

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? _____