CITY OF EAST WENATCHEE

TAXI-CAB INSPECTION

COMPANY NAME: _____

VEHICLE TYPE: _____ YEAR: _____

COLOR: _____ NUMBER: _____

VIN #: _____ WA LIC. #: _____

DRIVER AT TIME OF INSPECTION: _____

ITEMS TO BE INSPECTED

1.	Windshield - no cracks, chips, sand blast	Pass _____	Fail _____
2.	Windshield Wipers - serviceable	Pass _____	Fail _____
3.	All Other Windows - passenger, rear	Pass _____	Fail _____
4.	Headlights - high beam, low beam	Pass _____	Fail _____
5.	Tail Lights, Parking Lights, Break Lights	Pass _____	Fail _____
6.	Brakes - pedal travel, will hold with vehicle in gear	Pass _____	Fail _____
7.	Emergency Brake - will hold with vehicle in gear	Pass _____	Fail _____
8.	Tires - minimum Tires wear, no side-wall damage	Pass _____	Fail _____
	or other damage	Pass _____	Fail _____
9.	Exhaust - leaks, noise, serviceable	Pass _____	Fail _____
10.	All interior doors have handles	Pass _____	Fail _____
11.	Engine Compartment - no gas fumes, all belts,	Pass _____	Fail _____
	hoses, wiring serviceable	Pass _____	Fail _____
12.	Fire Extinguisher (optional)	Yes _____	No _____
13.	General Condition of Vehicle	Good _____	Poor _____
14.	Horn	Pass _____	Fail _____
15.	Window Tint	Pass _____	Fail _____

This Vehicle: **Passed** _____ **Failed** _____

Reason for failure:

_____

_____

_____

Re- Inspection:

_____

_____

I certify that I have inspected the above listed Taxi-Cab and that all items checked pass (were operating at the time of inspection).

Date: _____

Inspector: _____

Signature of Inspector: _____

Title: _____