

Taxicab Inspection Form

Owner: _____ Licensee: _____

Year: _____ Make: _____ Type: _____ VIN#: _____

City License: _____ State License: _____ Cab #: _____

(√) Indicates O.K. Odometer Reading: _____

(X) Indicates below for information

Initial Check

1. LIGHTS: High Beam _____ Low Beam _____ Tail Lights _____ Brake Lights _____

2. TURN SIGNALS: Left _____ Right _____ Emergency Flashers _____ Top Light _____

3. ACCESSORIES: Windshield Wipers _____ Horn _____ Window Glass _____

4. BODY CONDITION: Inside _____ Outside _____ Paint _____ Lettering _____

5. SANITARY CONDITIONS: _____ Doorlatches _____ Seats _____ Rate Schedule _____

Vehicle on Hoist

6. Tire Conditions LF _____ RF _____ RR _____ LR _____ Steering Linkage _____

7. Brake Flex Lines _____ Oil Leaks _____ Exhaust Pipe _____ Muffler _____

8. Shocks _____ Front Brake Shoes _____ Rear Brake Shoes _____

Parking Brake _____

COMMENTS:

Date Submitted to City: _____ Date of Inspection: _____

Inspecting Company: _____ Signature of Inspector _____

make additional copies as needed.