



**UNITED COMMUNITY ACTION PARTNERSHIP
 Volunteer Driver Transportation program
 Vehicle Inspection Statement**

_____ Volunteer Driver Name		_____ Date	
_____ Make of Vehicle	_____ Vehicle License Plate #	_____ Color	_____ 2dr/4dr
_____ Make of Vehicle	_____ Vehicle License Plate #	_____ Color	_____ 2dr/4dr

ITEMS CHECKED SATISFACTORY

<input type="checkbox"/> Brakes	<input type="checkbox"/> Windshield Wipers	<input type="checkbox"/> Tires, Wheels, Rims
<input type="checkbox"/> Steering	<input type="checkbox"/> Mirrors	<input type="checkbox"/> Oil and Fluids
<input type="checkbox"/> Lights and Signals	<input type="checkbox"/> Exhaust	<input type="checkbox"/> Horn
<input type="checkbox"/> Other _____		

Comments: _____

I certify this vehicle(s) is currently in a safe operating condition.

_____	_____
Signature of Mechanic	Date

Name & Address of Auto Shop or Auto Dealer _____

Phone # of Auto Shop

I understand vehicles should not be operated in such a condition liable to cause an accident or breakdown while serving as a Volunteer Driver for, United Community Action Partnership Inc.

Signature - Volunteer Driver