



# 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"/> 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
<b>BRAKES</b>			<b>SAFETY FEATURES</b>		
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"/>
<b>SUSPENSION</b>			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"/>	<b>TIRES – FRONT</b>		
<b>STEERING</b>			29. Tread Depth	Left <input type="checkbox"/>	Right <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"/>	<b>TIRES - REAR</b>		
<b>EXHAUST SYSTEM</b>			33. Tread Depth	Left <input type="checkbox"/>	Right <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"/>
<b>WIPERS/WIPER BLADES</b>					
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					
<b>SIGNATURE</b> - Inspector				<b>DATE</b> – Inspection	