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 ( )

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 (Inspection Tag)			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/ GPS			Body Condition/ Paint			Gurney/Stretcher		
License Plates / Registration			Ramp /Lift Operation			Other:		

Airport Permit: YES NO	Dispatch Serv:	Notes:

INSPECTION TYPE:	Renewal ( )	Airport ( )	P / I ( )	RTS ( )	Replacement ( )	Other ( )

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

NOTES: