







**TAXI CAB INSPECTION FORM**  
**(Complete One for Each Vehicle)**

NAME OF CAB COMPANY \_\_\_\_\_

CAB COMPANY ADDRESS \_\_\_\_\_

Vehicle Make, Model & Year \_\_\_\_\_

Vehicle Serial Number \_\_\_\_\_

CHECK LIST

- |   |                             |
|---|-----------------------------|
| 1) Cab Number _____                                 | 11) Horsepower Rating _____ |
| 2) License Plate # _____                            | 12) Brakes _____            |
| 3) Vehicle Sticker Expiration _____                 | 13) Brake Signals _____     |
| 4) Name of business on both sides of the body _____ | 14) Tail Lights _____       |
| 5) Driver License Photo _____                       | 15) Doors _____             |
| 6) Driver's Attire _____                            | 16) Tires _____             |
| 7) Cleanliness - Interior _____                     | 17) Head Lamps _____        |
| 8) Cleanliness - Exterior _____                     | 18) All Glass area _____    |
| 9) Seating Capacity _____                           | 19) Turn Signals _____      |
| 10) Meter Check _____                               | 20) Fares Posted _____      |

DATE OF INSPECTION \_\_\_\_\_ BY \_\_\_\_\_

COMMENTS: (Use number of item for identification)

LICENSE SUSPENSION WHEN VEHICLE IS UNFIT \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If NO identify check list number and explain: