



## LYFT DRIVER INFO

ALL FIELDS ARE MANDATORY

LYFT DRIVER NAME		EMAIL ADDRESS															
LICENSE PLATE #	VIN																
VEHICLE MAKE		VEHICLE MODEL										VEHICLE YEAR					
LYFT DRIVER SIGNATURE		LYFT DRIVER PHONE NUMBER										DATE					

## ASE VEHICLE INSPECTION CHECKLIST

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. <b>Foot brakes (pads/shoe thickness)</b>	<input type="checkbox"/>	<input type="checkbox"/>	9. <b>Turn indicator lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
Min per manufacturer			10. <b>Stop lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
Right front	Measurements		11. <b>Front seat adjustment</b>	<input type="checkbox"/>	<input type="checkbox"/>
Left front	Measurements		12. <b>Doors (open, close, lock)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Right rear	Measurements		13. <b>Horn</b>	<input type="checkbox"/>	<input type="checkbox"/>
Left rear	Measurements		14. <b>Speedometer</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Emergency brake (parking brake)</b>	<input type="checkbox"/>	<input type="checkbox"/>	15. <b>Bumpers</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Steering mechanism</b>	<input type="checkbox"/>	<input type="checkbox"/>	16. <b>Muffler and exhaust system</b>	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>	17. <b>Tires, incl. tread depth</b>	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>	Left front	[ 32nd's / in ]	
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>	Right front	[ 32nd's / in ]	
Bushings	<input type="checkbox"/>	<input type="checkbox"/>	Left rear	[ 32nd's / in ]	
4. <b>Windshield</b>	<input type="checkbox"/>	<input type="checkbox"/>	Right rear	[ 32nd's / in ]	
Large crack	<input type="checkbox"/>	<input type="checkbox"/>	18. <b>Interiors and exterior rear view mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>	19. <b>Safety belts for drivers and passenger(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Rear window and other glass</b>	<input type="checkbox"/>	<input type="checkbox"/>	<div>VEHICLE INSPECTION (Circle One) <b>PASS</b> <b>FAIL</b></div>		
6. <b>Windshield wipers</b>	<input type="checkbox"/>	<input type="checkbox"/>			
7. <b>Headlights</b>	<input type="checkbox"/>	<input type="checkbox"/>			
8. <b>Tail lights</b>	<input type="checkbox"/>	<input type="checkbox"/>			

## TO BE COMPLETED BY INSPECTOR

Note: This inspection shall be performed by an American Advanced Technicians Institute (AATI) certified mechanic or a National Institute for Automotive Service Excellence (ASE) certified mechanic or by a mechanic that is under the supervision of an AATI or ASE certified mechanic.

INSPECTOR NAME	INSPECTION DATE (document expires one year from this date)	
COMPANY NAME	AATI/ASE CERTIFICATION NO.	VEHICLE MILEAGE
COMPANY/FACILITY ADDRESS	INSPECTOR SIGNATURE	