

FAMCO LOGISTICS

VEHICLE INSPECTION FORM



TO BE COMPLETED BY VEHICLE OPERATOR

Full Name: _____

Phone Number: _____

Email Address: _____

Inspection Date: _____

VEHICLE DETAILS

Make: _____

License Plate #: _____

Model: _____

License Plate State: _____

Year: _____

Mileage: _____

VIN: _____

Number of Doors: _____

TO BE COMPLETED BY INSPECTOR

Please circle the inspection type (or both) and Pass or Fail for each section

Visual Inspection

Mechanical Inspection

Headlights	Pass	Fail
Tail Lights	Pass	Fail
Turn Indicators	Pass	Fail
Brake Lights	Pass	Fail
Brakes (Pads/Shoes)	Pass	Fail
Windshield (Cracks/Visibility)	Pass	Fail
Rear Window & Other Glass	Pass	Fail
Windshield Wipers	Pass	Fail
Locks (Locks / Child Lock)	Pass	Fail
Horn	Pass	Fail
Speedometer	Pass	Fail
Tires (Tread & Condition)	Pass	Fail
Rearview & Side Mirrors	Pass	Fail
Safety Belts (All Positions)	Pass	Fail

Front Bumper	Pass	Fail
Rear Bumper	Pass	Fail
Driver Side (Doors/Panels)	Pass	Fail
Passenger Side (Doors/Panels)	Pass	Fail
Roof	Pass	Fail
Hood	Pass	Fail
Trunk/Tailgate	Pass	Fail
Undercarriage	Pass	Fail

Required Material Inspection

Winshield Decal	Pass	Fail
Rear Passenger Window Decal	Pass	Fail

Inspector Name: _____

Phone: _____

Company Name: _____

Email: _____

Address: _____

State Certification #: _____

Inspector Signature: _____