

# Motor Vehicle Checklist

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

City, state \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's license no. \_\_\_\_\_ Renewal date \_\_\_\_\_

Telephone \_\_\_\_\_

Insurance company \_\_\_\_\_ Amount of liability coverage \$ \_\_\_\_\_

Other drivers of same vehicle (this trip only) and driver's license numbers:

\_\_\_\_\_, \_\_\_\_\_

Make of vehicle \_\_\_\_\_

Model year \_\_\_\_\_ Color \_\_\_\_\_ Auto license no. \_\_\_\_\_

## **Basic Safety Check**

1. Seat belts for every passenger? \_\_\_\_\_
2. Tire tread okay? \_\_\_\_\_ Spare? \_\_\_\_\_  
Jack? \_\_\_\_\_
3. Brakes okay? \_\_\_\_\_
4. Windshield wipers operate? \_\_\_\_\_  
Fluid in reservoir? \_\_\_\_\_
5. Current inspection sticker? \_\_\_\_\_
6. Headlights and turn signals operating?  
\_\_\_\_\_
7. Rearview mirrors? \_\_\_\_\_
8. Exhaust system okay? \_\_\_\_\_

## **Additional Safety Check**

1. Flares for emergencies? \_\_\_\_\_
2. Fire extinguisher? \_\_\_\_\_
3. Flashlight? \_\_\_\_\_
4. Tow chain or rope? \_\_\_\_\_
5. First-aid kit? \_\_\_\_\_