

San Jose Police Department Annual Taxi Inspection

Cab #: _____ Mileage: _____ Company Name: _____ Vehicle Owner: _____
 Year: _____ Make: _____ License Plate: _____ VIN#: _____

ADA: Y / N (circle one) CNG: Y / N (circle one)

INSTRUCTIONS

1. The inspection sheet must be completely filled out. Any parts left blank will cause the vehicle to fail inspection.
2. The mechanic who inspects the vehicle must be certified by the California State Bureau of Automotive Repair. He must sign the form and also print his name legibly, including his CSBAR number for the inspection to be valid.

Brake Lining Remaining:

Right Front _____ mm Left Front _____ mm Left Rear _____ mm

BRAKE SYSTEM	YES	NO		Meets Mfg. Specs	Needs Repair
Safe, No leaks	<input type="checkbox"/>	<input type="checkbox"/>	Upper Ball Joint	<input type="checkbox"/>	<input type="checkbox"/>
			Lower Ball Joint	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	YES	NO	Front Shocks	<input type="checkbox"/>	<input type="checkbox"/>
Safe, No leaks	<input type="checkbox"/>	<input type="checkbox"/>	Rear Shocks	<input type="checkbox"/>	<input type="checkbox"/>
			Pitman Arm	<input type="checkbox"/>	<input type="checkbox"/>
Windshield OK	<input type="checkbox"/>	<input type="checkbox"/>	Tie Rod Ends	<input type="checkbox"/>	<input type="checkbox"/>
Wipers OK	<input type="checkbox"/>	<input type="checkbox"/>	Idler Arm	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts Work	<input type="checkbox"/>	<input type="checkbox"/>	Sway Bar Bushings	<input type="checkbox"/>	<input type="checkbox"/>
Horns Work	<input type="checkbox"/>	<input type="checkbox"/>	Front Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals &	<input type="checkbox"/>	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lights work					
Oil OK	<input type="checkbox"/>	<input type="checkbox"/>	Front Wheel Alignment	<input type="checkbox"/>	<input type="checkbox"/>
Transmission OK	<input type="checkbox"/>	<input type="checkbox"/>	Tire tread	<input type="checkbox"/>	<input type="checkbox"/>
Headlights & Back up lights Work	<input type="checkbox"/>	<input type="checkbox"/>			
Heater/Defogger Work	<input type="checkbox"/>	<input type="checkbox"/>			
Air Conditioner Works	<input type="checkbox"/>	<input type="checkbox"/>			

Note here any other mechanical problems which could affect the steering and/or the safety of this vehicle:

Note here any exterior/interior damage including rips, peeling paint, dents, any window tint and non-functioning/missing components, including spare tire and jack, taxi cab rate sticker, Out of Service signage:

I certify that I have performed the above inspection on the vehicle described above and that all information I have written on this form is true and correct. The above identified vehicle is in safe operating condition.

Mechanic's Name PRINTED _____ CSBAR# _____

Signature _____ CSStation BAR # _____ Date _____