Secure Transportation Certification of Motor Vehicle Mechanical Evaluation

Owner:_____

Year/Make/Model:_____

VIN: _____

Mileage: _____

MECHANICAL EVALUATION CHECK LIST

SYSTEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels, tires and brake systems			
Steering, alignment and suspension system			
Climate control and ventilation systems			
Lighting and electrical system			
Exhaust system			
Fuel system			
Glass, body, and sheet metal			

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not guarantee future status of the vehicle operating condition due to conditions beyond my control.

_____ _____

Company Shop or Agency Name Mechanic name (print or type)

_____ _____ _____

Address Mechanic Signature Date