

Vehicle Inspection



TO BE COMPLETED BY VEHICLE OPERATOR

FULL NAME

PHONE NUMBER

INSPECTION POINTS

HEADLIGHTS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	REAR WINDOW & OTHER GLASS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TAIL LIGHTS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	WINDSHIELD WIPERS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TURN INDICATOR LIGHTS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	FRONT SEAT ADJUSTMENT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
STOP LIGHTS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	DOORS (OPEN/CLOSE/LOCK)	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
FOOT BRAKES (PADS/SHOES THICKNESS)	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	HORN	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
EMERGENCY/PARKING BRAKE	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	SPEEDOMETER	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
STEERING MECHANISM	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	BUMPERS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
WINDSHIELD	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	MUFFLER AND EXHAUST SYSTEM	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
SAFETY BELTS FOR DRIVER & PASSENGERS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	TIRES, INCL. TREAD DEPTH	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
			INTERIOR & EXTERIOR REAR VIEW MIRRORS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

VEHICLE INSPECTION RESULTS (INSPECTOR TO FILL)

ANY MARKINGS ON THE "FAIL" SIDE WILL AUTOMATICALLY FAIL INSPECTION.

PASS

FAIL

INSPECTION DATE

TO BE COMPLETED BY INSPECTOR

VEHICLE MILEAGE	LICENSE PLATE STATE	LICENSE PLATE NUMBER	VIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	NUMBER OF DOORS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFIED MECHANIC COMPANY	CERTIFIED MECHANIC NAME	CERTIFICATION NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFIED MECHANIC ADDRESS	CERTIFIED MECHANIC COMPANY PHONE #
<input type="text"/>	<input type="text"/>

CERTIFIED MECHANIC SIGNATURE

THIS CERTIFICATION EXPIRES ONE (1) YEAR FROM INSPECTION DATE.