



LYFT DRIVER INFO

ALL FIELDS ARE MANDATORY

LYFT DRIVER NAME _____

LICENSE PLATE # _____ VIN # _____

VEHICLE MAKE _____ VEHICLE MODEL _____ VEHICLE YEAR _____

LYFT DRIVER SIGNATURE _____ LYFT DRIVER PHONE NUMBER _____

INSPECTION CHECKLIST

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. Foot brakes	<input type="checkbox"/>	<input type="checkbox"/>	13. Horn	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	14. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
3. Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	15. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	16. Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
5. Rear window and other glass	<input type="checkbox"/>	<input type="checkbox"/>	17. Tires, incl. tread depth	<input type="checkbox"/>	<input type="checkbox"/>
6. Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>	Left front	<input type="checkbox"/>	<input type="checkbox"/>
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Right front	<input type="checkbox"/>	<input type="checkbox"/>
8. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>	Left rear	<input type="checkbox"/>	<input type="checkbox"/>
9. Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>	Right rear	<input type="checkbox"/>	<input type="checkbox"/>
10. Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>	18. Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
11. Front seat adjustment	<input type="checkbox"/>	<input type="checkbox"/>	19. Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>
12. Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>			

VEHICLE INSPECTION (Circle One) **PASS** **FAIL**

TO BE COMPLETED BY INSPECTOR

COMPANY/FACILITY NAME _____ INSPECTOR NAME _____

COMPANY/FACILITY ADDRESS _____ INSPECTION DATE (document expires one year from this date) _____