



VEHICLE INSPECTION FORM

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. Foot brakes (pads/shoes thickness)	<input type="checkbox"/>	<input type="checkbox"/>	11. Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>
Min. per manufacturer	_____		12. Stop lights	<input type="checkbox"/>	<input type="checkbox"/>
Right front Measurements	_____		13. Front seat adjustment	<input type="checkbox"/>	<input type="checkbox"/>
Left front Measurements	_____		14. Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>
Right rear Measurements	_____		15. Horn	<input type="checkbox"/>	<input type="checkbox"/>
Left rear Measurements	_____		16. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	17. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
3. Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	18. Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	_____		19. Tires, including tread depth	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	_____		Right front [32nd's/In]	_____	
Rack & pinion	_____		Left front [32nd's/In]	_____	
Bushings	_____		Right rear [32nd's/In]	_____	
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	Left rear [32nd's/In]	_____	
5. Rear window and other glass	<input type="checkbox"/>	<input type="checkbox"/>	20. Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
6. Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>	21. Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	22. A/C and Heat	<input type="checkbox"/>	<input type="checkbox"/>
8. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>	23. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
9. Belts and Hoses	<input type="checkbox"/>	<input type="checkbox"/>			
10. Trunk and hood struts and hinges	<input type="checkbox"/>	<input type="checkbox"/>			

MEDALLION OWNER INFORMATION

Medallion Owner/Company Name	Medallion Number/Affiliation
Owner/Driver Phone Number	Owner/Driver E-Mail Address

TO BE COMPLETED BY MVR SHOP

Vehicle Identification Number	License Plate Number	Vehicle Mileage
Vehicle Make	Vehicle Model	Vehicle Year
Motor Vehicle Repair Shop Name and Address		

Shop Phone Number	City of Chicago MVR License Number (Different from IRIS #)	Date of Completed Inspection
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CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
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 Tel. 312.746.4300
 www.cityofchicago.org/bacp



VEHICLE INSPECTION FORM (CONTINUED)

VEHICLE INSPECTION

(PLEASE CIRCLE ONE)

PASS

FAIL

I affirm that all the information and statements made on this form are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this form (intentional or unintentional) will result applicable sanctions. Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the MCC, I certify that the all statements are true and correct.

 Name of MVR Inspector (Print Name)

 MVR Inspector Signature

 Date

Medallion Owner



Bring this completed form to your scheduled second period inspection. Your second period inspection must be within 30 days from the date of completed inspection listed on this form.

BACP USE ONLY

Date Received: _____

Approved By: _____