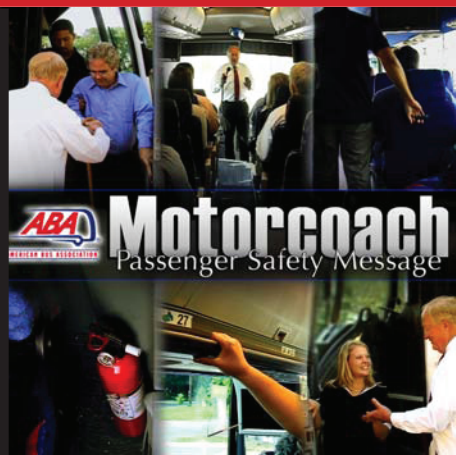


# MOTORCOACH PASSENGER SAFETY MESSAGING ORDER FORM



AMERICAN BUS ASSOCIATION



To help operators comply with new Federal Motor Carrier Safety Administration (FMCSA) pre-trip passenger safety messaging guidelines, ABA's "Motorcoach Passenger Safety Message" videos, seatback cards and audio CDs carrying key safety messages are now complete and ready for shipment.

**DVDs now feature a seat belt segment and 7 languages.**

**Order yours today!**

Call 1-800-283-2877 or fax back the form below.

THIS VIDEO HAS BEEN DEVELOPED TO ENSURE PEOPLE, MOTORCOACH OPERATOR COMPLIANCE WITH FMCSA REGULATIONS

Federal Register: Vol. 32, No. 177, Thursday, September 10, 2003, Notices  
 DEPARTMENT OF TRANSPORTATION  
 Federal Motor Carrier Safety Administration (FMCSA), DOT.  
 ACTION: Notice.  
 [Docket No. FMCSA-2005-21324]  
 Pre-Trip Safety Information for Motorcoach Passengers



**SUMMARY:** The FMCSA announces guidance to the motorcoach industry in response to National Transportation Safety Board (NTSB) recommendations for providing pre-trip safety information to motorcoach passengers. The NTSB recommended that the Agency require and develop minimum guidelines for pre-trip safety information to be provided by motorcoach companies to passengers. The FMCSA, in consultation with stakeholders, developed a basic plan for motorcoach companies to implement a safety awareness program for passengers. The goals of this initiative are to develop passenger safety awareness guidelines suited for diverse motorcoach operational types and to encourage their adoption.



FOR MORE INFORMATION or to order additional copies, please contact the American Bus Association at 800.283.2877 or email abainfo@buses.org.

DVD: Shrink-wrapped video in durable sleeve. Multilingual with seat belt segment

Audio Compact Disc: In slimline case with same artwork as the DVD

Two-Sided Coated Seatback Cards with color photos and safety messages

	Members	Non-Members	Quantity	Total Cost
DVD:	\$15.95	\$25.95	_____	_____
Audio CD:	\$4.95	\$9.95	_____	_____
Seatback Card:	\$.59	\$1.19	_____	_____
Spanish (Optional):	\$.89	\$1.49	_____	_____

**Total Charges** \$ \_\_\_\_\_

### Payment Method

Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Holder: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please fax forms to (202) 842-0850 or email to abainfo@buses.org

