

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 DRIVERS & 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 circle)

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 _____

VEHICLE MAKE _____

VEHICLE MODEL _____

VEHICLE YEAR _____

NUMBER OF DOORS _____

HAS REGISTRATION STICKER? (YES/NO) _____

REGISTRATION STICKER MONTH/YEAR (MM/YY) _____

INSPECTOR COMPANY _____

INSPECTOR ADDRESS _____

INSPECTOR NAME _____

INSPECTOR SIGNATURE _____

STATE CERTIFICATION NUMBER _____