



VEHICLE INSPECTION

Vehicles regularly used to transport children **must** be inspected annually for safety.

Name of Children's Center: _____

Address: _____

Type of vehicle: Van Car Bus Other _____

Year: _____ Color: _____ Seating Capacity: _____

Tag Number: _____ Mileage: _____ Number of Seat Belts: _____

I have inspected this vehicle and found it to be in proper working order.

INSPECTED BY: _____

Mechanic's Signature

Business License Number: _____ Date Inspected: _____

C-0077 Sample (07/22)



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