



# VEHICLE INSPECTION REPORT

## DEPARTMENT OF TRANSPORTATION STATE OF CONNECTICUT



Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company No: \_\_\_\_\_ Type: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

VIN No: \_\_\_\_\_ Miles: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

- |  |                          |                       |                             |                             |                          |  |                          |
|--|--------------------------|-----------------------|-----------------------------|-----------------------------|--------------------------|--|--------------------------|
| Memo Cert. No.                               | <input type="checkbox"/> | Mirror: Inside        | <input type="checkbox"/>    | Outside                     | <input type="checkbox"/> | Entrance Width   | <input type="checkbox"/> |
| Speedometer                                  | <input type="checkbox"/> | Triangles             | <input type="checkbox"/>    | Flares                      | <input type="checkbox"/> | Step Well Guarded  | <input type="checkbox"/> |
| Washer/Wipers                                | <input type="checkbox"/> | First Aid Kit         | <input type="checkbox"/>    |                             | <input type="checkbox"/> | Step Light   | <input type="checkbox"/> |
| Heating System                               | <input type="checkbox"/> | Hand Grips            | <input type="checkbox"/>    |                             | <input type="checkbox"/> | Step Condition   | <input type="checkbox"/> |
| Ventilation System                           | <input type="checkbox"/> | Passenger Signal      | <input type="checkbox"/>    |                             | <input type="checkbox"/> | Seat Length  | <input type="checkbox"/> |
| Defroster                                    | <input type="checkbox"/> | Lavatory Emer. Signal | <input type="checkbox"/>    |                             | <input type="checkbox"/> | Seat Width   | <input type="checkbox"/> |
| Horn   | <input type="checkbox"/> | Inside Lights         | <input type="checkbox"/>    |                             | <input type="checkbox"/> | Seat Clearance   | <input type="checkbox"/> |
| Fire Ext. <input type="checkbox"/> Axe       | <input type="checkbox"/> | Safety Glass          | <input type="checkbox"/>    |                             | <input type="checkbox"/> | Aisle Width  | <input type="checkbox"/> |
|  |                          | No Smoking Sign       | <input type="checkbox"/>    |                             | <input type="checkbox"/> | Head Room  | <input type="checkbox"/> |
|  |                          |                       |                             |                             |                          | Stander:   Line  | <input type="checkbox"/> |
| Tell Tale:   Stop Light                      | <input type="checkbox"/> |                       |                             | Width                       | <input type="checkbox"/> | Sign   | <input type="checkbox"/> |
| Turn Signal                                  | <input type="checkbox"/> | Emergency Exits:      |                             | Height                      | <input type="checkbox"/> |  | <input type="checkbox"/> |
| High Beam                                    | <input type="checkbox"/> |                       |                             | Signs                       | <input type="checkbox"/> |  | <input type="checkbox"/> |
| Door Lock <input type="checkbox"/> Oper      | <input type="checkbox"/> | Side Marker Lights:   | Ft <input type="checkbox"/> | Rr <input type="checkbox"/> | <input type="checkbox"/> | Clear Access Aisle   | <input type="checkbox"/> |
| Door Sign <input type="checkbox"/> Dir       | <input type="checkbox"/> | Side Reflectors:      | Ft <input type="checkbox"/> | Rr <input type="checkbox"/> | <input type="checkbox"/> | Fuel Tank  | <input type="checkbox"/> |
| 4" # Inside <input type="checkbox"/> Outside | <input type="checkbox"/> | Stop Lights           |                             |                             | <input type="checkbox"/> | Fuel Fill Pipe   | <input type="checkbox"/> |
| Legal Lettering                              | <input type="checkbox"/> | Rear Turn Signals     |                             |                             | <input type="checkbox"/> | Exhaust Connections  | <input type="checkbox"/> |
| Company Name                                 | <input type="checkbox"/> | Rear CLS Lights       |                             |                             | <input type="checkbox"/> | Steering Assembly  | <input type="checkbox"/> |
| Seating Cap. Sign                            | <input type="checkbox"/> | Plate Light           |                             |                             | <input type="checkbox"/> | Spring Condition   | <input type="checkbox"/> |
| Dest. Sign <input type="checkbox"/> Light    | <input type="checkbox"/> | Rear Reflectors       |                             |                             | <input type="checkbox"/> | Wheel Cond. Front <input type="checkbox"/> Rear <input type="checkbox"/> |                          |
| Head Lights                                  | <input type="checkbox"/> |                       |                             |                             |                          | Grade of Maintenance   | <input type="checkbox"/> |
| Front Turn Signals                           | <input type="checkbox"/> |                       |                             |                             |                          | Vehicle Condition  | <input type="checkbox"/> |
| Front CLS Lights                             | <input type="checkbox"/> |                       |                             |                             |                          |  |                          |
| Front Reflectors                             | <input type="checkbox"/> |                       |                             |                             |                          |  |                          |

- |                                |                                  |                                  |
|--------------------------------|----------------------------------|----------------------------------|
| Front Tire Condition:          | Left Rear Tire Condition:        | Right Rear Tire Condition:       |
| Right <input type="checkbox"/> | Inside <input type="checkbox"/>  | Inside <input type="checkbox"/>  |
| Left <input type="checkbox"/>  | Outside <input type="checkbox"/> | Outside <input type="checkbox"/> |

- |  |   |                     |
|--|---|---------------------|
| Braking Test: Foot <input type="checkbox"/>        | Emergency Brake <input type="checkbox"/>                    | PLATE NUMBER: _____ |
| Emergency Brake Type: Air <input type="checkbox"/> | Foot <input type="checkbox"/> Hand <input type="checkbox"/> |                     |

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOT Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Reinspected: \_\_\_\_\_ Date: \_\_\_\_\_

Copy given to owner