



**TAXICAB INSPECTION FORM AND  
TRANSPORTATION NETWORK COMPANIES  
PERSONAL VEHICLE INSPECTION FORM**

(To be completed by certified mechanic)

(complete one form for each vehicle included on application)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

ODOMETER: \_\_\_\_\_ VIN: \_\_\_\_\_

LICENSE PLATE NO.: \_\_\_\_\_ STATE LICENSED: \_\_\_\_\_ COLOR: \_\_\_\_\_

Pass Fail

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Headlights, taillights, break lights, turn signals, backup lights  |
| <input type="checkbox"/> | <input type="checkbox"/> | Windshield wipers operational and wiper condition  |
| <input type="checkbox"/> | <input type="checkbox"/> | Horn, mirrors inside and outside   |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhaust system including muffler no leaks  |
| <input type="checkbox"/> | <input type="checkbox"/> | Glass - windshield, side windows and rear no obstructions  |
| <input type="checkbox"/> | <input type="checkbox"/> | Brakes both front and rear pull tires, parking brake   |
| <input type="checkbox"/> | <input type="checkbox"/> | Fluid levels, oil, transmission, power steering, brakes, wipers,<br>radiator and any excessive leaks including fuel system |
| <input type="checkbox"/> | <input type="checkbox"/> | Steering, shocks/suspension  |
| <input type="checkbox"/> | <input type="checkbox"/> | Tires tread greater than 1/16inch, no irregular tread wear   |
| <input type="checkbox"/> | <input type="checkbox"/> | Belts (serpentine and other)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Seat belts operational front and rear  |

Any other deficiencies: \_\_\_\_\_

I certify the above listed vehicle was in satisfactory condition for use as a taxicab or transportation network company personal vehicle.

Mechanic Name/Phone: \_\_\_\_\_

Shop Name: \_\_\_\_\_

Shop Address: \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_