

**Inspection Form**

**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

Levi Driver Signature

Levi Driver Email Number

**INSPECTION CHECKLIST**

**Final Vehicle Inspection (Circle One)      PASS      FAIL**

INSPECTION POINT	PASS	FAIL
1 Foot brakes (pad/shoes thickness)	<input type="radio"/>	<input type="radio"/>
2 Emergency brake (parking brake)	<input type="radio"/>	<input type="radio"/>
3 Steering mechanism	<input type="radio"/>	<input type="radio"/>
4 Windshield	<input type="radio"/>	<input type="radio"/>
5 Windshield wipers	<input type="radio"/>	<input type="radio"/>
6 Rear window and other glass	<input type="radio"/>	<input type="radio"/>
7 Headlights	<input type="radio"/>	<input type="radio"/>
8 Tail lights	<input type="radio"/>	<input type="radio"/>
9 Turn indicator lights	<input type="radio"/>	<input type="radio"/>
10 Stop light	<input type="radio"/>	<input type="radio"/>
11 Front seat adjustment mechanism	<input type="radio"/>	<input type="radio"/>
12 Door (open, unlock, close)	<input type="radio"/>	<input type="radio"/>

INSPECTION POINT	PASS	FAIL
13 Interior & Exterior rear view mirrors	<input type="radio"/>	<input type="radio"/>
14 Speedometer	<input type="radio"/>	<input type="radio"/>
15 Bumpers	<input type="radio"/>	<input type="radio"/>
16 Muffler & Exhaust system	<input type="radio"/>	<input type="radio"/>
17 Horn	<input type="radio"/>	<input type="radio"/>
18 Tires, incl. tread depth	<input type="radio"/>	<input type="radio"/>
Right Front	<input type="radio"/>	<input type="radio"/>
Left Front	<input type="radio"/>	<input type="radio"/>
Right Rear	<input type="radio"/>	<input type="radio"/>
Left Rear	<input type="radio"/>	<input type="radio"/>
19 Safety belts & air bags for driver & passenger(s)	<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)