

VEHICLE INSPECTION REPORT
 (for compliance with 17 RCNY §§ 5-10(e) and 7-03(e))

Licensee/Registrant Name:	Inspector's Name:
BIC #:	Inspector Meets Qualifications of 49 CFR § 396.19? <input type="checkbox"/> YES
VIN:	License Plate No.:
Vehicle Type:	BIC Plate No.:

VEHICLE COMPONENTS INSPECTED				
Item	OK	Needs Repair	Repair Date	Comments
Brake System (service and parking brakes)				
Coupling Devices				
Exhaust System				
Fuel System				
Lighting Devices and Reflectors				
Safe Loading				
Steering Mechanism				
Suspension				
Frame				
Tires				
Wheels and Rims				
Side Guards				
Windshield Glazing				
Windshield Wipers				
Mirrors				
Horn				
Emergency Equipment				
List any other condition(s) which may prevent safe operation of this vehicle: _____ _____ _____				

I certify that all necessary repairs have been made and that this vehicle has passed all inspection items.

Inspector Signature: _____

Date: _____