



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

___ Windshield Wipers

___ Tires, Wheels, Rims

___ Steering

___ Mirrors

___ Oil and Fluids

___ Lights and Signals

___ Exhaust

___ 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