

**District of Columbia Department of Transportation  
 Progressive Transportation Services Administration (PTSA)  
 Section 5310 Capital Assistance Program  
 for Transportation of the Elderly and Persons with Disabilities**



**QUARTERLY PREVENTIVE MAINTENANCE INSPECTION REPORT**

Subrecipient Information

<b>Name of Organization:</b>		
Address: City: Washington	State: DC	Zip Code:
Phone Number:		
Contact Person:		
<i>Frequency of Oil Change should be Every 3 months or Every 4000 Miles    Documentation of oil change must be included with this form.</i>		
Vehicle VIN#	Mileage	Date of Oil Change Service

Vehicle VIN #	Mileage	Date of Oil Change Service

Vehicle VIN #	Mileage	Date of Oil Change Service

Provider Information

<b>Name of Auto Oil Change Service /Maintenance Company:</b>		
Address:		
City:	State:	Zip Code:
Phone Number:		

ATTENTION: Mail completed form of all maintenance records and oil change receipts to “Attention: Joann Bassett-Lowe, DDOT Progressive Transportation Services Administration, 55 M Street, S.E. 5th Floor, Washington, DC 20003” at the end of every 3 months or 4000 miles, whichever comes first.