

# Annual Motor Vehicle Checklist

Date \_\_\_\_\_ Unit \_\_\_\_\_ Den \_\_\_\_\_ Position \_\_\_\_\_

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

City, state \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's license no. \_\_\_\_\_ Renewal date \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Alt. telephone (\_\_\_\_\_) \_\_\_\_\_

Insurance company \_\_\_\_\_ Amount of liability coverage \$ \_\_\_\_\_

Other drivers of same vehicle (this trip only) and driver's license numbers:

\_\_\_\_\_ , \_\_\_\_\_

Make and model of vehicle \_\_\_\_\_ Model Year \_\_\_\_\_

Color \_\_\_\_\_ License no. \_\_\_\_\_ Type \_\_\_\_\_ Current? \_\_\_\_\_

## **Basic Safety Check (required)**

1. Seat belts for every passenger? \_\_\_\_\_
2. Seat belts operational? \_\_\_\_\_
3. Tire tread OK? \_\_\_\_\_
4. Spare tire present? \_\_\_\_\_
5. Tire jack present? \_\_\_\_\_
6. Brakes OK? \_\_\_\_\_
7. Windshield wipers operate? \_\_\_\_\_
8. Windshield washer fluid in reservoir? \_\_\_\_\_
9. Headlights and turn signals operating? \_\_\_\_\_
10. Mirrors: Rear view \_\_\_\_\_ Side view \_\_\_\_\_
11. Exhaust system OK? \_\_\_\_\_

## **Additional Safety Check (optional)**

1. Flares for emergencies? \_\_\_\_\_
2. Fire extinguisher? \_\_\_\_\_
3. Flashlight? \_\_\_\_\_
4. Tow chain or rope? \_\_\_\_\_
5. First-aid kit? \_\_\_\_\_