



Taxicab Vehicle Inspection Form

Name of Cab Company: _____
 Make, Model & Year: _____
 Vehicle Serial Number: _____
 South Carolina License Plate Number: _____

The following shall be completed by an ASE certified mechanic only.

Date of inspection: _____
 Place of inspection: _____
 Mechanic Name: _____
 Mechanic Work Phone #: _____

Checklist:

Name of cab company and license number printed on each side and rear of cab in letters at least 2" high OR sign on top of vehicle designating the vehicle as a taxicab and giving the license number? (Magnetic signs are acceptable) Y____ N____

<u>Check Item</u>	<u>OK</u>	<u>Required Attention</u>
Brakes		
Tires		
Front lights		
Rear lights		
Turn signals		
Windshield wipers		
Horn		
Steering		
Glass		
Door knobs and handles		
Seat belts		
Rear view mirror		
Muffler/Exhaust system		

Other safety defect(s) noted:

I, _____, verify that all included information is true, correct, and complete.

 Mechanic Signature

 Date