***This example template is intended for provider use. Similar provider-created forms may also be acceptable.***

|  |  |
| --- | --- |
| Provider/Agency: |   |
| Inspector’s Name: |   | Inspection Date: |   |
| Vehicle Location: |  | License Plate #: |  |
| Vehicle Year, Make and Model: |  |

|  |  |  |
| --- | --- | --- |
|  | **Standard** | **Comments** |
|  | Current Insurance Card | Expiration Date: *Additional liability insurance may be required to transport individuals for business purposes.* |
|  | Current Registration  | Expiration Date:  |
|  | Quarterly Inspections | Date Completed:  |
|  | Tires in Good Condition |   |
|  | First Aid Supplies Available  |   |
|  | Vehicle in working condition - may include the following: | *Please note any follow-up needed, issues or concerns found:* |
|  | Windshield intact; no cracks |  |
|  | Brake lights |  |
|  | Turn signals |  |
|  | Headlights |  |
|  | High beams |  |
|  | Flashers |  |
|  | Seatbelts |  |
|  | Spare tire & jack |  |
|  | Safety Equipment |  |
|  | Wheelchair lift and ramp*(if applicable)* |  |
|  | Other |  |

Comments: