

# Used Vehicle Evaluation Worksheet

The Yellow School Bus Book's Consulting Division will evaluate your used bus(es) at the rate of \$200.00 per bus.

To order an evaluation, please complete the following worksheet with all available information and mail it with your check to:

**Marathon  
P.O. Box 800279  
Santa Clarita, CA 91380**

Credit card sales may be faxed or emailed. Please indicate where evaluation is to be mailed, faxed or emailed.

## Section A - Basic Information

Year \_\_\_\_\_

PAX \_\_\_\_\_

Type \_\_\_\_\_

Bus # \_\_\_\_\_

Serial # \_\_\_\_\_

Odometer Reading \_\_\_\_\_

(Enclose picture if available)

## Section B - Base Value

- Body manufacturer \_\_\_\_\_
- Body name or model \_\_\_\_\_
- Chassis manufacturer \_\_\_\_\_
- Engine (gas, diesel, propane or cng) \_\_\_\_\_
- Engine manufacturer name and model number \_\_\_\_\_
- Air brakes? **Yes No**
- Auto transmission? **Yes No**
- Handicapped lift? **Yes No**
- Air conditioning? **Yes No**
- Power steering? **Yes No**
- Are you selling unit in location where it has compliant specifications? **Yes No**

**Section C - Body Condition**

- Paint condition (Good, Average, Fair) \_\_\_\_\_
- Body condition (Good, Average, Fair) \_\_\_\_\_
- Seat condition (Good, Average, Fair) \_\_\_\_\_
- List missing parts:

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**Section D - Mechanical Condition**

- Was engine overhauled in the last two years? **Yes No**
- Was transmission replaced in the last two years? **Yes No**
- How does unit run? (Good, Average, Fair)

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- What is the condition of the tires? (Good, Average, Fair)
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**Section E - Other Adjustments**

**Check if equipment is applicable to this unit:**

Built-in 2-way radio

Additional roof-mounted air conditioners

Dark tinted glass

Plywood sub floor

Luggage rack

Under-mounted luggage boxes

Brake retarder

**Section F - Seasonal Adjustment**

In what month and year do you plan to sell this unit? \_\_\_\_\_

Name of Person submitting the above information (please print) \_\_\_\_\_

Name of organization requesting this evaluation \_\_\_\_\_

Contact information phone/e-mail \_\_\_\_\_

**Section F – Billing Information**

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CO Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_