

Vehicle Inspection Information Worksheet

VEHICLE INFORMATION

LICENSE PLATE # _____ VIN _____

VEHICLE TYPE (Circle One): PASSENGER VEHICLE TRUCK MOTORCYCLE

VEHICLE SUBTYPE (Circle one) PASS/LT TRUCK MOTORCYCLE TWO STAGE COACH

MAKE: _____ MODEL _____ COLOR _____ ODOMETER _____

LICENSE PLATE STATE _____ VEHICLE WEIGHT _____ EMISSIONS REQUIRED: YES OR NO

REGISTRATION EXPIRES _____ INSPECTION FEE _____

OWNER INFORMATION

OWNER NAME _____ CO-OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLATE BRAKE TEST PLATE REFERENCE # _____
(CIRCLE ONE)

PASS- COMMENT _____

FAIL- COMMENT _____

REPAIRED- FRONT BRAKE REPAIR COST \$ _____ REAR BRAKE REPAIR COST \$ _____

MANUALLY PULL AND INSPECT

FRONT BRAKE: LEFT- /32 RIGHT- /32 ENTER COST IF REPAIRED \$ _____

COMMENT: _____

REAR BRAKE: LEFT- /32 RIGHT- /32 ENTER COST IF REPAIRED \$ _____

COMMENT: _____

SYSTEM

RESULTS

WHEEL LUGS: PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

EMERGENCY BRAKE PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

STEERING PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

SUSPENSION PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

EXHAUST SYSTEM PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

WIPER/WASHER/WINDSH PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

WINDOW LUMINANCE PERCENTAGES

WINDSHIELD _____ % RIGHT FRONT _____ % LEFT FRONT _____ %

ENTER COST, IF REPAIRED \$ _____ COMMENT _____

OTHER GLASS PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

MIRRORS PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

HEADLIGHTS PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

OTHER LIGHTS PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

TURN SIGNAL PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

TIRES PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

HORN PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

FUEL SYSTEM PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

OTHER PASS ADVISE FAIL REPAIRED COST \$ _____

COMMENT: _____

INSPECTOR: _____

DATE: _____