

**REGISTERED/PLATED VEHICLES: Copy of State Vehicle Safety Inspection Report Required**

**Vehicle Safety Item Checklist – Must be Attached to Application**

Date: _____	State/Plate No: _____	Pass/Fail
Owner Identification Markings		P - F
Visual Plate Check – Valid?		P - F
Stop and Tail Lights		P - F
Directional Lights Check		P - F
Headlamp Check		P - F
Horn Check		P - F
Lighting / Reflector Check		P - F
Wipers and Cleaner Check		P - F
Rear View Mirror Check		P - F
Windshield Check		P - F
Windshield Tint Check		P - F
Tires Check		P - F
Bumper/Fenders Check		P - F
Visible Smoke Check		P - F
Parking Brake Check		P - F
Service Brake Check		P - F
Air Bags Check		P - F
Suspension Check		P - F
Frontend Check		P - F
Frame Check		P - F
Exhaust Check		P - F
Fuel Tank Fill Cap Check		P - F
Fuel Tank Fill Neck Check		P - F
Vehicle Height Check		P - F
Other		P - F

**Inspector is to note other items or discrepancies that present a safety hazard at time of inspection (i.e. loose external parts, non-manufacturer modifications).**