

## Annual Vehicle Safety Inspection Certification

Items to be Inspected	Items O.K.	Items Deficient	Correction or Adjustment made	Comments/Remarks
Tires				
Headlights				
Horn				
Taillights				
Turn Signals				
Brake Lights				
Brakes				
Suspension				
Exhaust System				
Steering				
Windows				
Windshield				
Windshield wipers				
Heating System				

**Owner/Operator of Vehicle:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_  
\_\_\_\_\_

**Make and Model of the Vehicle:** \_\_\_\_\_

**Tag Number:** \_\_\_\_\_ **Odometer Reading:** \_\_\_\_\_

**Mechanic's Signature:** \_\_\_\_\_

**Date of Inspection:** \_\_\_\_\_

*(Note: Annual Vehicle Safety Inspection Certification is valid for one year from date of inspection.)*