



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

TO BE COMPLETED BY INSPECTOR

INSPECTOR NAME	INSPECTOR SIGNATURE	DATE
COMPANY NAME	VEHICLE MILEAGE	
COMPANY ADDRESS		