UNITED COMMUNITY ACTION PARTNERSHIP
Transportation Program
Volunteer Vehicle Inspection Statement

Reason for Inspection (check all that apply)

Annual inspection_____  New Vehicle _____  Replacement Vehicle _____

If replacing a vehicle, which vehicle is being replaced? ___________________________

*Remember to include copy of insurance with annual renewals and new vehicles.

Volunteer Driver Name                                        Date

Make of Vehicle                                 Vehicle License Plate #   Color  2dr/4dr
___________________________         _________________________________ ______________________

Make of Vehicle                                 Vehicle License Plate #   Color  2dr/4dr
___________________________         _________________________________ ______________________

Items checked are satisfactory

___Brakes   ___Windshield Wipers  ___Tires, Wheels, Rims
___Steering   ___Mirrors   ___Oil and Fluids
___Lights and Signals    ___Exhaust   ___Horn            ___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