



**AVIATION DEPARTMENT GROUND TRANSPORTATION
19 Point Inspection**

TO BE COMPLETED BY THE GT OPERATOR
 COMPANY NAME: _____
 FULL NAME: _____ DATE: _____
 PHONE NUMBER: _____ EMAIL: _____

INSPECTION POINT	PASS	FAIL
LIGHTS:		
head lights		
turn signals		
hazards		
brake lights/reverse		
BRAKE PADS/SHOES THICKNESS:		
min per manufacturer		
right front measurements		
left front measurements		
right rear measurements		
left rear measurements		
EMERGENCY/PARKING BRAKE		
STEERING MECHANISM:		
ball joints		
tie rods		
rack & pinion		
bushings		
WINDSHIELD:		
large crack		
small crack		
REAR WINDOW & OTHER GLASS		
WINDSHIELD WIPERS		
HEATING		
A/C		

INSPECTION POINT	PASS	FAIL
FRONT SEAT ADJUSTMENT		
DOORS (OPEN/LOCK/UNLOCK)		
HORN		
SPEEDOMETER		
BUMPERS		
MUFFLER & EXHAUST SYSTEM		
TIRES, INCL TREAD DEPTH:		
right front		
left front		
right rear		
left rear		
REAR VIEW MIRROR		
SIDE VIEW MIRRORS		
SAFETY BELTS FOR DRIVER & EACH PASSENGER		

VEHICLE INSPECTION RESULTS	
PASS	FAIL
INSPECTION DATE: _____	

TO BE COMPLETED BY A CERTIFIED MECHANIC

VEHICLE MAKE & MODEL	LICENSE PLATE STATE & NUMBER	SEATING CAPACITY (Manufacturer Specs)
VEHICLE YEAR	VEHICLE IDENTIFICATION NO. (VIN#)	MILEAGE
INSPECTOR NAME	INSPECTION COMPANY	INSPECTION ADDRESS
INSPECTOR SIGNATURE _____		