

Vehicle Inspection

TO BE COMPLETED BY VEHICLE OPERATOR 1									
FULL NAME		EMAIL ADDRESS							
SIGNATURE	DATE	PHONE NUMBER							
INSPECTION POINTS									
HEADLIGHTS PASS	☐ FAIL	REAR WINDOW & OTHER GLASS	PASS	☐ FAIL					
TAIL LIGHTS PASS	☐ FAIL	WINDSHIELD WIPERS	PASS	☐ FAIL					
TURN INDICATOR LIGHTS PASS	☐ FAIL	FRONT SEAT ADJUSTMENT	PASS	☐ FAIL					
STOP LIGHTSPASS	☐ FAIL	DOORS (Open/Close/Lock)	PASS	☐ FAIL					
FOOT BRAKES (Pads/Shoes Thickness)PASS	☐ FAIL	HORN	PASS	☐ FAIL					
EMERGENCY/PARKING BRAKE PASS	☐ FAIL	SPEEDOMETER	PASS	☐ FAIL					
STEERING MECHANISMPASS	☐ FAIL	BUMPERS	PASS	☐ FAIL					
WINDSHIELD PASS	☐ FAIL	MUFFLER AND EXHAUST SYSTEM	PASS	☐ FAIL					
INTERIOR & EXTERIOR REAR VIEW MIRRORS PASS	☐ FAIL	TIRES, INCL. TREAD DEPTH	PASS	☐ FAIL					
Condition of The Vehicle Exterior Body	□ FAIL	SAFETY BELTS FOR DRIVER & PASSENGERS	PASS	☐ FAIL					
VEHICLE INSPECTION RESULTS (Inspector To Circle)									
Any markings on the "FAIL" side will automatically fail inspection.									
		_							
PASS	FAI	L							
		INSPECTION DATE							

TO BE COMPLETED BY INSPECTOR 1							
VEHICLE MILEAGE	LICENSE PLATE STATE	LICENSE PLATE NUMBER	VIN				
VEHICLE MAKE		VEHICLE MODEL		VEHICLE YEAR	NUMBER OF DOORS		
INSPECTOR COMPANY		INSPECTOR ADDRESS					
INSPECTOR NAME		INSPECTOR SIGNATURE		STATE CE	STATE CERTIFICATION NUMBER		