Annual Motor Vehicle Checklist

Date_____ Unit_____ Den_____ Position _____

Owner's name _____

Address _____

City, state_____ Zip_____

Driver's license no._____ Renewal date_____

Telephone (_____) _____ Alt. telephone (_____)_____

Insurance company_____ Amount of liability coverage $_____

Other drivers of same vehicle (this trip only) and driver's license numbers:

_____, _____

Make and model of vehicle_____ Model year _____

Color_____ License no._____ Type_____ Current? _____

Basic Safety Check (required)

1. Safety belts for every passenger? _____
2. Safety belts operational? _____
3. Tire tread OK? _____
4. Spare tire present? _____
5. Tire jack present? _____
6. Brakes OK? _____
7. Windshield wipers operate? _____
8. Windshield washer fluid in reservoir? _____
9. Headlights and turn sibnals operating? _____
10. Mirrors: Rear view_____ Side view_____
11. Exhaust system OK? _____

Additional Safety Check (optional)

1. Flares for emergencies? _____
2. Fire extinguisher? _____
3. Flashlight? _____
4. Tow chain or rope? _____
5. First-aid kit? _____