

DAILY DRIVER VEHICLE INSPECTION REPORT

(for compliance with 17 RCNY §§ 5-10(f) and 7-03(f))

Licensee/Registrant Name:	Driver's Name
BIC #:	License Plate No:
VIN:	BIC Plate No:
Vehicle Type:	Date:

VEHICLE COMPONENTS CHECKED		
Item:	Present and in safe operating condition: Yes/No?	Additional Notes:
PARKING BRAKES		
STEERING MECHANISM		
TIRES, WHEELS, & RIMS		
SIDE GUARDS *Note if vehicle has an approved waiver from BIC		
COUPLING DEVICES		
LIGHTING DEVICE & REFLECTORS		
MIRRORS		
HORN		
WINDSHIELD WIPERS		
HAZARD & EMERGENCY EQUIPMENT		

DRIVER SIGNATURE: _____ **DATE:** _____