

## Uniform Limousine Vehicle Inspection

Inspection ID

Date	Time					pector			
Inspection Station: City of Seattle - 805 S Dearborn				t, Seattle					
CARRIER									
Carrier Name UBI #									
Address					Phone Number				
Preferred Contact		Preferred Language		Email					
Insurance Company		Binder or Policy Certificate?							
Insurance Broker								viration Date	
Discussed Insurance Requirement Provided Educational Materials									
DRIVER									
Driver Name Chauffer Credentials									
VEHICLE									
Registered Owner	Min wheelbace VVV"								
Year / Make / Model	el Rear Seating Cap:								
License No.		State	VIN No.					(Y to Y Passengers)	
Lights and Signa	<u>lls</u>	Steering &	& Suspens	<u>ion</u>	Interior Co	ondition	/Cleanliness	Body Component	<u>s</u>
Headlamps hi/low		Power Steering Fluid			Seats			Door Locks	
Hazard/Warning		Suspension			Carpet			Floor	
Stop Lamps		Wheel System			Headliner			Seats	
Turn Signals		Tires		Door Panels			Hood Latch		
License Lamp		Wheels		Trunk			Seat Belts		
Clearance/Side		Lugs		Amenities			Bumpers		
Marker		Hub Caps		Flares (6) or Safety			Paint		
Horn		Spare Tire			Triangles (3)			Body	
Interior Lamps		Jack & Wrench			Fire Extinguisher (5bc)			Trunk	
<u>Visibility</u>		Exhaust & Fuel System			Brake System			Markings/Decals	
Windshield/Mirror		Exhaust		Brake Fluid			License Plate		
Wipers/Washers		Fuel Cap			Pedal			Other	
Side/Rear Windows					Emergency Brake			Valid Insurance	
Defrost/Defogger									
Tinting									
Comments This is a sample inspection form only.									
Inspection Result:				lt:	SAMPLE				
Driver/Carrier Signature: X				I	nspector:	X			