and Sewer Authority service fees pursuant to Title 34 Chapter 22 and 24 of the DC Code (2001 ed.); or
- (6) Fines, penalties or interest assessed pursuant to Traffic Adjudication Act, Title 50 Chapter 23 of the DC Code (2001 ed.)

I understand that a signed and dated Clean Hands Self Certification Form is required as documentation to accompany my application for a business license, license endorsements, and permits. I understand completing and submitting this form does not guarantee that my license or permit will be approved.

I understand that DCRA may conduct an investigation to ascertain the veracity of the information contained in this *Clean Hands Self Certification Form*.

I understand that if I knowingly provide false information on this Clean Hands Self Certification Form, DCRA will proceed immediately to revoke each license or permit for which I am applying and fine me one thousand dollars (\$1,000).

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
FEIN/SSN

\_\_\_\_\_  
Date

For help with this form, please call (202) 442-4400.



# Corporate Surety Bond

**Bond No.** \_\_\_\_\_ **Issued By:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone No. (\_\_\_\_\_)** \_\_\_\_\_

This form is to be used by all applicants applying for a Consumer Goods Repair Dealers licenses. Amount of corporate surety bond for consumer goods repair dealers is \$2,000.00 except that any such applicant dealer who employs more than five (5) repairmen shall file a corporate surety bond in the amount of \$5,000.00. This bond must accompany the application. Surety must immediately notify the Business Service Division upon making any payment on account of this bond. If recovery be had on this bond, licensee must restore bond to original amount.

Know all persons by these presents, that we, \_\_\_\_\_  
(Corporation/LLC or Sole Proprietor and Trade Name)  
doing business in the District of Columbia at \_\_\_\_\_ as principal and  
(Location of Business)

\_\_\_\_\_, a corporation authorized to do business in the District of Columbia, as surety, are held and firmly bound unto the District of Columbia in the sum of \_\_\_\_\_ dollars, lawful money of the United States for the payment; whereof, well and truly to be made we bind ourselves and each of our heirs, executors, administrators, successors, and assigns, jointly and severally firmly by these presents: Signed with our seals this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the effective date of this bond to be \_\_\_\_\_, 20\_\_\_\_\_.

Whereas, the above-bounden principal is about to apply to the Department of Consumer and Regulatory Affairs of the District of Columbia for a license as a \_\_\_\_\_ and is about to engage in the business under the Consumer Goods Repair Regulation, No. 74-3, of the District of Columbia adopted March 15, 1974; and

Whereas, it is desired by the obligators herein to support by bond such license or any renewal or re-issuance thereof, if the same is issued to the principal;

NOW THEREFORE, the condition of this obligation is such if the principal shall conduct himself or herself and his or her business in accordance with the requirements of the said act, then this obligation shall be null and void; otherwise to remain in full force and effective through the license period, ending not more than two years from the effective date of this bond, any person aggrieved thereby shall have, in addition to his right of action against the principal hereof a right to bring suit against the surety of this bond, either alone or jointly with the principal hereof, and to recovering an amount not exceeding the penalty of this bond any damages sustained by reason in any act, representation, transaction or conduct of the principal which may be prohibited by said act or enumerated as one of the causes for suspension or revocation of a license thereunder. PROVIDED however, that the total liability of the surety hereunder in no event is to exceed the amount of this bond; and PROVIDED FURTHER, that the surety hereunder may be terminated by giving thirty days notice thereof, served personally or by registered mail, to the principal and to the Department of Consumer and Regulatory Affairs of the District of Columbia; and upon giving such notice the surety shall be discharged from all liability under such bond for any act or omission of the principal occurring after the expiration of thirty days from the date of service of such notice.

Signed in the presence of two witnesses:

(1) Witness: \_\_\_\_\_ Date \_\_\_\_\_ (2) Witness \_\_\_\_\_ Date: \_\_\_\_\_

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President (If corporation/LLC: \_\_\_\_\_ Date: \_\_\_\_\_ Corp Seal

Secretary-Attest: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney-in-Fact: \_\_\_\_\_ Seal

Authority of executing officers or attorney-in-fact for surety must be attached to bond. Erasures, corrections and alterations must be sealed and initialed by attorney-in-fact.

Department of Consumer & Regulatory Affairs  
1100 4th Street, SW 2nd Floor  
For Relay Service call 711 ◊ Email: [bbl.infocenter@dc.gov](mailto:bbl.infocenter@dc.gov)



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

# Application for DC License Consumer Goods Repair

TO: Director, Department of Consumer and Regulatory Affairs

Application is hereby made for license to engage in the business of:

- Motor Vehicle Repair Services
- Electronics Equipment Repair Services

Date: \_\_\_\_\_

When a consumer goods repair dealer operates more than one place of business offering repair services subject to the Consumer Goods Repair Regulation, he shall obtain a separate Basic Business License with the endorsement Consumer Goods Repair for each location.

The furnishing of false, misleading or fraudulent information shall be grounds for refusal to issue or to renew a license.

1. Applicant's Name: \_\_\_\_\_

2. If the applicant is an individual or a partnership, is the individual or all the partners at least 18 years old?

- Yes
- No

3. Trade name of business: \_\_\_\_\_

4. Address for which applied: \_\_\_\_\_

5. Type of license applied for:  Motor Vehicle Repair Services     Electronics Equipment Repair Services

6. If an applicant is a corporation, give the principal officers' complete names, home phone numbers, addresses and offices held:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

\_\_\_\_\_

7. If an applicant is a partnership, give the principal officers' complete names, home phone numbers, addresses and office held :

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

\_\_\_\_\_

8. If an applicant is the owner, give the complete name, home phone number, and address:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

9. If an applicant is a non-resident of the District of Columbia, give the name, address and telephone number of an attorney-in-fact or a resident agent who resides or has an office in the District of Columbia, upon whom all fiducial and other process or legal notice directed to the applicant may be served.

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

10. As a non-resident, have you attached a notarized consent agreement of you resident agent?

Yes  No

11. I certify that the applicant and the applicant's principal officers are fit, willing and able to conduct the business for which the license is sought, and to comply with the Consumer Goods Repair Regulations for the District of Columbia approved March 15, 1974, other laws applicable to repair transactions and the rules, regulations and requirements of the Mayor-Commissioner thereunder.  Yes  No

An applicant shall be presumed to be of good moral character unless he has been convicted of a crime which board finds has a substantial relationship to the functions and responsibilities to be performed by a supervisory inspector and has not demonstrated good moral character subsequent to his conviction.

(The following questions are to be answered by the applicant)

12. I have read the Consumer Goods Repair Regulations and certify that based upon my belief and information, applicant or applicant's principal officer have not been engaged in extensive or continuous conduct that violates the Consumer Goods Repair Regulation of the District of Columbia, approved March 15, 1974 or other laws applicable to repair transactions.  Yes  No
13. Is the name of the applicant as set forth on page 1, item 1, the true and lawful name of the applicant?  Yes  No
14. Has the applicant, or the applicant's chief executive officers been convicted within the past five years of a felony or any crime involving moral turpitude?  Yes  No
15. In the past five years has the District of Columbia or any jurisdiction denied, suspended or revoke any business or professional license for which you have applied or been licensed?  Yes  No
- In the past five years has any surety company declined to be surety on your bond?  Yes  No
- In the past five years has recovery been made on any bond issued in your behalf?  Yes  No
16. Attached is a copy of the "Written Estimate and Final Bill" form I am presently using.  Yes  No
17. I hereby file with the Consumer Goods Repair Board a corporate surety bond in the amount of:  \$2,000  \$5,000

Such corporate surety bond shall serve as protection for any person aggrieved by violation of this regulation pursuant to Section 47-8234.5(c) of the DC Code.

18. I will comply with provisions of Title 34, DC Rules and Regulations Human Rights Law.  Yes  No
19. In the spaces below, list each jurisdiction in which you are now doing business and each jurisdiction in which you have done business during the past five years:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. In the spaces below, list the total number of automotive and /or electronic employees:  
Technical Repair Shop Employees: \_\_\_\_\_ Other Repair Shop Employees: \_\_\_\_\_ Total: \_\_\_\_\_
21. I certify that the average annual total electronic equipment or automotive repair shop revenue for the previous two years is \$ \_\_\_\_\_.
22. I certify that all information in this application is true and correct. I am aware that, if this information becomes inaccurate after filing, I must notify the Office of Consumer Protection with an amended notification within twenty (20) calendar days of the date the information becomes available.

Authorized Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**23. YOU ARE NOT REQUIRED TO ANSWER THE FOLLOWING QUESTIONS. – THEY ARE FOR INFORMATION PURPOSES ONLY**

List all types of electronic equipment used in repair services:

- |    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

| Clerk | Result | License Number |
|-------|--------|----------------|
|-------|--------|----------------|

Date: \_\_\_\_\_



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

# Vehicle Receipt Estimate & Final Bill

|   |   |
|---|---|
| <p>NAME<br/>T/A<br/>TRADE NAME<br/>ADDRESS<br/>PHONE#</p> | <p>1. Customer Name: _____<br/>         Customer Address: _____<br/>         City and State: _____<br/>         Telephone No.: _____</p> <p><b>VEHICLE TO BE REPAIRED</b></p> <p>2. Make _____ Year: _____ License No.: _____ Odometer _____<br/>         3. Received by: _____ Date: _____<br/>         4. Estimated by: _____ Date: _____<br/>         5. Customer description of Malfunction: _____<br/>         _____<br/>         _____</p> <p>6. Repair dealer diagnosis of these malfunctions: _____<br/>         _____<br/>         _____</p> |
|---|---|

7. Promised Completion: \_\_\_\_\_ Date: \_\_\_\_\_ 28. Completed Date: \_\_\_\_\_ Final Bill

| 8. Service Required: |  | 10. Estimate | 29. Mechanic | 30. Time | 31. Parts | Labor |
|----------------------|--|--------------|--------------|----------|-----------|-------|
|                      |  | Parts        |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |
|                      |  |              |              |          |           |       |

|  |   |  |
|--|---|--|
| <p><b>19. Bond Filed With Board</b></p> <p>20. The final bill will not exceed the estimated by more than 20% if the total cost is \$300.00 or less, of by more than 10% if total costs is in excess of \$300.00, unless you agree to a modification of the estimate.</p> <p>21. If there are any questions regarding more repairs, contact the store listed above.</p> | <p>Sub Totals</p> <p><u>11. Parts Total</u></p> <p><u>12. Labor Total</u></p> <p><u>13. Subcontract Total</u></p> <p><u>14. Estimate Charge</u></p> <p><u>15. Storage Charge</u></p> <p><u>16. Total Repair Charge</u></p> <p><u>17. Tax</u></p> <p><u>18. TOTAL ESTIMATE</u></p> | <p>40. All labor performed and parts replaced was necessary to performs repairs.</p> <p>41. REPAIRS GUARANTEE:<br/>         Parts – 90 Days<br/>         Labor – 90 Days</p> |
|--|---|--|

Sub. Totals

32. Parts Total

33. Labor Total

34. Subcontractor Total

35. Estimate Charge

36. Storage Charge

37. Total Repair Charge

38. Tax

39. TOTAL ESTIMATE

22. **SAVE THIS DOCUMENT TO MAKE INQUIRIES.** Contact the D.C.R..A. between 8:15a.m. and 4:30 p.m./ at 1100 4th Street, SW 2nd floor, Washington, D.C. 20024, telephone number (202) 442-4400.

23. I hereby authorize and agree to pay for all repairs described in the estimate column.

Department of Consumer & Regulatory Affairs  
 1100 4th Street, SW 2nd Floor  
 For Relay Service call 711 ♦ Email: [bbl.infocenter@dc.gov](mailto:bbl.infocenter@dc.gov)

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

24. I want / I do not want any replaced parts returned to me \_\_\_\_\_ (Initialed by customer)

**25. ORAL AUTHORIZATION OF REPAIRS**

**NOTICE TO CUSTOMERS – ESTIMATE**

**YOU HAVE THE RIGHT TO RECEIVE A WRITTEN ESTIMATE WHICH IS SIGNED BY YOU AND THE DEALER BEFORE REPAIR SERVICES ARE AUTHORIZED AND BEGUN.**

If for technical reasons we are unable to give you a written estimate at the time we are accepting your vehicle for repair, we would not be permitted to proceed with repairs unless you waive your right to a written estimate.

Therefore, if you wish to waive this right, you may do so by signing the waiver below.

“I hereby waive my right to a written estimate to authorizing repairs, but substitute oral communication of same.”

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO CUSTOMERS:** You will be assessed an estimate charge if you elect not to proceed with repairs after you receive the estimate. If customer orally authorizes repairs based on oral communication of the same estimate, or modification of estimated costs, reflect oral consent here.

Communication by: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

26. Service Dealer (Name of Company): \_\_\_\_\_ Date: \_\_\_\_\_

27. If you charge for storage, a statement indicating when the charges begin and how much per day, etc.

A storage charge of: \_\_\_\_\_ per day will begin \_\_\_\_\_ hour(s) after repair is completed.



# WHEEL CHAIR 5000 SERIES

| F. UNDER HOOD (Continued) |  | OK | Rep<br>Req'd |
|---------------------------|--|----|--------------|
| 10.                       | Pressure test cooling system                           |    |              |
| 11.                       | Water pump, fan clutch play                            |    |              |
| 12.                       | Air filter condition - per restriction gauge           |    |              |
| 13.                       | Throttle and transmission linkage                      |    |              |
| 14.                       | Distributor cap, coil and ignition wires (gas engines) |    |              |
| 15.                       | PCV system, emission pump                              |    |              |
| 16.                       | Exhaust system at engine                               |    |              |
| 17.                       | Battery, cables, condition and mounting                |    |              |
| 18.                       | Clean battery and connections                          |    |              |
| 19.                       | Drain fuel/water separator                             |    |              |
| 20.                       | Tilt hood mounts                                       |    |              |
| 21.                       | Engine compartment wiring, properly routed and secure  |    |              |

| H. BUS LIFT INSPECTION |  | OK | Rep<br>Req'd |
|------------------------|--|----|--------------|
| 1.                     | Check lift for proper operation                                      |    |              |
| 2.                     | Inspect for stress, cracks, mounting and alignment                   |    |              |
| 3.                     | Check for worn or missing pins, hinges, latches, pivots and bushings |    |              |
| 4.                     | Inspect all hydraulic fittings and lines for leaks                   |    |              |
| 5.                     | Inspect all electrical connections and micro switches                |    |              |
| 6.                     | All system covers, instructions and warning signs in place           |    |              |
| 7.                     | Complete lubrication including channels                              |    |              |
| 8.                     | Check wheelchair securement tracks for correct mounting              |    |              |
| 9.                     | Condition and securement of control and cable                        |    |              |
| 10.                    | Lift door warning devices and interlock                              |    |              |
| 11.                    | W/C tie downs stored in compartment                                  |    |              |
| 12.                    | Lift cover in place  |    |              |
| 13.                    | W/C securement device operating properly                             |    |              |

| G. BRAKES  |   | OK         | Rep<br>Req'd         |
|--|---|------------|----------------------|
| 1.   | Visible/audible leaks   |            |                      |
| 2.   | Check all lines along chassis   |            |                      |
| 3.   | Vacuum booster hoses and mounting   |            |                      |
| 4.   | Hydraulic lines, wheel cylinders, calipers                                |            |                      |
| 5.   | Air chambers, relay valves and lines                                      |            |                      |
| 6.   | Check Automatic slack adjusters, operation, linkage, bushings, and travel |            |                      |
| Indicate Pushrod Travel  |   |            |                      |
| Right Front  | <input type="text"/>  | Right Rear | <input type="text"/> |
| Left Front   | <input type="text"/>  | Left Rear  | <input type="text"/> |
| <b>NOTE:</b> If adjustment is necessary, automatic slack adjustment may not be functioning properly. |   |            |                      |
| 7.   | Air tanks/lines/mounting brackets   |            |                      |
| 8.   | Visually inspect linings and drums  |            |                      |
| 9.   | Adjust all brakes, wheels off ground (hydraulic systems)                  |            |                      |
| 10.  | Parking and emergency brake system  |            |                      |
| 11.  | Two-way check valves in dual air system                                   |            |                      |
| Alternately drain primary and secondary  |   |            |                      |
| 12.  | Drain all air tanks   |            |                      |

## ROAD TEST

**NOTE DEFICIENCIES AND REVIEW WITH SUPERVISOR**

SIGNATURE OF INSPECTING MECHANIC

SIGNATURE OF SUPERVISOR

# CERTIFIED "B" BRAKE INSPECTION (VACUUM/HYDRAULIC BRAKES)

## FRONT AXLE

|      |         |                  |        |        |
|------|---------|------------------|--------|--------|
| DATE | BUS NO. | CURRENT ODOMETER | BRANCH | R.O. # |
|      |         |                  |        |        |

### DESCRIPTION OF INSPECTION

1) Road test vehicle with attention to noises, uneven braking, pulsation and anti-lock operation and note findings. Check Powerhead for operation and leaks, inside and outside of vehicle. Check operation of hydraulic parking brake/air release parking brake, if so equipped.

2) **Remove Wheel Drums/Rotors as required DO NOT BLOW OUT COMPONENTS WITH AIR**

|  |                |                      |                     |                |                      |
|--|----------------|----------------------|---------------------|----------------|----------------------|
| 3) Measure Drum Dia/Rotor Thickness - 0.000  | Right Front    | <input type="text"/> | (Record Dia/Thick)  | Left Front     | <input type="text"/> |
| - before turning. Inspect for heat cracks.   |                |                      |                     |                |                      |
| 4) Inspect Brake Linings/pads for wear, cracking, chipping   | Right Front    | <input type="text"/> | (OK/REPL in box)    | Left Front     | <input type="text"/> |
| separation, or contamination, etc.   |                |                      |                     |                |                      |
| 5) Record Tire Thickness - measure to the highest level  | Right Front    | <input type="text"/> | (Record Tire/Thick) | Left Front     | <input type="text"/> |
| with a tread depth gauge - 1/32".  |                |                      |                     |                |                      |
| 6) Inspect all Brake Components for wear/leakage   | Right Front    | <input type="text"/> | (OK/REPL in box)    | Left Front     | <input type="text"/> |
| (All pumps, Lines, Fittings, All Hydraulic Cylinders/Actuators)                                    |                |                      |                     |                |                      |
| 7) Lubricate all necessary Brake Components  | Right Front    | <input type="text"/> | (OK/REPL in box)    | Left Front     | <input type="text"/> |
| 3) At Brake Re-line, inspect Wheel Bearings for pits and grooves. Clean and repack with MP grease. | R. Front Inner | <input type="text"/> | (OK/REPL in box)    | L. Front Inner | <input type="text"/> |
| Replace wheel seals.   | R. Front Outer | <input type="text"/> | (OK/REPL in box)    | L. Front Outer | <input type="text"/> |
| 8) Measure Drum Diameter/Rotor Thickness - 0.000   | Right Front    | <input type="text"/> | (Record Dia/Thick)  | Left Front     | <input type="text"/> |
| (after turning, if machining/resurfacing was required).  |                |                      |                     |                |                      |

**Before Installing Drums/Rotors/Wheels, all work MUST BE INSPECTED AND APPROVED.**

SIGNATURE OF APPROVAL (Supervisor or Designate)

|   |             |                      |                 |               |                      |
|---|-------------|----------------------|-----------------|---------------|----------------------|
| Reinstall Drums/Rotors/Wheels                                       | Right Front | <input type="text"/> | (Initial Boxes) | Left Front    | <input type="text"/> |
| 9) Torque Wheels per wheel torquing policy EM-034                   | Right Front | <input type="text"/> | (Initial Boxes) | Left Front    | <input type="text"/> |
| Adjust Brakes and Bleed System if necessary                         | Right Front | <input type="text"/> | (Initial Boxes) | Left Front    | <input type="text"/> |
| 10) Check for vacuum leakage at booster, tank and hose connections. | OK          | <input type="text"/> | (Initial Boxes) | Repairs Req'd | <input type="text"/> |

**ROAD TEST - Service - Park Brake**

\_\_\_\_\_  
Signature of Mechanic

\_\_\_\_\_  
Signature of Supervisor or Designate

|      |         |                  |        |        |
|------|---------|------------------|--------|--------|
| DATE | BUS NO. | CURRENT ODOMETER | BRANCH | R.O. # |
|------|---------|------------------|--------|--------|

**CERTIFIED "B" BRAKE INSPECTION (VACUUM/HYDRAULIC BRAKES)**  
**REAR AXLE**

**DESCRIPTION OF INSPECTION**  
 1) Road test vehicle with attention to noises, uneven braking, pulsation and anti-lock operation and note findings: Check Powerhead for operation and leaks, inside and outside of vehicle. Check operation of hydraulic parking brake/air release parking brake, if so equipped.

2) **Remove Wheel Drums/Rotors as required DO NOT BLOW OUT COMPONENTS WITH AIR**

- 3) Measure drum diameter, thickness, etc. - before turning. Inspect for heat cracks. Inspect brake lining for wear, cracking, slipping, separation, or contamination, etc.
- 4) Inspect drum/rotor surface for scoring, scoring, etc. with a tread depth gauge - 1/32".
- 5) Inspect brake components for air leakage (All pumps, Lines, Fittings, All Hydraulic Cylinders/Actuators)
- 6) Inspect brake components for air leakage.
- 7) At Brake Refine, inspect Wheel Bearings for pits and grooves. Clean and lubricate prior to assembly. Replace wheel seals.
- 8) R. Rear Inner (OK/REPL. in box) L. Rear Inner (OK/REPL. in box) R. Rear Outer (OK/REPL. in box) L. Rear Outer (OK/REPL. in box)
- 9) Inspect drum/rotor surfaces, etc. (after turning, if machining/resurfacing was required).
- 10) Before installing drums/rotors/wheels, all work MUST BE INSPECTED AND APPROVED.

SIGNATURE OF APPROVAL (Supervisor or Designate)

- 12) Torque Wheels per wheel torquing policy EM-034
- 13) Adjust Brake System Pressure
- 14) Check for vacuum leakage at booster, tank and hose connections.
- 15) Inspect and adjust parking brake mechanism
- 16) ROAD TEST - Service - Park Brake

Signature of Mechanic \_\_\_\_\_  
 Signature of Supervisor or Designate \_\_\_\_\_