Vehicle for Hire & Other Transportation Services
Motor Vehicle Authorization Form

Revised 04/2020

Vehicle No. *(if required)* _____ **VFH-20** _____ - _____

Below information must be filled out **before** inspection. Dirty vehicles **will not** be inspected.

Company		Mileage	
Brought to Inspection by			
Corporation Commission No.		**Exp. Date**	

Vehicle Information

year	make	model	color	tag number	exp. date	VIN number *(last 6 digits)*

I, *(company representative)* _____ , **certify the above vehicle is clean and ready for inspection.**

Signature _____ **Date** _____

Police Use Only

Paint Condition

○ **PASS**
○ **FAIL**

Must be glossy with a consistent color and no deep scratches or overspray. Touch ups must be the same color as the body and relatively unnoticeable, with minimal luggage scuffs on the bumper.

Decals

○ **PASS**
○ **FAIL**
○ **NA**

No unauthorized decals or stickers. Must include vehicle number, trade name, phone number, rates and Action Center phone number. Must be legible, difficult to tamper with or damage, and not easily removed. Must be properly affixed.

Interior

○ **PASS**
○ **FAIL**

Clean with no stains or rips. Operational seat belts required. Windows must be fully functional with no cracks or large chips. No loose items on the dashboard.

Exterior

○ **PASS**
○ **FAIL**

Clean with no major damage. An inspector will evaluate unfixed blemishes, hail or physical damage.

Equipment

○ **PASS**
○ **FAIL**

Must have working mirrors, lights, brakes, emergency brake, horn, wipers, defroster, heat and air conditioning. Tires and spare tire must have a minimum tread depth of 3/32." Matching wheels or hubcaps. No exhaust leaks. Taxis must have a working taximeter.

Insurance

○ **PASS**
○ **FAIL**

Valid personal/company security verification form.

exp. date _____ **date of issue** _____

Medical Transport/LSEV

○ **PASS**
○ **FAIL**

Must have doors. Cannot go over 25 MPH. Must have a wheel chair access ramp and wheel chair restraints.

Above is only a brief guide of basic requirements.

Inspected by _____ **Date** _____ ○ PASS ○ FAIL

Re-inspected by _____ **Date** _____ ○ PASS ○ FAIL

Third inspection _____ **Date** _____ ○ PASS ○ FAIL

Date Completed _____

Clerks Initials _____

Receipt # _____

Vehicle Insp. Decal # _____