

DRIVE SCHOOL VEHICLE INSPECTION

Passenger Vehicle Motorcycle

SAFETY INSPECTION

Must be completed by a Nevada Registered Garage, Licensed Nevada Body Shop or an inspector meeting the qualifications of 49 C.F.R. 396.19.

Year _____ Make _____ Model _____ Type _____

Vehicle Identification Number (VIN)

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Check (✓) Appropriate Boxes

PASSENGER VEHICLE

	PASS	FAIL	N/A		PASS	FAIL		PASS	FAIL	N/A
Windshield	<input type="checkbox"/>	<input type="checkbox"/>		Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Second Rearview Mirror	<input type="checkbox"/>	<input type="checkbox"/>	
Side Glass	<input type="checkbox"/>	<input type="checkbox"/>		Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Steering	<input type="checkbox"/>	<input type="checkbox"/>	
Rear Glass	<input type="checkbox"/>	<input type="checkbox"/>		Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>		Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Muffler	<input type="checkbox"/>	<input type="checkbox"/>		Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Safety Belts	<input type="checkbox"/>	<input type="checkbox"/>	
Air Bag Indicator Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder Harness	<input type="checkbox"/>	<input type="checkbox"/>	
Fenders	<input type="checkbox"/>	<input type="checkbox"/>		Dual Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Dual Clutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires and Tread	<input type="checkbox"/>	<input type="checkbox"/>		Rearview Mirror	<input type="checkbox"/>	<input type="checkbox"/>				

MOTORCYCLE

N/A (Turn Signals) is only for motorcycles built prior to January 1, 1973, not originally equipped with turn signals.

	PASS	FAIL	N/A		PASS	FAIL		PASS	FAIL
Horn	<input type="checkbox"/>	<input type="checkbox"/>		Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Brake Light	<input type="checkbox"/>	<input type="checkbox"/>
Headlights	<input type="checkbox"/>	<input type="checkbox"/>		Taillight	<input type="checkbox"/>	<input type="checkbox"/>	Fenders	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mufflers	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>

Please Print or Type

Legal Business Name _____
Name
DMV Business License or Registration Number

Address _____
City
State
Zip Code

By signing this document, I certify the described motor vehicle is mechanically safe to operate and is equipped with all required devices for safe operation upon the highway. I further certify that if repaired, the passenger restraint devices (as applicable), to include seat belts and/or airbags, were repaired pursuant to Title 49 CFR 571.209, Standard 209, and Title 49 CFR 571.208, Standard 208, respectively, and have been satisfactorily repaired to the applicable standards of the manufacturer and the motor vehicle repair industry.

Printed Full Legal Name of Affiant
Signature and Position
Date