

Colorado Public Utilities Commission TNC ANNUAL INSPECTION REPORT

VEHICLE INSPECTION

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1 Foot brakes (pads/shoes thickness)	<input type="checkbox"/>	<input type="checkbox"/>	9 Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>
Min. per manufacturer	_____		10 Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>
Right foot	Measurements	_____	11 Front seat adjustment	<input type="checkbox"/>	<input type="checkbox"/>
Left foot	Measurements	_____	12 Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>
Right rear	Measurements	_____	13 Horn	<input type="checkbox"/>	<input type="checkbox"/>
Left rear	Measurements	_____	14 Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
2 Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	15 Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
3 Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	16 Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>	17 Tires, incl. tread depth	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>	Right front	[32nd's / In]	_____
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>	Left front	[32nd's / In]	_____
Bushings	<input type="checkbox"/>	<input type="checkbox"/>	Right rear	[32nd's / In]	_____
4 Windshield	<input type="checkbox"/>	<input type="checkbox"/>	Left rear	[32nd's / In]	_____
Large crack	<input type="checkbox"/>	<input type="checkbox"/>	18 Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>	19 Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>
5 Rear window and other glass	<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE INSPECTION PASS FAIL (Please circle)		
6 Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>			
7 Headlights	<input type="checkbox"/>	<input type="checkbox"/>			
8 Tail lights	<input type="checkbox"/>	<input type="checkbox"/>			

TO BE COMPLETED BY INSPECTOR

COMPANY	VEHICLE MILEAGE	
LICENSE PLATE #	VIN#	
VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
ADDRESS (Street, City, State, Zip Code)		
INSPECTOR NAME	INSPECTOR SIGNATURE	DATE

§40-10.1-605(g)(I) C.R.S - Per 4 CCR 723-6-6708(b) a copy of this Inspection Report must be maintained in the personal vehicle in physical or electronic form