



**City of Homer
Public Transportation - Vehicle Inspection Application**

Name of Company **Address**

Vehicle Registration Owner **Address**

Color **Insurance Company** **Policy Number**

VEHICLE INSPECTION

<i>Inspection Description</i>	<i>Pass Status</i>	
All lights (including inside courtesy lights) operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fenders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windshield wipers/Windshield	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seatbelts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Horn	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proper vehicle business identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Top Light	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infant carrying device	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Officer/Inspector

Signature of Vehicle Registered Owner **Date** **Vehicle Permit Number**

Signature of Authorized Official **Date** **Vehicle License Plate Number**

Fee: \$ _____	Date: _____	Payment Method: <i>Cash / Check / Money Order</i>	HPD Employee Initials: _____
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