



CITY OF WEST BURLINGTON

Annual Vehicle Inspection Report

Name of Inspection Company or Agency	Date	Time		
Street	Phone	Email		
City, State, Zip	Certified Inspector's Name (Print or Type)			
Taxi Service Name	The Signing of this inspection report certifies that the technician meets and exceeds all requirements of 49 CFR 396.17 and compatible state regulations and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR 396.17			
Street				
City, State, Zip Code	Inspector's Signature			
VEHICLE DESCRIPTION				
License Plate Number/State	Vehicle Identification Number	Vehicle Make	Vehicle Model	Model year

VEHICLE COMPONENTS INSPECTED

OK	Needs Repair	Repair Date	Item	OK	Needs Repair	Repair Date	Item
			BRAKE SYSTEM				LIGHTING DEVICES
			Adjustment				Headlamps
			Drums or Rotors				Front Turn Signals
			Hoses and/or Tubing				Front ID/Clearance
			Lining				Reflectors/ Ref Tape
			Warning (low Pressure)				EXHAUST SYSTEM
			Air Compressor				Leaks
			Parking Brakes				Placement
			Service Brakes				SUSPENSION
			FUEL SYSTEM				Springs
			Visible Leaks				U-bolts, Hangers, etc.
			Fill Caps in place/intact				Torque, Radius, Tracking Arms
			Tanks(s) securely attached				FRAME
			WIPERS				Frame Members
			STEERING SYSTEM				Tire & Wheel Clearance
			Free Play (Lash)				Sliding Subframe (adj. axle)
			Steering Column				TIRES
			Front Axle Beam				Tires-Condition
			Pittman Arm				Tires over 4/32" tread
			Ball & Socket Joints				Other Tires- Condition
			Tie Rods & Drag Links				DASH LIGHTS
			Nuts, Bolts, Fasteners				Clear of all lights and warnings
			Power Steering Fluid				WINDSHIELDS

List any other conditions which may affect the safety of the vehicle's operation:

MARK COLUMNS AS FOLLOWS: X=OK O=Needs Repair NA= Does not apply Fill in Repair date as appropriate

I certify this annual vehicle inspection has been done accurately and completely. I further certify that this inspection complies with the regulations of the State of Iowa and Federal Motor Carrier Safety Regulations.

Certified Inspector's Signature: _____ Date: _____

A copy of the most recent inspection must be available on board the vehicle at all times.