



Public Works and Environmental Services Department
CONSUMER PROTECTION DIVISION
 1 North University Drive, Suite A203 • Plantation, Florida 33324 • 954-765-1700

Taxicab Inspection Report

All components shall be demonstrated to be functional and meet the safety standards designated by the manufacturer.

	PASS	FAIL		PASS	FAIL
1. FOOT BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	20. INTERIOR LIGHTS OPERATE W/DOORS	<input type="checkbox"/>	<input type="checkbox"/>
2. EMERGENCY PARKING BRAKE	<input type="checkbox"/>	<input type="checkbox"/>	21. TAXIMETER ATTACHED TO TELL-TALE LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
3. SUSPENSION/STEERING MECHANISM	<input type="checkbox"/>	<input type="checkbox"/>	22. AIR CONDITIONING W/COOLED & HEATED AIR	<input type="checkbox"/>	<input type="checkbox"/>
4. WINDSHIELD	<input type="checkbox"/>	<input type="checkbox"/>	23. TELL-TALE LIGHTS FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>
5. REAR WINDOW AND OTHER GLASS	<input type="checkbox"/>	<input type="checkbox"/>	24. DASHBOARD LIGHTS FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>
6. WINDSHIELD WIPERS	<input type="checkbox"/>	<input type="checkbox"/>	25. DASHBOARD LIGHTS NOT ILLUMINATED		
7. HEADLIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	26. WINDOWS FUNCTION PROPERLY		<input type="checkbox"/>
8. TAILLIGHTS	<input type="checkbox"/>	<input type="checkbox"/>			
9. TURN INDICATOR LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>			
10. BRAKE LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>			
11. FRONT SEAT ADJUSTMENT MECHANISM	<input type="checkbox"/>	<input type="checkbox"/>			
12. DOORS (OPEN/CLOSE/LOCK)	<input type="checkbox"/>	<input type="checkbox"/>			
13. HORN	<input type="checkbox"/>	<input type="checkbox"/>			
14. SPEEDOMETER	<input type="checkbox"/>	<input type="checkbox"/>			
15. BUMPERS	<input type="checkbox"/>	<input type="checkbox"/>			
16. MUFFLER AND EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>			
17. CONDITION OF TIRES, INCL. TREAD DEPTH	<input type="checkbox"/>	<input type="checkbox"/>			
18. INTERIOR AND EXTERIOR REAR VIEW MIRRORS	<input type="checkbox"/>	<input type="checkbox"/>			
19. SAFETY BELTS FOR DRIVERS AND PASSENGERS	<input type="checkbox"/>	<input type="checkbox"/>			

Notes

INSPECTION RESULTS PASS
 FAIL

INSPECTION DATE

Inspection Details					
Company			Category		
Vehicle Year	Make	Model	Tag No.	VIN	
ASE / AATI Certified Mechanic / Certified Auto Technician Name			ASE / AATI Certified Mechanic / Certified Auto Technician Signature		
ASE/AATI Certification No.			Certification Expiration Date		
Facility Name			Facility License or Registration No.		
Facility Address			City	State	Zip