

PERSONAL VEHICLE INSPECTION

DRIVER'S NAME: _____

DATE: ____/____/____ STORE #: _____ LIC. PLATE#: _____

VEHICLE YEAR, MAKE and MODEL: _____

Initial in the space provided for each item below. If an item is found unsatisfactory, the problem must be corrected prior to the vehicle going back on the road. If the defect is minor, a reasonable time frame may be given.

	<u>APPROVED?</u> YES/NO		<u>APPROVED?</u> YES/NO
FRONT:		REAR:	
High beam (driver)	____/____	Tail light (driver)	____/____
High beam (passenger)	____/____	Tail light (passenger)	____/____
Low beam (driver)	____/____	Brake light (driver)	____/____
Low beam (passenger)	____/____	Brake light (passenger)	____/____
Turn signals (driver)	____/____	Brake light center	____/____
Turn signals (passenger)	____/____	Hazard lights (driver)	____/____
Hazard lights (driver)	____/____	Hazard lights (passenger)	____/____
Hazard lights (passenger)	____/____	Turn signals (driver)	____/____
Tire condition (driver)	____/____	Turn signals (passenger)	____/____
Tire condition (passenger)	____/____	Tire condition (driver)	____/____
		Tire condition (passenger)	____/____
MISCELLANEOUS:		Backup light (driver)	____/____
Wipers:	____/____	Backup light (passenger)	____/____
Washer Fluid:	____/____		
Body Condition:	____/____		
Safety Belts:	____/____		
Horn:	____/____		
Windshield Glass:	____/____		
Accident Report Kit:	____/____		
Driver Side Mirror:	____/____		
Passenger Side Mirror	____/____		
Rear View Mirror:	____/____		
Keys in Ignition/running:	____/____		

By signing this inspection, I understand this is to determine obvious visible defects. This does not take the place of an inspection by a certified mechanic. My duty and responsibility is to maintain my vehicle in good condition and safe working order.

Signature of Observer: _____ Date: _____

Signature of Driver: _____ Date: _____