



Mechanics Certificate of Inspections

To: The Transit Inspector for the City of Pharr

I hereby certify that I have, on this the ____ day of _____, 20____, inspected the mechanical condition of the following taxi cab –

Name of Taxi Cab Company: _____

Taxi Vehicle #: _____

License Plate #: _____ Year: _____

Vin #: _____

Make: _____ Model: _____

The items listed below meet the minimum state inspection requirements:

Mechanical Condition:	Pass	Fail	Corrections Needed or Notes
Lights	_____	_____	_____
Brakes	_____	_____	_____
Steering	_____	_____	_____
Exhaust	_____	_____	_____
Tires & Rims	_____	_____	_____
Windshield	_____	_____	_____
Windows	_____	_____	_____
Mechanical Condition	_____	_____	_____
Taximeter	_____	_____	_____

Mechanic making inspections must be approved by the State of Texas to issue state inspections stickers:

Date: _____

Station ID #: _____

Inspector (Please Print): _____

Signature: _____