




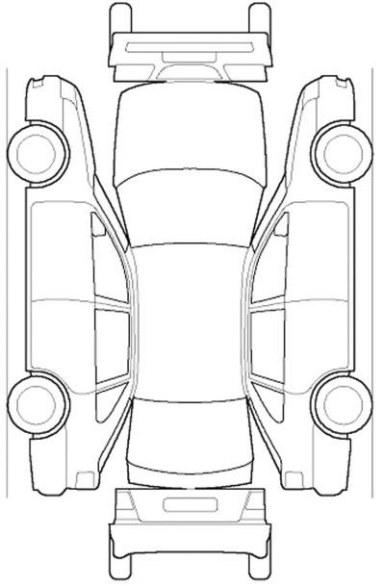
**MOTOR VEHICLE FOR-HIRE AUTHORITY**  
**Gulfport - Biloxi - Ocean Springs**

14035-V AIRPORT RD. – SUITE 216  
 GULFPORT, MS 39503  
 PHONE 228-222-3274 / FAX 228-222-3275  
 EMAIL: MVFHA@MVFHA.ORG

VEHICLE INSPECTION FORM

Company Name:		Date:
VIN:	Vehicle Tag:	Tag Expiration Date:
Registered Owner of Vehicle:		Driver's Name & Permit #:
Vehicle Year:	Vehicle Make:	Vehicle Model:
Odometer:	Vehicle #:	Vehicle Type:

<input type="checkbox"/> Checked & Clear	<input type="checkbox"/> May Require Attention Soon	<input type="checkbox"/> Requires Immediate Attention/Failed
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Windshield, Wiper Blades, & Glass	Tires & Wheels	Vehicle Condition
 <p>Indicate any damage</p> <p>Left Front Blade      Right Front Blade</p> <p><input type="checkbox"/>      <input type="checkbox"/></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> <p>Wipers (operation):      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Rear (if applicable):      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Windshield (overall):      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Vehicle Glass:      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Tint (if applicable):      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Rear View Mirror:      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Side Mirrors:      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Left Front Tire      Right Front Tire</p> <p><input type="checkbox"/> 8/32" or greater      <input type="checkbox"/></p> <p><input type="checkbox"/> 7/32" to 4/32"      <input type="checkbox"/></p> <p><input type="checkbox"/> 3/32" or less      <input type="checkbox"/></p> <p>Left Rear Tire      Right Rear Tire</p> <p><input type="checkbox"/> 8/32" or greater      <input type="checkbox"/></p> <p><input type="checkbox"/> 7/32" to 4/32"      <input type="checkbox"/></p> <p><input type="checkbox"/> 3/32" or less      <input type="checkbox"/></p> <p>Lowest Tread Depth: _____/32"</p> <p>Tires 72 months or newer:      <input type="checkbox"/> <input type="checkbox"/></p> <p>Tire Pressure Monitoring System:      <input type="checkbox"/> <input type="checkbox"/></p> <p>Wheel Condition:      <input type="checkbox"/> <input type="checkbox"/></p> <p>Spare Tire:      <input type="checkbox"/> <input type="checkbox"/></p> <p>Lug Nuts:      <input type="checkbox"/> <input type="checkbox"/></p> <p>Hub Caps (if applicable):      <input type="checkbox"/> <input type="checkbox"/></p>	<p>Indicate any physical damage</p>  <p>Overall Condition:      <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(Vehicle fails if any panels or trim are loose/missing, improper repairs are present, or damage larger than 5" in diameter or length is present)</p>

Vehicle Lighting & Safety	Interior	Drivetrain
Headlights (High & Low): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake Lights: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emergency Flashers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turn Signals: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reverse Lights: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tag Lights: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interior Lighting: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horn: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Check Engine Light or other Dashboard Warning Indicators: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  If present, please list: _____ _____ _____ _____	Seats: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Fail if any tears larger than 1" in length or diameter and/or exposed metal present).  Seat Belts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Dashboard: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Fail if any components are damaged and/or missing).  Carpet/Flooring: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Fail if damaged, stained, soiled, or missing).  Headliner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Fail if damaged, loose, or hanging).  Storage Area/Trunk: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows Operational: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Doors Operational: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  HVAC: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overall Condition: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Battery: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brakes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drive shaft, CV axles: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine Compartment: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exhaust System: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel System: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oil/Fluid Levels/Leaks: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiator/Cooling System: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suspension: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overall Condition: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ _____ _____

Taxicab	Limousine/Executive Sedan	Shuttle/NEMT
Taxicab Top Light: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 4" height) Company Logo: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 4" height/ Both sides of vehicle) Company Phone #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 3" height/ Both sides of vehicle) Vehicle #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 3" height/ 3 sides of vehicle) Meter Rates: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 1" height/ Both sides of vehicle)	Company Logo: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Lettering on both sides or vanity plate)	Company Logo: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 6" height/ Both sides of vehicle)  Company Phone #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 3" height/ Both sides of vehicle)  Vehicle #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Minimum 3" height/ 3 sides of vehicle)

Inspector:		ASE Certificate ID #:
Company Name:	Address:	Phone:

MVFHA Use Only			
Date Received:	Vehicle Certificate of Registration #:	Date Decal Issued:	Signature: