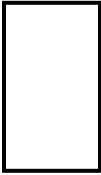
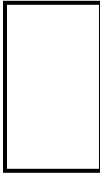


(School District)
Transportation Department
Tire Evaluation Form

Bus # _____

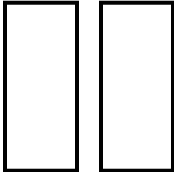
Date: _____

TD _____
PSI _____



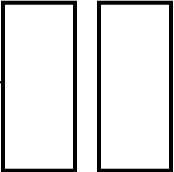
_____TD
_____PSI

TD _____
PSI _____



_____TD
_____PSI

TD _____
PSI _____



_____TD
_____PSI

Tire Size _____

Tire Brand _____

Wheel Type _____