

Vehicles regularly used to transport children <u>must</u> be inspected annually for safety.

Provider Name:						
Address:						
Type of vehicle:	☐ Van	☐ Car	Bus	Othe	r	
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.						
INSDECTED BY:						
INSPECTED BY:						
Business License Number:				Dat	Date Inspected:	
F-0094 (5-26-22kk)						
			nelh			
DCID Sample plates and Mills						
VEHICLE INSPECTION REPORT						
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Address:						
Type of vehicle:	☐ Van	☐ Car	Bus	Othe	r	
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:		