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

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |F|L| |__|__|__|__|__|-|__|__|__|__|
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

			P	R	N/A
1.	Headlights	1			
2.	Parking Lights	2			
3.	Tail Lights	3			
4.	Brake Lights	4			
5.	Directional Signals	5			
6.	Hazardous Warning Signals	6			
7.	Clearance Lamps	7			
8.	Side Marker Lamps	8			
9.	Identification Lamps	9			
10.	Reflectors	10			
11.	Brakes	11			
12.	Steering System	12			
13.	Suspension	13			
14.	Windshield Wipers	14			
15.	Horns	15			
16.	Exhaust System	16			
17.	Fuel System	17			
18.	Engine Compartment	18			
19.	Service Door	19			
20.	Emergency Door	20			
21.	Emergency Exits	21			
22.	Inside Rearview Mirror	22			
23.	Outside Rearview Mirror	23			

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

			P	R	N/A
24.	Sideview Mirror	24			
25.	Crossover Mirror	25			
26.	Fire Extinguisher	26			
27.	First Aid Kit	27			
28.	Emergency Warning Devices	28			
29.	Windshield	29			
30.	Windows	30			
31.	Rub Rails	31			
32.	Bumpers	32			
33.	Pupil Warning Lamp System	33			
34.	Stop Arm	34			
35.	Drive Shaft Guards	35			
36.	Neutral Safety Switch	36			
37.	Tires	37			
38.	Wheels	38			
39.	Seating + Driver Seat Belt	39			
40.	Interior Lights	40			
41.	Unsecured Items	41			
42.	Bus Condition	42			
43.	Electrical System	43			
44.	Tag + Registration	44			
45.	Tag Light	45			
46.	Liability Insurance	46			

Comments _____

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

Business Name BUS SOLUTIONS Business Phone No. |4|0|7| |8|5|1|0|0|1|5|

Address 11640 BOGGY CREEK RD

ORLANDO FL 32824

Certificate Number |MV|6|2|9|6|9|
Dist 2 ChildCareLic

☐ 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.