** Surplus Vehicle Inspection Form**

**Agency Information**

|  |  |  |
| --- | --- | --- |
| Agency:      | Insp. By:       | Phone #:      |
| Inspection Days: Check all days available for Inspection[ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri | Inspection Times: List all times available for inspection:AM: From:  :   to   :   PM: From:   :   to   :   |

Agency has original title: [ ]  Yes *(Original title must be available to process request, attach copy of both sides.)*

Agency has keys: [ ]  Yes (Agency may be charged for replacement keys.)

**Vehicle Information**

|  |  |  |  |
| --- | --- | --- | --- |
| VIN:       | Year:      | Make:       | Model:       |
| Mileage:       | Exterior Color:       | Interior Color:       |
| Overall Condition: [ ]  Good [ ]  Fair [ ] Poor Comments:       |

**Mechanical Information**

|  |
| --- |
| Operating Condition: [ ]  Starts & Runs [ ]  Starts w/Boost [ ]  Is Drivable [ ]  Won’t Start [ ]  Is NOT Drivable Why:       |
| Known Mechanical Issues:       |
|       |
| Engine:       | Cylinders:    | Fuel: [ ]  Gas [ ] Diesel [ ]  AFV | Transmission: [ ]  Automatic [ ]  Manual # Gears    |
| Check Installed Options: [ ]  Pwr Seats [ ]  Pwr Locks [ ] Pwr Windows [ ]  Cruise Control [ ]  Police Package |
| Air Bag: Single [ ]  Dual [ ]  | Radio: [ ]  AM [ ] AM/FM [ ] Cassette [ ] AM/FM CD | Other:       |

**Exterior Condition** **Decals Removed:** **[ ]  Yes** **[ ]  No Must remove, Do not spray paint decals**

|  |
| --- |
| Minor Body Damage:       |
| Scratches & Dents: [ ]  None visible [ ]  Minor: Where?       [ ]  Major: Where?       |
| Major Body Damage:      |
| Windows: [ ]  No damaged glass [ ]  Broken/Cracked where?        [ ]  Missing Glass where?       |
| Hub Caps: [ ]  Has all 4 Missing how many?       |
| Other :       |

**Interior Condition:**

|  |
| --- |
| Minor Damage:       |
| Major Damage:       |
| Emergency/Specialized Equipment Removal: [ ]  N/A |
| [ ]  Has no exposed wires or holes | [ ]  Has exposed wires and holes [ ] Interior [ ] Exterior |
| Other :       |

**Photos** *List photo number,* ***minimum*** *of 4 required, show all damage and send as many photos as necessary*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Front Driver Corner | Rear Pass. Corner | Interior | Motor |  |  |
|  |  |  |  |  |  |