



**Amalgamated Transit Union**  
**Local 1700**  
5025 Wisconsin Avenue, NW  
Washington, DC 20016

Office: 202-244-0484 • Fax: 202-244-0485

# Speedometer Check Request

Operator \_\_\_\_\_

Employee Number \_\_\_\_\_ Bus Number \_\_\_\_\_

Home Supervisor \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT:** The operator must call and make a speedometer check request during the day of the alleged speed charge to the Maintenance Response Desk **and** submit this form or a request in writing to the operator's home supervisor when the operator returns to their home location. *{See Contract Article O-13; page 45}*

Make 2 copies. Give the original to Union Steward. Give one copy to supervisor who signs the form. Keep the other copy.