



Department of Human Services
Office of Facilities and Support Services, Transportation Services Section
DHS Vehicle Requirements and Monitoring Form – Administrative Vehicles

Division Office _____ **Monitoring Date** _____
Location _____ **Region** _____
Vehicle # _____ **Year** _____
Make/Model _____ **Mileage** _____
VIN _____ **Property Decal #** _____
Tag _____ **#** _____ **Report My Driving #** _____

Leased Vehicle
 Emissions testing verified*
 Emissions exempt **

Exterior Requirements	Checked	Needs Attention	Signage Requirements	Checked	Needs Attention
Horn	<input type="checkbox"/>	<input type="checkbox"/>	State Seals	<input type="checkbox"/>	<input type="checkbox"/>
2 Exterior Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle # (RF)	<input type="checkbox"/>	<input type="checkbox"/>
Rearview Mirror	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle # (RR)	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	Information Packet		
Windows	<input type="checkbox"/>	<input type="checkbox"/>	Insurance Card	<input type="checkbox"/>	<input type="checkbox"/>
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Log Book	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals (Front)	<input type="checkbox"/>	<input type="checkbox"/>	Insurance/Accident Package	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>			
Turn Signals (Rear)	<input type="checkbox"/>	<input type="checkbox"/>	Cond. of Vehicle: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Parking/Reverse Lights	<input type="checkbox"/>	<input type="checkbox"/>	Comments:		
Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>			
Body Damage	<input type="checkbox"/>	<input type="checkbox"/>			
Tire / Tread	<input type="checkbox"/>	<input type="checkbox"/>			
Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>			
Jack	<input type="checkbox"/>	<input type="checkbox"/>			
Interior Requirements					
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>			
Upholstery	<input type="checkbox"/>	<input type="checkbox"/>			
Clean Interior	<input type="checkbox"/>	<input type="checkbox"/>			
Doors	<input type="checkbox"/>	<input type="checkbox"/>			
Interior Lights	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Operator Printed Name and Signature:		
AC/Heat	<input type="checkbox"/>	<input type="checkbox"/>			
Flooring	<input type="checkbox"/>	<input type="checkbox"/>			

**Required for vehicles operated in Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding and Rockdale counties.