



# Surplus Vehicle Inspection Form

## Agency Information

Agency:	Insp. By:	Phone #:
Inspection Days: Check all days available for inspection <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		Inspection Times: List all times available for inspection: AM: From: : to : PM: : to : From:

Agency has original title:  Yes (Original title must be available to process request, attach copy of both sides.)

Agency has keys:  Yes (Agency may be charged for replacement keys.)

## Vehicle Information

VIN:	Year:	Make:	Model:
Mileage:	Exterior Color:	Interior Color:	
Overall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:			

## Mechanical Information

Operating Condition: <input type="checkbox"/> Starts & Runs <input type="checkbox"/> Starts w/Boost <input type="checkbox"/> Is Drivable <input type="checkbox"/> Won't Start			
<input type="checkbox"/> Is NOT Drivable Why:			
Known Mechanical Issues:			
Engine:	Cylinders:	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> AFV	Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual # Gears
Check Installed Options: <input type="checkbox"/> PWR Seats <input type="checkbox"/> PWR Locks <input type="checkbox"/> PWR Windows <input type="checkbox"/> Cruise Control <input type="checkbox"/> Police Package			
Air Bag: Single <input type="checkbox"/> Dual <input type="checkbox"/>	Radio: <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> Cassette <input type="checkbox"/> AM/FM CD	Other:	

Exterior Condition Decals Removed:  Yes  No Must remove, do not spray paint decals

Minor Body Damage:
Scratches & Dents: <input type="checkbox"/> None Visible <input type="checkbox"/> Minor: Where? Major: Where?
Major Body Damage:
Windows: <input type="checkbox"/> No damaged glass <input type="checkbox"/> Broken/Cracked where? <input type="checkbox"/> Missing Glass where?
Hub Caps: <input type="checkbox"/> Has all 4 Missing how many?
Other:

## Interior Condition:

Minor Damage:
Major Damage:
Emergency/Specialized Equipment Removal: <input type="checkbox"/> N/A
<input type="checkbox"/> Has no exposed wires or holes <input type="checkbox"/> Has exposed wires and holes <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
Other:

Photos List photo number, minimum of 4 required, show all damage and send as many photos as necessary

Front Driver Corner	Rear Pass. Corner	Interior	Motor	
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