



LYFT DRIVER INFO

LYFT DRIVER NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_ VIN # \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_

LYFT DRIVER SIGNATURE \_\_\_\_\_ LYFT DRIVER PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

VEHICLE INSPECTION

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
<b>1. Foot brakes (pads/shoes thickness)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>9. Turn indicator lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
Min per manufacturer	_____		<b>10. Stop Lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
Right front                      Measurements	_____		<b>11. Front seat adjustment</b>	<input type="checkbox"/>	<input type="checkbox"/>
Left front                        Measurements	_____		<b>12. Doors (open, close, lock)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Right rear                        Measurements	_____		<b>13. Horn</b>	<input type="checkbox"/>	<input type="checkbox"/>
Left rear                         Measurements	_____		<b>14. Speedometer</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Emergency brake (parking brake)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>15. Bumpers</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Steering mechanism</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>16. Muffler and exhaust system</b>	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>	<b>17. Tires, incl. tread depth</b>	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>	Left front                      [ 32nd's / In ]	_____	
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>	Right front                    [ 32nd's / In ]	_____	
Bushings	<input type="checkbox"/>	<input type="checkbox"/>	Left rear                      [ 32nd's / In ]	_____	
<b>4. Windshield</b>	<input type="checkbox"/>	<input type="checkbox"/>	Right rear                     [ 32nd's / In ]	_____	
Large crack	<input type="checkbox"/>	<input type="checkbox"/>	<b>18. Interior and exterior rear view mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>	<b>19. Safety belts for driver and passenger(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Rear window and other glass</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VEHICLE INSPECTION</b> (Please circle one) <b>PASS</b> <b>FAIL</b>		
<b>6. Windshield wipers</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>7. Headlights</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8. Tail lights</b>	<input type="checkbox"/>	<input type="checkbox"/>			

**TO BE COMPLETED BY INSPECTOR**

INSPECTOR NAME \_\_\_\_\_ INSPECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ VEHICLE MILEAGE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_