Multi County
Ambulance Inspection Checklist

Certificate of Motor Vehicle Condition

Date of Certification: _____ **Agency's Fleet Number:** _____

VIN: _____ **Vehicle Owner:** _____

Make: _____ **Model:** _____ **Year:** _____

License Plate Number: _____ **Expiration Date:** _____

Evaluation Check List

Item	Acceptable	Not Acceptable	Comments
Wheels & tires			
Steering			
Alignment			
Suspension			
Brakes			
Hand brake			
Lights			
Electrical system			
Glass			
Exhaust system			
Fuel system			
Body & sheet metal			

The undersigned, professing to be a motor vehicle mechanic, has of this date, evaluated the mechanical condition of the identified ambulance and determined that this vehicle is in safe operating condition. Said evaluation does NOT warrantee future status of the Ambulance due to conditions beyond mechanic's control.

_____ _____ _____

Mechanic's Signature **Title** **Date**

_____ _____ _____

Company Name **Address** **Telephone**