

## Susquehanna Truck Service

David M. Greek, President 848 Lancaster Pike Quarryville. PA 17566 Phone (717)284-3760

April 2, 2012

Email - susqtruck@epix.net Web - susqtruck.com Fax (717)284-4716

National Highway Traffic Safety Administration 400 Seventh St. SW Room 6115 Washington, DC 20590

Dear Sir or Madam,

We are formally requesting confirmation in writing from NHTSA that our company has submitted the information required by 49 CFR Part 566 and is registered as an incomplete vehicle, intermediate, final and/or altered stage manufacturer of motor vehicles.

Attached is the required Manufacturer Identification Report needed to register. If additional information is needed please do not hesitate to contact us. You can reach us at 1-888-808-7716.

Sincerely,

Susquehanna Truck Service, Inc.

David M. Greek nitted the information in writing from NHTSA that our blessing confirmation in writing from NHTSA that our

Enclosure Madam,

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## **Manufacturer** Identification

	Manufacturer Susquehanna Truck Service, Inc.
1.	Manufacturer Dike
	Address 848 Lancaster Pike DA 7in 17566
	City Quarry ville State TT ZIP
	Denn cylvania

	1											OF MOTOR VEHICLES		
A.TYPE OF VEHICLE				B. TYPE OF OPERATOR				C.TYPE OF CHASSIS			F			
MPV	TRUCK	BUS	TRAILER	INC VEHICLE MFG	NTERMEDIATE MFG	INAL-STAGE MFG	ALTERED MFG	CHASSIS-CAB	CHASSIS-COWL	BARE CHASSIS	CUTAWAY CHASSIS	D. BODY STYLE	E. GVW RANGE	F. OPERATION PERFORMED
X	X	8	X	500	X	-	X	×			×	Dump Bodies Service Bodies Flot Beds Van Bodies Truck-Tractor		olb Installation of Inck equipment. Afteration of chossis

4.) Send completed form to: Administrator

National Highway Traffic Safety Administration 400 7th St SW, Room 6115, Washington, DC 20590 5. Submitted By David M. Greek

Date April 2, 2012

It above where initialed