

Surplus Vehicle Inspection Form

Agency Information

Agency:	Insp. By:	Phone #:
Inspection Days: Check all days available for inspection <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Inspection Times: List all times available for inspection: AM: From: : to : PM: From: : to :	
Agency has original title: <input type="checkbox"/> Yes <i>(Original title must be available to process request, attach copy of both sides.)</i>		
Agency has keys: <input type="checkbox"/> Yes <i>(Agency may be charged for replacement keys.)</i>		

Vehicle Information

VIN:	Year:	Make:	Model:
Mileage:	Exterior Color:	Interior Color:	
Overall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:			

Mechanical Information

Operating Condition: <input type="checkbox"/> Starts & Runs <input type="checkbox"/> Starts w/Boost <input type="checkbox"/> Is Drivable <input type="checkbox"/> Won't Start			
<input type="checkbox"/> Is NOT Drivable Why:			
Known Mechanical Issues:			
Engine:	Cylinders:	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> AFV	Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual # Gears _____
Check Installed Options: <input type="checkbox"/> Pwr Seats <input type="checkbox"/> Pwr Locks <input type="checkbox"/> Pwr Windows <input type="checkbox"/> Cruise Control <input type="checkbox"/> Police Package			
Air Bag: Single <input type="checkbox"/> Dual <input type="checkbox"/>	Radio: <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> Cassette <input type="checkbox"/> AM/FM CD	Other:	

Exterior Condition Decals Removed: Yes No Do not spray paint decals

Minor Body Damage:
Scratches & Dents: <input type="checkbox"/> None visible <input type="checkbox"/> Minor: Where? _____ <input type="checkbox"/> Major: Where? _____
Major Body Damage:
Windows: <input type="checkbox"/> No damaged glass <input type="checkbox"/> Broken/Cracked where? _____ <input type="checkbox"/> Missing Glass where? _____
Hub Caps: <input type="checkbox"/> Has all 4 Missing how many? _____
Other :

Interior Condition:

Minor Damage:	
Major Damage:	
Emergency/Specialized Equipment Removal: <input type="checkbox"/> N/A	
<input type="checkbox"/> Has no exposed wires or holes	<input type="checkbox"/> Has exposed wires and holes <input type="checkbox"/> Interior <input type="checkbox"/> 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