



San Leandro Police Department

Taxicab Inspection Form

Company Name:				Taxi Number:	
Business Address:				Phone Number:	
Registered Owner (R/O):					
Make:	Model:	Year:	Color:	License Number:	
Name Displayed on Taxicab:					

THE FOLLOWING SECTION MUST BE COMPLETED BY A LICENSED MECHANIC

Engine: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	Transmission: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspension: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	Tires & Wheels: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	Brake System: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No
Belts & Hoses: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	Exhaust System: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	Lamps in Good Working Order: Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	Smog Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veh Mileage:
Business Name:			Date of Inspection:	
Business Address:			Phone Number:	
Station Number:			Bar Number:	
Under penalty of perjury, I certify that I have inspected this taxicab and it is SAFE to operate at the time of inspection.				
Mechanic's Name (Printed):			Mechanic's Signature:	

THE FOLLOWING SECTION SHALL BE COMPLETED BY THE SAN LEANDRO POLICE DEPARTMENT

<input type="checkbox"/> Headlamps	<input type="checkbox"/> Reflectors	<input type="checkbox"/> Horn	<input type="checkbox"/> Front Bumper	<input type="checkbox"/> Gas Cap
<input type="checkbox"/> High Beam	<input type="checkbox"/> License Plate Lamp	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Rear Bumper	<input type="checkbox"/> Exhaust System
<input type="checkbox"/> Turn Signals	<input type="checkbox"/> License Plates	<input type="checkbox"/> All Windows Open	<input type="checkbox"/> Right Front Tire	<input type="checkbox"/> Taxi Name (2 Sides)
<input type="checkbox"/> Tail Lamps	<input type="checkbox"/> Inside Dome Lamp	<input type="checkbox"/> Rearview Mirror	<input type="checkbox"/> Left Front Tire	<input type="checkbox"/> Taxi Number (4 Sides)
<input type="checkbox"/> Back Up Lamps	<input type="checkbox"/> Turn Signal Indicator	<input type="checkbox"/> Sideview Mirrors	<input type="checkbox"/> Right Rear Tire	<input type="checkbox"/> Passenger Info Displayed
<input type="checkbox"/> Stop Lamps	<input type="checkbox"/> High Beam Indicator	<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Left Rear Tire	<input type="checkbox"/> Rates Displayed
<input type="checkbox"/> Hazard 4-way flashers	<input type="checkbox"/> Windshield Wipers	<input type="checkbox"/> Heater (Blower)	<input type="checkbox"/> Spare Tire & Tools	<input type="checkbox"/> Out of Service Signs
<input type="checkbox"/> Parking Lights	<input type="checkbox"/> Dashboard Gauges	<input type="checkbox"/> Defroster (Blower)	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Overall Condition: Good
Meter Serial Number : _____		<input type="checkbox"/> Meter Serial Number & VIN match on Weights & Measures Certificate		
Comments:				
Officer's Signature (Do Not Sign - If vehicle fails inspection):			Date:	Sticker Number: