



MOTOR VEHICLE CHECKLIST



Owner's name _____

Address _____

City, state _____ Zip _____

Driver's license No. _____ Renewal date _____

Telephone (_____) _____

Insurance company _____ Amount of liability coverage \$ _____

Other drivers of same vehicle (this trip only) and driver's license numbers:

Make of vehicle _____

Model year _____

Color _____

Auto license No. _____

Basic Safety Check

1. Seat belts for every passenger? _____
2. Tire tread OK? _____ Spare? _____
3. Brakes OK? _____
4. Windshield wipers operate? _____
5. Current inspection sticker? _____
6. Headlights and turn signals operating? _____
7. Rearview mirrors? _____
8. Exhaust system OK? _____

Additional Safety Check

1. Flares for emergencies? _____
2. Fire extinguisher? _____
3. Flashlight? _____
4. Tow chain or rope? _____
5. First aid kit? _____