

# Department for Aging and Rehabilitative Services Division of Rehabilitative Services

## Used Vehicle Inspection Form

**Important Information:** Use this form to determine if the used vehicle is, and will probably remain, in good operating condition. This form **MUST** be completed and signed by ASC-certified repair shop, or a manufacturer-certified/ ASC-certified mechanic who is not the vehicle owner. The vehicle must have a current State Inspection sticker. A qualified evaluator must also inspect the vehicle to determine if it is a suitable vehicle for the modification prescribed.

Client Name \_\_\_\_\_ Participant ID \_\_\_\_\_

VIN # \_\_\_\_\_ Odometer reading \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Transmission Fluid:** Normal  Burnt  Discolored  Low Level  Leak

**Belts:** Proper tension  Cracks  Wear

**Hoses:** OK  Cracks  Wear

**Under-Vehicle Check:** OK  Leaks

**For Rear Wheel Drive vehicle, rear area free of leaks?** Yes  No

**Tires:** Tread depth is OK  Proper wear  Uneven wear

**If uneven tire wear, check alignment, suspension, steering components:**

**Wheels aligned?** Yes  No

**Axles aligned?** Yes  No

**Wheels/Rims OK?** Yes  No

**Shocks OK?** Yes  No

**Struts OK?** Yes  No

**Ball Joints OK?** Yes  No

**Tie Rod Ends OK?** Yes  No

**Bushings OK?** Yes  No

**Exhaust system (pipes, muffler, catalytic converter):** OK  Leaks  Smoke  Absent

**Fuel System (pump, lines, hoses, tank):** OK  Leak  Smell of fuel indicating leak

**Floor Pan:** OK  Wear  Rusting  Hole

**Engine (oil, oil pan, ignition wiring, fans, mount, oil in air filter, performance) OK?** Yes  No

**Steering components (gear box, rack, linkage, steering wheel play, PS Fluid) OK?** Yes  No

**Braking System (Fluid, linings, drums, pads, discs, rotor, calipers, hoses) OK?** Yes  No

**Heating/AC System working?** Yes  No

**Seat Belts?** Yes  No  None

**Wipers/Washer OK?** Yes  No

**Explain any "No" responses or issues:**

<u>Recommended Repairs (May Use Repair Shop's form)</u>	<u>Est. Cost (Labor &amp; Materials)</u>

**Inspected by(Print)** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Shop name** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_