



City of Pharr Taxicab Inspector's Office Transit Vehicle Inspection

Inspector Check-List (To be completed by inspector, or designee):

Company: _____

Address: _____

Telephone No.: _____

Owner's Name: _____

Address: _____

Telephone No.: _____

Vehicle No.: _____ License plate number: _____ Color: _____

VIN: _____ Year: _____ Make: _____ Model: _____

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

CITY: _____

POLICY #: _____

Vehicle Exterior Condition: _____

Driver's Name: _____ DOB: _____ License #: _____

License Expires: _____

Required Lettering: _____

INTERIOR CONDITIONS:

1. Permit & Fare Schedule: Yes No

2. Fire Extinguishers: Yes No

3. Seat Belts: _____

4. Overall Appearance: _____

5. PASSED INSEPTION: Yes No Date: _____ Time: _____

Taxicab Inspector Designee

(ATTACH MECHANICS CERTIFICATE TO THIS REPORT)