

Please certify that each of the following are in safe, working condition (where applicable, as specified by the State or manufacturer) by marking "pass or "fail" as applicable. This inspection is valid for one year following the initial completion date (e.g., If inspection is completed 12/1/2014, form expiration date is 12/1/2015.

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
LIGHTS			MIRRORS		
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Interior	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Lights	<input type="checkbox"/>	<input type="checkbox"/>	Exterior	<input type="checkbox"/>	<input type="checkbox"/>
High Beam	<input type="checkbox"/>	<input type="checkbox"/>	TIRES		
Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	Right front	<input type="checkbox"/>	<input type="checkbox"/>
Turn signals	<input type="checkbox"/>	<input type="checkbox"/>	Left front	<input type="checkbox"/>	<input type="checkbox"/>
Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Right rear	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Lights	<input type="checkbox"/>	<input type="checkbox"/>	Left rear	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>	FUEL SYSTEM		
STEERING			Tank	<input type="checkbox"/>	<input type="checkbox"/>
Steering wheel	<input type="checkbox"/>	<input type="checkbox"/>	Cap	<input type="checkbox"/>	<input type="checkbox"/>
Column	<input type="checkbox"/>	<input type="checkbox"/>	Accelerator	<input type="checkbox"/>	<input type="checkbox"/>
Power steering	<input type="checkbox"/>	<input type="checkbox"/>	WIPERS		
UNDER HOOD			Arms/Blades	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	Controls	<input type="checkbox"/>	<input type="checkbox"/>
Engine Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	EXHAUST SYSTEM		
Hoses	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR			Exhaust pipes	<input type="checkbox"/>	<input type="checkbox"/>
Body Condition	<input type="checkbox"/>	<input type="checkbox"/>	Mountings	<input type="checkbox"/>	<input type="checkbox"/>
Paint Condition	<input type="checkbox"/>	<input type="checkbox"/>	Catalytic converter	<input type="checkbox"/>	<input type="checkbox"/>
No Modifications	<input type="checkbox"/>	<input type="checkbox"/>	INTERIOR		
SAFETY BELTS			Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
Front/Rear	<input type="checkbox"/>	<input type="checkbox"/>	Condition	<input type="checkbox"/>	<input type="checkbox"/>
SPEEDOMETER			BRAKES		
Operational	<input type="checkbox"/>	<input type="checkbox"/>	Brakes/Break Pads	<input type="checkbox"/>	<input type="checkbox"/>
Legible	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL SYSTEM			WINDOWS/DOORS		
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Windshield	<input type="checkbox"/>	<input type="checkbox"/>
Switches/Wiring	<input type="checkbox"/>	<input type="checkbox"/>	Window Cranks/Switches	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Operable Door Locks	<input type="checkbox"/>	<input type="checkbox"/>
Safety Switches	<input type="checkbox"/>	<input type="checkbox"/>	Door Seals/Gaskets	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION RESULTS
(Please circle)

PASS FAIL

RASIER PARTNER NAME

EMAIL ADDRESS

RASIER PARTNER SIGNATURE

RASIER PARTNER PHONE NUMBER

DATE

TO BE COMPLETED BY INSPECTOR

COMPANY

ASE #

VEHICLE MILEAGE

LICENSE PLATE #

VIN

VEHICLE MAKE

VEHICLE MODEL

VEHICLE YEAR

ADDRESS

INSPECTOR NAME

INSPECTOR SIGNATURE

DATE