

CITY OF CLINTON



VEHICLE FOR HIRE INSPECTION FORM

COMPANY NAME	BUSINESS TELEPHONE	OWNER NAME
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COMPANY ADDRESS

VEHICLE INFORMATION

VEHICLE #	YEAR: COLOR:	MAKE:	MODEL:
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VIN:	LICENSE PLATE NO.:	LIC. ST.
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EXTERIOR	PASS	FAIL	REASON FOR FAILURE
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GLASS: no broken or missing glass; windshield cracks not interfering with driver's vision.			
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SIDE VIEW MIRRORS: none missing, cracked or broken to the extent to obstruct vision.			
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TIRES: fair to excellent condition; no wear bar level with tread; no portion of tire groove worn flat; no visible cord metal; no sidewall plugs.			
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BODY CONDITION: clean and well-maintained; no major body damage; no missing body parts; no rust throughs.			
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REAR VIEW MIRROR: in place.			
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DOOR KNOBS & HANDLES: in place and in good working order.			
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SEATS: clean and upholstery free of holes, tears and stains.			
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SEAT BELTS: in place and in good working order (including child restraint device); no missing components; any locks that will not engage or disengage; no tears or rips in belts.			
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FLOORBOARDS: are complete and without holes.			
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INTERIOR GENERAL CONDITION: clean and well maintained; free of litter, holes, tears, and stains.			
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MECHANICAL	PASS	FAIL	REASON FOR FAILURE
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HEAD LIGHTS: functioning; to include high and low beams			
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TURN SIGNALS – FRONT: all bulbs working; no glass or plastic cover broken.			
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TURN SIGNALS – REAR: all bulbs working; no glass or plastic cover broken.			
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TAIL LIGHTS: all bulbs working; no glass or plastic cover broken.			
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BRAKE LIGHTS: all bulbs working; no glass or plastic cover broken.			
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BACKUP LIGHTS: all bulbs working; no glass or plastic cover broken.			
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HAZARD WARNING LIGHTS: all bulbs working; no glass or plastic cover broken.			
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WIPERS & WASHERS: in good working order; no blades that are hard, cracked, frayed or ripped.			
HORN: operative; button or ring not broken beyond use.			
SPEEDOMETER: working.			
BRAKES: fair to excellent condition; no grooved rotors or drums; any leaking caliper, wheel cylinder, master cylinder or line.			
EMERGENCY BRAKE: functioning; must hold vehicle at an 8% grade.			
EXHAUST SYSTEM: no holes or leaks in system.			
LEAKS: no fuel leaks.			
STEERING: excessive looseness, missing bolts, or bent components. No leaks in steering pump or lines.			
DRIVE LINE/SUSPENSION: any shock leaking, missing grommets, won't recover when vehicle is pushed downward. Broken or deteriorated motor or transmission mounts. U-joints loose. Drive shaft bent. Springs cracked or broken.			
VEHICLE MARKINGS			
TRADE NAME: a painted or permanently affixed trade name on the body of the vehicle, minimum 2" in height.			
"TAXI/LIOUSINE" MARKINGS: the word "TAXI or LIMOUSINE" painted or permanently affixed on doors and trunk, minimum 3" in height.			
OVERHEAD ROOF-MOUNTED ILLUMINATED "TAXI" SIGN: in good working order.			
GENERAL			
OTHER: any condition that would place users of the vehicle or the general public at risk.			
NO SMOKING SIGNS: to be posted so that they are visible to people inside and outside of the vehicle.			
POSTING OF RATES: rates posted in plain view of person's using service.			
TAXIMETER: for Taxi only. Installed & operating. (OPTIONAL)			

PASS: I have examined the above vehicle and to the best of my knowledge found no conditions that violate state or federal laws or place users of the vehicle or general public at risk. This inspection does not guarantee the safety of the vehicle, only that it has been inspected and has met the inspection requirements set forth above.

FAIL: I certify that for the reason(s) shown above the vehicle does not comply with the inspection requirements as set forth above.

INSPECTING AGENCY NAME _____ DATE OF INSPECTION ___/___/___

NAME OF PERSON INSPECTING VEHICLE _____ DATE ___/___/___

RE-TEST ONLY

PASS: I certify that the appropriate work has now been carried out on this vehicle and it now complies with the inspection requirements set forth above and to the best of my knowledge found no conditions that violate state or federal laws or place users of the vehicle or general public at risk. This inspection does not guarantee the safety of the vehicle, only that it has been inspected and has met the inspection requirements set forth above.

INSPECTING AGENCY NAME _____ DATE OF INSPECTION ____/____/____

NAME OF PERSON INSPECTING VEHICLE _____ DATE ____/____/____