



Metropolitan Transit System

# For-Hire Vehicle Administration Mechanical Safety and Regulatory Inspection Report

**STEP 1: TO BE COMPLETED BY PERMIT HOLDER (Attach mechanic work shop order/invoice when submitting to MTS)**

Company Name (DBA)	Medallion #	Permit Type: Taxicab ( ) NEM ( ) Charter ( ) Jitney ( ) Sightseeing ( ) Low-Speed Vehicle ( )
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**STEP 2: TO BE COMPLETED BY CERTIFIED MECHANICAL TECHNICIAN**

\*\*\* Per Ca Gov Code 53075.5 and MTS Ordinance No. 11 mechanical vehicle inspections are to be conducted by a facility that is certified by the National Institute for Automotive Service Excellence (ASE) or a facility registered with the Bureau of Automotive Repair (BAR)

**(ATTACH MECHANIC SHOP WORK ORDER / INVOICE)**

Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_  
License Plate Number \_\_\_\_\_ VIN: \_\_\_\_\_

Meets California Air Resources Board criteria for Zero or Low emissions (LEV, ULE V, SULEV, TZEV, PZEV, ZEV, other) YES NO

Name/Address and Registration # of BAR facility \_\_\_\_\_

Date and Time of Inspection Report \_\_\_\_\_

Item	Pass	Fail	Item	Pass	Fail	Item	Pass	Fail	Item	Pass	Fail
Steering			Emergency Hazards Lights			Headlights			Tail Lights Brake		
Lights			Reverse Lights			Turn Signals			Parking Brake		
Brake System			Front/Rear Windshields			Front Wipers			Mirrors Front/ Rear/ Sides		
Horn			Suspension			Windshield Defrost			Seat Belts		
Tires. Depth Tread 1/32"			Door /Trunk Locks			Muffler / Exhaust			A/C & Heater		
Fuel Tank Cap			Speedometer			Side Windows Operational			Interior Lights SRS		
Airbags											

**STEP 3: TO BE COMPLETED BY MTS INSPECTOR**

**MTS USE ONLY: MARKINGS / ADA / OTHER REQUIREMENTS (VERIFIED BY MTS INSPECTOR)**

TAXICABS			NEM AND OTHER ACCESIBLE VEHICLES					
Item	Pass	Fail	Item	Pass	Fail	Item	Pass	Fail
Required Markings			Fire Extinguisher			Mechanical Ramp Interlock		
Taximeter/Seal			Triangle Reflectors			Wheelchair Restraints		
Body Condition/Paint			First Aid Kit			Non-Skid Surfaces		
Cleanliness Int/ Ext			Required Markings			Required Lighting		
Emergency Signal Device			License Plates/Registration			Doors/ Entry Clearance		
Dispatch Service/Credit Card Acceptance			Body Condition/ Paint			Other		
License Plates / Registration			Ramp /Lift Operation					

NOTES:

INSPECTION TYPE: RENEWAL ( ) P/I ( ) RTS ( ) REPLACEMENT ( ) OTHER ( )

Inspector Name:	Date / Time:	Fee Received:
Received by:	Date / Time:	Fee Received:

NOTES: