



VEHICLE INSPECTION

INSPECTION POINT	PASS	FAIL
1 Foot(REAR) brakes (pads/shoes thickness)	<input type="checkbox"/>	<input type="checkbox"/>
Min. per manufacturer: Front _____ Rear _____		
Front Brake Left Measurements _____		
Front Brake Right Measurements _____		
Rear Brake Left Measurements _____		
Rear Brake Right Measurements _____		
2 Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>
3 Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>
Bushings	<input type="checkbox"/>	<input type="checkbox"/>
4 EXTIRIOR DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>
Large DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>
Small DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>
5 GENERAL ENGINE CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
6 Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>
7 ANY VISIBLE LEAKS	<input type="checkbox"/>	<input type="checkbox"/>
8 AIR FILTER	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION POINT	PASS	FAIL
9 EXTERIOR AND INDICATOR LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
10 BRAKE/POWER STEARING FLUID	<input type="checkbox"/>	<input type="checkbox"/>
11 INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>
12 CHECK ENGINE LIGHT	<input type="checkbox"/>	<input type="checkbox"/>
13 ENGINE OIL	<input type="checkbox"/>	<input type="checkbox"/>
14 TRANSMISSION FLUIDS	<input type="checkbox"/>	<input type="checkbox"/>
15 COOLANT	<input type="checkbox"/>	<input type="checkbox"/>
16 Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
17 Tires, incl. tread depth	<input type="checkbox"/>	<input type="checkbox"/>
Right front [32nd's / In]	_____	
Left front [32nd's / In]	_____	
Right rear [32nd's / In]	_____	
Left rear [32nd's / In]	_____	
18 ABS / BRAKE LIGHT ON DASH	<input type="checkbox"/>	<input type="checkbox"/>
19 Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE INSPECTION **PASS** **FAIL**
 (Please circle)

NAME	EMAIL ADDRESS	
PARTNER SIGNATURE	PARTNER PHONE NUMBER	DATE

TO BE COMPLETED BY INSPECTOR

COMPANY	VEHICLE MILEAGE	
LICENSE PLATE #	VIN#	
VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
ADDRESS		
INSPECTOR NAME	INSPECTOR SIGNATURE	DATE