



PMV INSPECTION

SOLDIER'S NAME:

GRADE:

VEHICLE

MAKE:
MODEL:
YEAR:
VIN #:
MILEAGE:

INSURANCE

COMPANY:
NUMBER:
EXPIRE DATE:

DRIVER LIC

NUMBER:
STATE:
EXPIRE DATE

REGISTRATION

STATE:
EXPIRE DATE:

POST REGISTRATION

POST REG #
EXPIRE DATE:

LICENCE PLATE

STATE:
LICENSE #
EXPIRE DATE:

INSPECTION

STATE:
NUMBER:
EXPIRATION DATE:

SOLDIER INTIAL IN THE YES OR NO BLOCK

DRIVER LIC SUSPENDED YES _____ OR NO _____ INSURANCE CURRENT ON POV YES _____ OR NO _____
NOTIFIED STATE OF CURRENT ADDRESS YES _____ OR NO _____ POST DECAL YES _____ OR NO _____

ITEM	SAFETY CHECKS	PASS	FAIL
HEADLIGHTS, high beam/ low beam			
TAIL LIGHTS (OPERATIONAL)			
TURN SIGNAL L/R (OPERATIONAL)			
BACK-UP LIGHTS (OPERATIONAL)			
LICENCE PLATE LIGHT (OPERATIONAL)			
BRAKE LIGHTS (OPERATIONAL)			
FOOT BRAKE (FOOT PEDAL CANNOT TRAVEL MORE THAN HALF WAY TO THE FLOOR)			
EMERGENCY BRAKE (WHEN ENGAGED VEHICLE DOESN'T MOVE)			
WINDSHIELD (NOT CRACKED, BROKEN OR SCRATCHED TO THE DEGREE THAT IMPAIRS VISION)			
WINDSHIELD WIPERS (OPERATIONAL)			
WINDSHIELD WASHER (OPERATIONAL)			
HORN (OPERATIONAL)			
TIRES AND SPARE (1MM OF TREAD OVER ENTIRE TRACTION SURFACE)			
MIRRORS (OUTSIDE AND INSIDE NOT CRACKED)			
SEATBELTS (OPERATIONAL)			
EXHAUST SYSTEM (NO LEAKS)			
FIRST AID (OPTIONAL)			
BUMPER (NOT BENT OR DAMAGED IN-A-WAY THAT WOULD BE HAZARDOUS)			
BRAKE FLUID LEVEL (FILLED APPROPRIATE LEVEL)			
DEFROSTER (OPERATIONAL)			
MOTORCYCLE EQUIPMENT (APPROVED HELMET, PROTECTIVE CLOTHING, GLOVES AND FACE/EYE PROTECTION)			

CIRCLE ONE

STATEMENT: MY VEHICLE **DOES** OR **DOES NOT** MEET REQUIRED SAFETY STANDARDS. I WILL NOT DRIVE MY VEHICLE UNTIL ALL SAFETY STANDARDS ARE MET AND REINSPECTED.

SOLDIERS SIGNATURE: _____ DATE: _____

INSPECTOR PRINT & SIGN: _____ DATE: _____