



# City of Hudson Taxi Cab Inspection Report

## SECTION 1 – APPLICANT INFORMATION

Company Name:		Address:	
City:	State:	Zip:	Phone:
Authorized Representative's Name (First, Last, MI):		Position with Organization:	

## SECTION 2 – TAXI CAB INFORMATION

Vehicle #1			
Lic. #:	VIN#:	Color:	Year/Make/Model:
			Capacity:

## SECTION 3 – TAXI CAB INSPECTION

					Comments				
<b>Front Lights</b>									
Headlights Low Beam	L.F.	<input type="checkbox"/>	R.F.	<input type="checkbox"/>					
Headlights High Beam	L.F.	<input type="checkbox"/>	R.F.	<input type="checkbox"/>					
Turn Signals	L.F.	<input type="checkbox"/>	R.F.	<input type="checkbox"/>					
Parking Lights	L.F.	<input type="checkbox"/>	R.F.	<input type="checkbox"/>					
<b>Rear Lights</b>									
Reds with/Headlights	L.R.	<input type="checkbox"/>	R.R.	<input type="checkbox"/>					
Brake Lights	L.R.	<input type="checkbox"/>	R.R.	<input type="checkbox"/>					
Turn Signals	L.R.	<input type="checkbox"/>	R.R.	<input type="checkbox"/>					
Backup Lights	L.R.	<input type="checkbox"/>	R.R.	<input type="checkbox"/>					
<b>Tires</b>									
Tires	L.F.	<input type="checkbox"/>	R.F.	<input type="checkbox"/>	R.R.	<input type="checkbox"/>	L.R.	<input type="checkbox"/>	
<b>Brakes</b>									
Regular	<input type="checkbox"/>	Emergency	<input type="checkbox"/>						
<b>Horn</b>									
<b>Window Glass</b>									
Condition:			Cleanliness:						
<b>Windshield Wipers</b>									
Condition:			Operation:						
<b>Miscellaneous Items</b>									
Rate Card:			Meter Light:						
Flares:			Extinguisher:						
<b>Additional Comments/Remarks:</b>									



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### SECTION 2 – TAXI CAB INFORMATION

Vehicle #1				
Lic. #:	VIN#:	Color:	Year/Make/Model:	Capacity:

### SECTION 3 – TAXI CAB METER/ODOMETER INSPECTION

Odometer Reading	Meter Price	Comments
Mileage at Start:	\$	
Mile 1:	\$	
Mile 2:	\$	
Mile 3:	\$	
Mile 4:	\$	
<b>Odometer Additional</b>		
Odometer:	Approved <input type="checkbox"/>	Needs Repair <input type="checkbox"/>
Meter:	Approved <input type="checkbox"/>	Needs Repair <input type="checkbox"/>
Meter Waiting Time – Serial #:		
1 <sup>st</sup> Trip		Seconds
2 <sup>nd</sup> Trip		Seconds
Approved: <input type="checkbox"/>	Needs Repair: <input type="checkbox"/>	

### SECTION 4 – CAB INSPECTION CERTIFICATION

Automobile Repair Center Business Name:		Address:	
City:	State:	Zip:	Phone:

This safety inspection was provided by an automobile repair center and certifies that the vehicle has been thoroughly inspected and found to be in safe condition for the transportation of passengers and is clean and free of body damage and is well painted and maintained.

Approved for Use:      Yes       No

Inspecting Mechanic Signature:	Date:
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Inspecting Mechanic Name: (Please Print)

<b>Additional Comments/Remarks:</b>