



California Vehicle Inspection Form



Driver Info:

Drivers Full Name: _____

Drivers Phone #: _____

Inspection Date: _____

Visual Vehicle Inspection:

Lights: Pass Fail

Headlights	<input type="checkbox"/>	<input type="checkbox"/>
Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signal Lights	<input type="checkbox"/>	<input type="checkbox"/>
Break Lights	<input type="checkbox"/>	<input type="checkbox"/>

Visual Systems & Structures: Pass Fail

Axles & Wheels	<input type="checkbox"/>	<input type="checkbox"/>
Drivetrain, Including Transmission & Universal Joints for Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Muffler & Exhaust System for Leaks	<input type="checkbox"/>	<input type="checkbox"/>

Breaks, Steering, Speed, Safety: Pass Fail

Visual Break Inspection	<input type="checkbox"/>	<input type="checkbox"/>
Parking Break Operation	<input type="checkbox"/>	<input type="checkbox"/>
Steering Mechanism	<input type="checkbox"/>	<input type="checkbox"/>
Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Bumpers	<input type="checkbox"/>	<input type="checkbox"/>

Interior & Doors: Pass Fail

All Doors (Open, Close, Lock)	<input type="checkbox"/>	<input type="checkbox"/>
Front Seat Adjustment	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts (Driver & Passenger)	<input type="checkbox"/>	<input type="checkbox"/>
AC/Heat	<input type="checkbox"/>	<input type="checkbox"/>

Windows/Mirrors Pass Fail

Windshield (No Cracks)	<input type="checkbox"/>	<input type="checkbox"/>
Rear Window & Other Glass	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>
Interior Rearview Mirror	<input type="checkbox"/>	<input type="checkbox"/>
External Rearview Mirrors	<input type="checkbox"/>	<input type="checkbox"/>

Tires Pass Fail

	Tread	PSI		
Right Front	/32		<input type="checkbox"/>	<input type="checkbox"/>
Left Front	/32		<input type="checkbox"/>	<input type="checkbox"/>
Left Back	/32		<input type="checkbox"/>	<input type="checkbox"/>
Right Front	/32		<input type="checkbox"/>	<input type="checkbox"/>
Tire Pressure			<input type="checkbox"/>	<input type="checkbox"/>

Appearance & Cleanliness Pass Fail

Interior Cleanliness & Smell	<input type="checkbox"/>	<input type="checkbox"/>
Body Damage	<input type="checkbox"/>	<input type="checkbox"/>

To be Completed by Inspector

License Plate #: _____

License State: _____

Vehicle Mileage: _____

Vehicle Year: _____

Inspector Name: _____

Inspector Signature: _____

Vehicle must pass all items in order to pass inspection.

Check one: PASS FAIL

Vehicle Make: _____

Vehicle Model: _____

Total # of Doors: _____

VIN Last 8 Digits: _____

Inspector Company: _____

State Bar Certificate #: _____

This inspection form reflects a 28 point inspection only on the date of the inspection listed above. For purpose of this inspection, the wheels were not removed from the vehicle, and the vehicle was not put on a lift, nor was it checked for emissions, or test driven.