

Vehicle Evaluation

Instructions

An Automotive Service Excellence (ASE) certified automotive technician must complete this form, evaluate the following mechanical areas to determine if each area is functioning sufficiently to allow for safe operation of this vehicle and write their evaluation in the Comments section.

If an area passes, no comment is necessary. If an area fails, state specifically the work needed to correct the problem.

Any payment required for conducting the evaluation will be the responsibility of the vehicle's owner. **The Texas Health and Human Services will not pay for the cost of repairs or adjustments.**

Is the Vehicle Registration Current? ☐ Yes ☐ No

Name of Registered Owner of Vehicle (CLASS Individual's name, if different from owner):		Vehicle ID No.		License Plate No.
Make/Model/Year of Vehicle				Mileage
Mechanical Areas	Pass	Fail	Comments	
Battery	<input type="radio"/>	<input type="radio"/>		
Battery Cables	<input type="radio"/>	<input type="radio"/>		
Charging Systems	<input type="radio"/>	<input type="radio"/>		
Engine Cranking Systems	<input type="radio"/>	<input type="radio"/>		
Brake System				
Fluid leaks	<input type="radio"/>	<input type="radio"/>		
Brake pads/linings, etc.	<input type="radio"/>	<input type="radio"/>		
Cooling System				
Radiator condition	<input type="radio"/>	<input type="radio"/>		
Cooling fan	<input type="radio"/>	<input type="radio"/>		
Condition of Hoses	<input type="radio"/>	<input type="radio"/>		
Coolant condition	<input type="radio"/>	<input type="radio"/>		
Engine				
Fluid leaks	<input type="radio"/>	<input type="radio"/>		
Injection system	<input type="radio"/>	<input type="radio"/>		
Ignition system	<input type="radio"/>	<input type="radio"/>		
Emission / Exhaust system	<input type="radio"/>	<input type="radio"/>		
Engine oil condition	<input type="radio"/>	<input type="radio"/>		
Compression/Leak-Down test	<input type="radio"/>	<input type="radio"/>		
Transmission				
Fluid leaks	<input type="radio"/>	<input type="radio"/>		
Shifting mechanism	<input type="radio"/>	<input type="radio"/>		
Power steering				
Operation	<input type="radio"/>	<input type="radio"/>		
Fluid leaks	<input type="radio"/>	<input type="radio"/>		
Condition of drive belts	<input type="radio"/>	<input type="radio"/>		
CV Boots and Axels	<input type="radio"/>	<input type="radio"/>		

Mechanical Areas	Pass	Fail	Comments
Suspension (Shocks, Bushings, Joints)	<input type="radio"/>	<input type="radio"/>	
Tires	<input type="radio"/>	<input type="radio"/>	
Safety equipment			
Seat belt	<input type="radio"/>	<input type="radio"/>	
Air bags	<input type="radio"/>	<input type="radio"/>	
Diagnostic trouble code (DTC, OBD)	<input type="radio"/>	<input type="radio"/>	

Additional Comments (Include overall condition of vehicle - How well maintained, general appearance, any indication vehicle has been involved in an accident / flood.):

Mechanic's Printed Name	Mechanic's Signature	ASE Certification	
Address (Street, City and ZIP Code)		Area Code and Telephone No.	Date (MMDDYY)