

Vehicle Information

Vehicle	Make/Model	Year	Annual Checklist
			<input type="checkbox"/> Valid Tags <input type="checkbox"/> Insurance If required: <input type="checkbox"/> State Safety Inspection, Date: _____ <input type="checkbox"/> Federal Safety Inspection, Date: _____
			<input type="checkbox"/> Valid Tags <input type="checkbox"/> Insurance If required: <input type="checkbox"/> State Safety Inspection, Date: _____ <input type="checkbox"/> Federal Safety Inspection, Date: _____
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Driver Information

Driver's Name	Driver License Number	Driver License Expiration Date	Date on Doctor Certificate (if required)	If FLC or FLCE
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
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Vehicle Inspection Log

	Vehicle _____	Vehicle _____	Vehicle _____	Vehicle _____	Vehicle _____
	Date _____	Date _____	Date _____	Date _____	Date _____
	“ ✓ ”	“ ✓ ”	“ ✓ ”	“ ✓ ”	“ ✓ ”
Head Lights					
Stop Lights					
Tail Lights					
Back up Lights					
Hazard Warning Lights					
Turn Signals					
Brakes (free of leaks and parking brake functional)					
Windshield (free of cracks)					
Windshield Wipers (operational)					
Floors/Sides (passenger compartment free of openings or defects)					
Seats (securely fastened)					
Exiting Capability (properly functioning door handles and latches)					
Fire Extinguishers					
Flares/Reflectors/Lanterns					
Tires (tread and equal size)					
Steering (safe and accurate)					
Horn					
Ventilation (Windows operational)					
Mirrors (full vision of sides and rear)					
Fuel System (free of leaks, cap secure)					
Exhaust System (free of leaks, discharge away from passenger compartment)					
Comments:					
Maintenance:					