

Levi DRIVER INFORMATION

Complete all information as all fields are required

| | | |
|-----------------------------|----------------------------|--------------|
| Levi Drivers Name | Levi Drivers Phone Number | |
| Vehicle Make | Vehicle Model | |
| Vehicle VIN # | Vehicle License Plate # | Vehicle Year |
| Vehicle License Plate State | Number of doors on Vehicle | |
| Levi Driver Signature | Levi Driver Email Number | |

INSPECTION CHECKLIST

Final Vehicle Inspection (Circle One)PASSFAIL

| INSPECTION POINT | PASS | FAIL | INSPECTION POINT | PASS | FAIL |
|------------------------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|
| 1 Foot brakes | <input type="radio"/> | <input type="radio"/> | 13 Interior & Exterior rear view mirrors | <input type="radio"/> | <input type="radio"/> |
| 2 Emergency brake (parking brake) | <input type="radio"/> | <input type="radio"/> | 14 Speedometer | <input type="radio"/> | <input type="radio"/> |
| 3 Steering mechanism | <input type="radio"/> | <input type="radio"/> | 15 Bumpers | <input type="radio"/> | <input type="radio"/> |
| 4 Windshield | <input type="radio"/> | <input type="radio"/> | 16 Muffler & Exhaust system | <input type="radio"/> | <input type="radio"/> |
| 5 Windshield wipers | <input type="radio"/> | <input type="radio"/> | 17 Horn | <input type="radio"/> | <input type="radio"/> |
| 6 Rear window and other glass | <input type="radio"/> | <input type="radio"/> | 18 Tires, incl. tread depth | <input type="radio"/> | <input type="radio"/> |
| 7 Headlights | <input type="radio"/> | <input type="radio"/> | Right Front | <input type="radio"/> | <input type="radio"/> |
| 8 Tail lights | <input type="radio"/> | <input type="radio"/> | Left Front | <input type="radio"/> | <input type="radio"/> |
| 9 Turn indicator lights | <input type="radio"/> | <input type="radio"/> | Right Rear | <input type="radio"/> | <input type="radio"/> |
| 10 Stop light | <input type="radio"/> | <input type="radio"/> | Left Rear | <input type="radio"/> | <input type="radio"/> |
| 11 Front seat adjustment mechanism | <input type="radio"/> | <input type="radio"/> | 19 Safety belts & air bags for driver & passenger(s) | <input type="radio"/> | <input type="radio"/> |
| 12 Door (open, unlock, close) | <input type="radio"/> | <input type="radio"/> | | | |

Should Be Completed By Inspector

| | |
|--------------------------|--|
| Company/Facility Name | Inspection Date (doc. expires one year from this date) |
| Company/Facility Address | Vehicle Mileage |
| Inspector Name | State Certification NO. |
| Inspector Signature | Has Registration Sticker? (Yes/No) |
| License Plate State | Registration Sticker Month/Year (MM/YY) |