



NEVADA

VEHICLE INSPECTION

LYFT DRIVER INFO

ALL FIELDS ARE MANDATORY

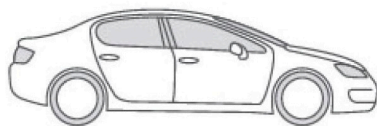
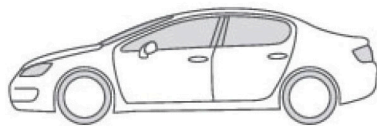
LYFT DRIVER NAME	EMAIL ADDRESS															
LICENSE PLATE #	VIN															
VEHICLE MAKE	VEHICLE MODEL										VEHICLE YEAR					
LYFT DRIVER SIGNATURE	LYFT DRIVER PHONE NUMBER															

INSPECTOR ONLY BELOW THIS LINE

VEHICLE INSPECTION CHECKLIST

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. Foot brakes	<input type="checkbox"/>	<input type="checkbox"/>	12. Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	Number of doors: _____		
3. Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	13. Horn	<input type="checkbox"/>	<input type="checkbox"/>
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	14. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
Large crack	<input type="checkbox"/>	<input type="checkbox"/>	15. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<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"/>	18. Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	19. Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>
8. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>	Number of seatbelts: _____		
9. Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>	20. Tires, incl. tread depth	<input type="checkbox"/>	<input type="checkbox"/>
10. Stop lights	<input type="checkbox"/>	<input type="checkbox"/>	21. Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
11. Front seat adjustment	<input type="checkbox"/>	<input type="checkbox"/>	22. Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION POINT	PASS	FAIL	ADDING?	REINSPECT?
23. Body damage (If fail, please mark with an X where the damage is on the vehicle.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



VEHICLE INSPECTION (Circle One)

PASS FAIL

(One failed check mark 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.

TNC: 0001 - _____

Add last 4 digits of the License Plate #

TO BE COMPLETED BY INSPECTOR

COMPANY NAME

INSPECTOR NAME

COMPANY/FACILITY ADDRESS

INSPECTION DATE (document expires one year from this date)

INSPECTOR SIGNATURE