VEHICLE INSPECTION FORM

Check all that apply:			
☐ Bus ☐ Passenger Van DOT No. (Bus Only)	☐ Car	☐ Initial Inspection	Re-inspection
Date _ Seating Capaci		County	<u></u>
Facility/Home _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _ _
Address _ _ _ _ _ _ _	_ _ _ _	_ _ _ _ _	
_ _ _ _ _ _ _ _		-	_ - -
Phone No.		State Zi	p Code
Liability Insurance _ _ _ _ _ _Carrier	- -	/ _	Number
Chassis Make	_ _ _	Year _ Mileage _	
Body Make		Year Bus _	_
Vehicle Identification Number (V.I.N) _ _		_ _ _ _ _ _	_
Tag Number _ _ _ FL _	 Expires		
P R 1. Headlights 1 2. Parking Lights 2 3. Tail Lights 3 4. Brake Lights 4 5. Directional Signals 5 6. Hazardous Warning Signals 6 7. Clearance Lamps 7	N/A	 24. Sideview Mirror 25. Crossover Mirror 26. Fire Extinguisher 27. First Aid Kit 28. Emergency Warning Devices 29. Windshield 30. Windows 	P R N/A 24 25 26 27 28 29 30
8. Side Marker Lamps 8 9. Identification Lamps 9 10. Reflectors 10 11. Brakes 11 12. Steering System 12 13. Suspension 13 14. Windshield Wipers 14 15. Horns 15 16. Exhaust System 16 17. Fuel System 17 18. Engine Compartment 18 19. Service Door 19		 31. Rub Rails 32. Bumpers 33. Pupil Warning Lamp System 34. Stop Arm 35. Drive Shaft Guards 36. Neutral Safety Switch 37. Tires 38. Wheels 39. Seating + Driver Seat Belt 40. Interior Lights 41. Unsecured Items 42. Bus Condition 	31 32 33 34 35 36 37 38 39 40 41 42
20. Emergency Door 20 21. Emergency Exits 21 22. Inside Rearview Mirror 22 23. Outside Rearview Mirror 23 Code: P=Pass R=Rejected N/A=Not Applicable		 43. Electrical System 44. Tag + Registration 45. Tag Light 46. Liability Insurance 	43 44 45 46
Comments			
Inspected By		ID # Date of Inspe	
Business Name		_ Business Phone No. _	_ _ _ _
Address Certificate Number	NO	Approved Rejected Unsafe Vehicle - Do Not Transport COMERTIFICATE WILL BE ISSUED UNTIL ATISFACTORY FOR SAFE OPERATION AS	. ALL ITEMS ARE FOUND

Dist 2 ChildCareLic