



License Number _____
 Taxi Cab Number _____
 Receipt Number _____

TAXI CAB INSPECTION

Name of Company: _____
 Filed: _____ Limousine: Y ___ N ___
 Make, Model & Year: _____
 Vehicle Serial Number: _____
 Kansas License Plate Number: _____

To be filled out by inspector:

Date of Inspection: Time in: _____ Time out: _____

If not limousine:

Name of Company printed in letters of at least 2" in height? Y ___ N ___

Taxi cab number is printed in numbers of at least 3" in height? Y ___ N ___

<u>Check Item</u>	<u>OK</u>	<u>Required Attention</u>
BRAKES		
FRONT LIGHTS-TURN SIGNALS		
REAR LIGHTS-TURN SIGNALS		
STEERING		
TIRES		
EXHAUST SYSTEM-MUFFLER		
GLASS		
WINDSHIELD WIPERS		
REAR VIEW MIRRORS		
HORN		
BACK UP LIGHTS		
SEAT BELTS		
TAXIMETER (WHEN APPLICABLE)		
DOOR KNOBS AND HANDLES		

Other safety defect(s) noted:

Pass ___ Fail ___ Signed _____
 Inspector