



# City of Caldwell

## Taxicab and Commercial Transportation Vehicles Inspection Report

THIS SECTION TO BE COMPLETED BY INSPECTING GARAGE		
Garage Name	Telephone Number	Name of Company
Vehicle Year, Make & Model	VIN Number (Last 6 digits)	License Plate Number
Date of Inspection	Odometer Reading	Signature by Vehicle Owner:

S = Satisfactory      U= Unsatisfactory

<u>VEHICLE BODY CONDITION</u>	S	U	Comments	<u>DOOR HANDLES</u>	S	U	Comments
Holes/Torn Metal				Operable Inside & out			
Bumpers attached				<u>SEAT BELTS</u>			
No extensive body damage				Belt for each passenger			
				<u>SUSPENSION</u>			
<u>LIGHTS (INTACT &amp; OPERABLE)</u>				No broken or weak springs			
Interior Light				Shocks: LF RF LR RR			
Top or Hood Light				No weak or defective shock absorbers			
<u>WIPERS (INTACT &amp; OPERABLE)</u>				<u>APPEARANCE</u>			
All wipers				<u>ENGINE COMPARTMENT</u>			
<u>BRAKES (INTACT &amp; OPERABLE)</u>				Clean			
Parking brake/Four wheel brake				No loose combustible material			
Brake shoes or pads				<u>EXTERIOR</u>			
Brake pedal travel: No more than 2 ½ inches				Clean/well maintained			
<u>STEERING</u>				<u>INTERIOR</u>			
Up to three (3) inches of play allowance				Clean/no litter			
<u>Exhaust System</u>				Upholstery: No holes or tears			
Mufflers – attached & no holes				<u>TIRES: LF RF LR RR</u>			
Tail pipe extends to rear of vehicle				Tire wear & rim condition			
Emission control devices				No cuts or breaks			
<u>WINDOWS</u>				Tread depth no less than 2/32 of an inch			
Windshield – good driver's vision				Spare tire – fully inflated			
Door windows – no cracks-operable							

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Certified Mechanic \_\_\_\_\_

Date vehicle passed safety inspection: \_\_\_\_\_

Mechanic must attach a copy of their certification with this form for City of Caldwell records.  
All inspections must be conducted no more than 3 months prior to submittal of an application.