

**AUTOMOBILE INSPECTION FORM**

INSURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**DESCRIPTION OF UNIT INSPECTED:**

YEAR \_\_\_\_\_ TRADE NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_  
VIN # \_\_\_\_\_ GVW \_\_\_\_\_ ODOMETER READING \_\_\_\_\_

CHECK YES OR NO TO INDICATE EACH ITEM IS IN GOOD CONDITION AND FUNCTIONAL. IF NO, PLEASE COMMENT.

	YES	NO	COMMENTS
BRAKES.....	[ ]	[ ]	_____
EXHAUST PIPE & MUFFLER.....	[ ]	[ ]	_____
HEADLIGHTS.....	[ ]	[ ]	_____
HORN.....	[ ]	[ ]	_____
MIRRORS.....	[ ]	[ ]	_____
ODOMETER.....	[ ]	[ ]	_____
SPEEDOMETER.....	[ ]	[ ]	_____
MIRRORS.....	[ ]	[ ]	_____
STEERING.....	[ ]	[ ]	_____
STOP LIGHTS.....	[ ]	[ ]	_____
TAIL LIGHTS.....	[ ]	[ ]	_____
TIRES.....	[ ]	[ ]	_____
TRACTOR TRAILER CONNECTION....	[ ]	[ ]	_____
TURN SIGNALS.....	[ ]	[ ]	_____
WINDOWS.....	[ ]	[ ]	_____
WINDSHIELD WIPERS.....	[ ]	[ ]	_____

DESCRIBE THE GENERAL MECHANICAL CONDITION \_\_\_\_\_

WHAT IS THE GENRAL APPEARANCE OF THE BODY \_\_\_\_\_

DOES THE UNIT APPEAR TO BE SERVICED ON A REGULAR BASIS \_\_\_\_\_

WHAT CHANGES OR REPAIRS ARE NECESSARY TO PLACE THE VEHICLE IN SAFE DRIVING CONDITION \_\_\_\_\_

I HEREBY CERTIFY THE ANSWERS AND STATEMENTS ABOVE ARE CORRECT AND ARE MADE AFTER AN INSPECTION OF THE UNIT BY:

NAME OF INSPECTOR \_\_\_\_\_ DATE OF INSPECTION \_\_\_\_\_

NAME OF FACILITY WHERE INSPECTED \_\_\_\_\_

ADDRESS OF FACILITY \_\_\_\_\_