

**LYFT DRIVER INFO**

LYFT DRIVER NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LYFT DRIVER SIGNATURE \_\_\_\_\_ LYFT DRIVER PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**VEHICLE INSPECTION**

LICENSE PLATE # \_\_\_\_\_ LICENSE PLATE STATE \_\_\_\_\_ VIN # \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MILEAGE \_\_\_\_\_

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. <b>Foot brakes</b>	<input type="checkbox"/>	<input type="checkbox"/>	13. <b>Horn</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Emergency brake (parking brake)</b>	<input type="checkbox"/>	<input type="checkbox"/>	14. <b>Speedometer</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Steering mechanism</b>	<input type="checkbox"/>	<input type="checkbox"/>	15. <b>Bumpers</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Windshield</b>	<input type="checkbox"/>	<input type="checkbox"/>	16. <b>Muffler and exhaust system</b>	<input type="checkbox"/>	<input type="checkbox"/>
Large crack	<input type="checkbox"/>	<input type="checkbox"/>	17. <b>Tires, Incl. tread depth</b>	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>	18. <b>Interior and exterior rear view mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Rear window and other glass</b>	<input type="checkbox"/>	<input type="checkbox"/>	19. <b>Safety belts for driver and passenger(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Windshield wipers</b>	<input type="checkbox"/>	<input type="checkbox"/>	Number of seatbelts _____		
7. <b>Headlights</b>	<input type="checkbox"/>	<input type="checkbox"/>	20. <b>Drivetrain, including the transmission and universal joints</b>	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Tail lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	21. <b>Axles and wheels including ball joints</b>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Turn indicator lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	22. <b>Interior cleanliness</b>	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Brake/Stop lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	23. <b>Exterior cleanliness</b>	<input type="checkbox"/>	<input type="checkbox"/>
11. <b>Front seat adjustment</b>	<input type="checkbox"/>	<input type="checkbox"/>	24. <b>AC/Heat</b>	<input type="checkbox"/>	<input type="checkbox"/>
12. <b>Doors (open, close, lock)</b>	<input type="checkbox"/>	<input type="checkbox"/>	25. <b>Body Damage</b>	<input type="checkbox"/>	<input type="checkbox"/>
Number of doors _____					

GENERAL COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VEHICLE INSPECTION

**PASS      FAIL**

(Please circle one. One failed checkmark or more makes for an overall Failed Vehicle Inspection)

Applicant - Please note that a failed vehicle inspection form will be reviewed before a final decision is made

**TO BE COMPLETED BY INSPECTOR**

INSPECTOR NAME \_\_\_\_\_ INSPECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_