

Company: _____ Vehicle Number: _____ Make: _____
 Model: _____ Year: _____ V.I.N. #: _____ Vehicle Lic. #: _____
 Company Owner Signature: _____ Date: _____

THIS VEHICLE MAY NOT OPERATE IN GLENDALE UNTIL IT HAS PASSED THE VEHICLE SAFETY INSPECTION

| | <u>PASS</u> | <u>FAIL</u> | <u>COMMENTS</u> |
|---|-------------|-------------|---------------------------|
| Windshield, Windows and/or Wipers | | | |
| Lights & Side Markers | | | O7.....k 7.....Ok.....k k |
| Turn Signals | | | |
| Brakes: Emergency & Pedal | | | |
| Master Cylinder | | | |
| Tires, Including Spare | | | O7.....k 7.....Ok.....k k |
| Seat Belts | | | |
| Interior/Exterior Appearance | | | |
| Maintenance Records | | | |
| Driver's Name/Verify D.M.V. License #- Exp. | | | |
| Valid Driver's Permit Displayed | | | #) kh..... |
| Driver's Appearance | | | |
| Vehicle Registration/Year-Model | | | U |
| Insurance Required | | | |
| Weights & Measures Cert./Meter | | | |
| Notice to passengers & Complaint Signs | | | |
| Rate Schedule | | | |
| A/C Unit in Good Working Condition | | | |
| City of Glendale Vehicle License and Decals | | | |
| Horn | | | |
| Radio | | | |
| ADDITIONAL REQUIREMENTS FOR VANS: | | | |
| Emergency Amber Lights Visible at 100' | | | |
| Fire Extinguishers | | | |
| Hand Holds Side Entrance | | | |
| Step (High Vans Only) | | | |

An inspection fee of \$ _____ must be paid for every _____ inspection _____ inspection _____ . Receipt/CSI #: _____

INCOMPLETE – Please Provide Information Needed By: _____

Inspector: _____ PASS FAIL Date: _____

Inspector: _____ PASS FAIL Date: _____

Inspector: _____ PASS FAIL Date: _____

THIS FORM MUST BE RETURNED TO THE COMMUNITY DEVELOPMENT DEPARTMENT IMMEDIATELY AFTER THE INSPECTION IS PASSED