VEHICLE INSPECTION FORM

Check all that apply:

☐ Bus ☐ Passenger Van ☐ Car ☐ Initial Inspection ☐ Re-inspection

DOT No. (Bus Only) _____

Date |__|__|__|__|__|__| Seating Capacity |__|__| County _____

Facility/Home |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Address |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Street

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__| |__|__|__|__|__|-|__|__|__|__|
City State Zip Code

Phone No. |__|__|__| |__|__|__|__|__|__|__|
Area Code Number

Liability Insurance |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| / |__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Carrier Policy Number

Chassis Make _____ |__|__| Year |__|__| Mileage |__|__|__|__|__|__|
Code #

Body Make _____ |__|__| Year |__|__| Bus |__|__|__|__|__|__|__|
Code #

Vehicle Identification Number (V.I.N) |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Tag Number |__|__|__|__|__|__|__|__| FL |__|__|__|__|
Expires

			P	R	N/A				P	R	N/A
1.	Headlights	1				24.	Sideview Mirror	24			
2.	Parking Lights	2				25.	Crossover Mirror	25			
3.	Tail Lights	3				26.	Fire Extinguisher	26			
4.	Brake Lights	4				27.	First Aid Kit	27			
5.	Directional Signals	5				28.	Emergency Warning Devices	28			
6.	Hazardous Warning Signals	6				29.	Windshield	29			
7.	Clearance Lamps	7				30.	Windows	30			
8.	Side Marker Lamps	8				31.	Rub Rails	31			
9.	Identification Lamps	9				32.	Bumpers	32			
10.	Reflectors	10				33.	Pupil Warning Lamp System	33			
11.	Brakes	11				34.	Stop Arm	34			
12.	Steering System	12				35.	Drive Shaft Guards	35			
13.	Suspension	13				36.	Neutral Safety Switch	36			
14.	Windshield Wipers	14				37.	Tires	37			
15.	Horns	15				38.	Wheels	38			
16.	Exhaust System	16				39.	Seating + Driver Seat Belt	39			
17.	Fuel System	17				40.	Interior Lights	40			
18.	Engine Compartment	18				41.	Unsecured Items	41			
19.	Service Door	19				42.	Bus Condition	42			
20.	Emergency Door	20				43.	Electrical System	43			
21.	Emergency Exits	21				44.	Tag + Registration	44			
22.	Inside Rearview Mirror	22				45.	Tag Light	45			
23.	Outside Rearview Mirror	23				46.	Liability Insurance	46			

Code: P=Pass R=Rejected N/A=Not Applicable

Comments _____

_____

Inspected By _____ ID # |__|__|__|__| Date of Inspection |__|__|__|__|__|__|

Business Name _____ Business Phone No. |__|__|__| |__|__|__|__|__|__|__|

Address _____

_____

☐ Approved ☐ Rejected ☐ Passed Reinspection
☐ Unsafe Vehicle - Do Not Transport Children

NO CERTIFICATE WILL BE ISSUED UNTIL ALL ITEMS ARE FOUND SATISFACTORY FOR SAFE OPERATION AS PROVIDED IN CHAPTER 316, FLORIDA STATUTES.

Certificate Number |__|__|__|__|__|__|__|__|

Dist 2 ChildCareLic