

**FOR-HIRE VEHICLE INSPECTION REPORT**  
**Spokane Municipal Code (SMC) 10.34A.060**  
To be inspected by an ASE Certified Mechanic

	PASS	FAIL
1. Foot Brakes	<input type="checkbox"/>	<input type="checkbox"/>
2. Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/>
3. Steering Mechanism	<input type="checkbox"/>	<input type="checkbox"/>
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>
5. Rear Window & Other Glass	<input type="checkbox"/>	<input type="checkbox"/>
6. Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>
8. Taillights	<input type="checkbox"/>	<input type="checkbox"/>
9. Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>
10. Front Seat Adjustment Mechanism	<input type="checkbox"/>	<input type="checkbox"/>
11. Doors	<input type="checkbox"/>	<input type="checkbox"/>
12. Turn Signal Lights	<input type="checkbox"/>	<input type="checkbox"/>
13. Horn	<input type="checkbox"/>	<input type="checkbox"/>
14. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
15. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
16. Muffler & Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>
17. Tires, Including Tread Depth	<input type="checkbox"/>	<input type="checkbox"/>
18. Interior & Exterior Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
19. Safety Belts	<input type="checkbox"/>	<input type="checkbox"/>

Taxi Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cab Number: \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN Number: \_\_\_\_\_

**INSPECTION RESULTS**

**PASS**

**FAIL**

Inspector Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**RE-INSPECTION RESULTS**

**PASS**

**FAIL**

Failed Items Not Corrected:

\_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

***I hereby certify this vehicle Approved/Disapproved (circle one) for Issuance of a City of Spokane For-Hire license as per SMC 10.34A.060***

By: \_\_\_\_\_ ASE #: \_\_\_\_\_

ASE Certified Mechanic

ASE Certification

**PLEASE INCLUDE COPY OF CURRENT ASE CERTIFICATE**

Garage/Inspection Facility: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_