

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	INSPECTION POINT	PASS	FAIL
1 Foot brakes (pad/shoes thickness)	<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 &	<input type="radio"/>	<input type="radio"/>
12 Door (open, unlock, close)	<input type="radio"/>	<input type="radio"/>	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)