



VEHICLE SAFETY INSPECTION

Instructions: At 12-month intervals, the licensee shall provide this form to the garage, dealership, auto repair shop or other certified vehicle service facility to be completed by an ASE accredited technician. An alternate form may be used as long as all of the required inspection points are addressed. The licensee shall submit the completed form to the Licensing Specialist.

Facility Name				License Number	
<input type="checkbox"/> Registered Family <input type="checkbox"/> Certified Family <input type="checkbox"/> Certified Center <input type="checkbox"/> School-age Center <input type="checkbox"/> Regulated Subsidy					
Vehicle – Year	Make	Model	Odometer Reading	License Plate Number	
Inspecting Company or Agency Name		Inspector Name		Telephone Number	
Address		City	State	Zip Code	

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair/Replace	Item	Pass	Repair/Replace
BRAKES			SAFETY FEATURES		
1. Failure Indicator Light	<input type="checkbox"/>	<input type="checkbox"/>	20. Turn Signals operational	<input type="checkbox"/>	<input type="checkbox"/>
2. System Integrity	<input type="checkbox"/>	<input type="checkbox"/>	21. Head Lights	<input type="checkbox"/>	<input type="checkbox"/>
3. Pedal Reserve	<input type="checkbox"/>	<input type="checkbox"/>	22. Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>
4. Disc/Drum Rotation	<input type="checkbox"/>	<input type="checkbox"/>	23. Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>
5. Hoses and Assembly	<input type="checkbox"/>	<input type="checkbox"/>	24. Horn	<input type="checkbox"/>	<input type="checkbox"/>
SUSPENSION			25. Windows/Windshield (cracks/chips)	<input type="checkbox"/>	<input type="checkbox"/>
6. Shock Absorbers/Struts	<input type="checkbox"/>	<input type="checkbox"/>	26. Front Seat Safety Belts condition	<input type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input type="checkbox"/>	<input type="checkbox"/>	27. Back Seat Safety Belts condition	<input type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input type="checkbox"/>	<input type="checkbox"/>	28. Door Locks operational	<input type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input type="checkbox"/>	<input type="checkbox"/>	TIRES – FRONT		
STEERING			29. Tread Depth	<input type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>
11. Free Turning	<input type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input type="checkbox"/>	<input type="checkbox"/>
12. Linkage Play	<input type="checkbox"/>	<input type="checkbox"/>	32. Proper Inflation	<input type="checkbox"/>	<input type="checkbox"/>
13. Power System	<input type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR		
EXHAUST SYSTEM			33. Tread Depth	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input type="checkbox"/>	<input type="checkbox"/>	34. Matching	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal Muffler	<input type="checkbox"/>	<input type="checkbox"/>	35. Condition	<input type="checkbox"/>	<input type="checkbox"/>
16. Tailpipe	<input type="checkbox"/>	<input type="checkbox"/>	36. Proper Inflation	<input type="checkbox"/>	<input type="checkbox"/>
WIPERS/WIPER BLADES					
17. Wipers operational	<input type="checkbox"/>	<input type="checkbox"/>			
18. Blades contact	<input type="checkbox"/>	<input type="checkbox"/>			
19. Blades condition	<input type="checkbox"/>	<input type="checkbox"/>			

Brief Comments – Refer to Item Number					
SIGNATURE - Inspector				DATE – Inspection	