**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 | Code # | Year | Mileage |

Body Make | Code # | Year | Bus |

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

Tag Number | FL Expires |

1. Headlights | 1 | 24. Sideview Mirror | 24
3. Tail Lights | 3 | 26. Fire Extinguisher | 26
4. Brake Lights | 4 | 27. First Aid Kit | 27
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
14. Windshield Wipers | 14 | 37. Tires | 37
15. Horns | 15 | 38. Wheels | 38
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

Comments ____________________________________________________________

____________________________________________________________________

Inspected By ____________________________________________ ID # | Date of Inspection |

Business Name __________________________________________ Business Phone No. |

Address __________________________________________

Certificate Number | Dist 2 ChildCareLic

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

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