



UNITED COMMUNITY ACTION PARTNERSHIP
Transportation Program
Volunteer Vehicle Inspection Statement

Reason for Inspection (check all that apply)

Annual inspection _____ New Vehicle _____ Replacement Vehicle _____

If replacing a vehicle, which vehicle is being replaced? _____

*Remember to include copy of insurance with annual renewals and new vehicles.

Volunteer Driver Name _____ Date _____

Make of Vehicle _____ Vehicle License Plate # _____ Color _____ 2dr/4dr

Make of Vehicle _____ Vehicle License Plate # _____ Color _____ 2dr/4dr

Items checked are satisfactory

- Brakes, Steering, Lights and Signals, Windshield Wipers, Mirrors, Exhaust, Tires, Wheels, Rims, Oil and Fluids, Horn, Other

Comments: _____

I certify this vehicle(s) is currently in a safe operating condition.

Signature of Mechanic _____ Date _____

Name & Address of Auto Shop or Auto Dealer _____

Phone # of Auto Shop _____

I understand vehicles should not be operated in such a condition liable to cause an accident or breakdown while serving as a Volunteer Driver for, United Community Action Partnership Inc.

Signature - Volunteer Driver