



TAXI CAB INSPECTION FORM
(Complete One for Each Vehicle)

NAME OF CAB COMPANY _____

CAB COMPANY ADDRESS _____

Vehicle Make, Model & Year _____

Vehicle Serial Number _____ How Long has
 Vehicle been used _____

CHECK LIST

- | | |
|--|-----------------------------|
| 1) Cab Number _____ | 11) Horsepower Rating _____ |
| 2) License Plate # _____ | 12) Brakes _____ |
| 3) Vehicle Sticker Expiration _____ | 13) Brake Signals _____ |
| 4) Name of business on both
sides of the body _____ | 14) Tail Lights _____ |
| 5) Driver License Photo _____ | 15) Doors _____ |
| 6) Driver's Attire _____ | 16) Tires _____ |
| 7) Cleanliness - Interior _____ | 17) Head Lamps _____ |
| 8) Cleanliness - Exterior _____ | 18) All Glass area _____ |
| 9) Seating Capacity _____ | 19) Turn
Signals _____ |
| 10) Meter Check _____ | 20) Fares Posted _____ |

DATE OF INSPECTION _____ BY _____

COMMENTS: (Use number of item for identification)

LICENSE SUSPENSION WHEN VEHICLE IS UNFIT _____ Yes _____ No
 If NO identify check list number and explain: