

## LYFT DRIVER INFO

ALL FIELDS ARE MANDATORY

<hr/> LYFT DRIVER NAME		<hr/> EMAIL ADDRESS	
<hr/> LICENSE PLATE #		<hr/> VIN #	
<hr/> VEHICLE MAKE	<hr/> VEHICLE MODEL	<hr/> VEHICLE YEAR	
<hr/> LYFT DRIVER SIGNATURE		<hr/> LYFT DRIVER PHONE NUMBER	

## INSPECTION CHECKLIST

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. <b>Foot brakes</b>	<input type="checkbox"/>	<input type="checkbox"/>	13. <b>Horn</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Emergency brake (parking brake)</b>	<input type="checkbox"/>	<input type="checkbox"/>	14. <b>Speedometer</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Steering mechanism</b>	<input type="checkbox"/>	<input type="checkbox"/>	15. <b>Bumpers</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Windshield</b>	<input type="checkbox"/>	<input type="checkbox"/>	16. <b>Muffler and exhaust system</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Rear window and other glass</b>	<input type="checkbox"/>	<input type="checkbox"/>	17. <b>Tires, incl. tread depth</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Windshield wipers</b>	<input type="checkbox"/>	<input type="checkbox"/>	Left front	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Headlights</b>	<input type="checkbox"/>	<input type="checkbox"/>	Right front	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Tail lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	Left rear	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Turn signal lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	Right rear	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Brake lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	18. <b>Interior and exterior rear view mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>
11. <b>Front seat adjustment</b>	<input type="checkbox"/>	<input type="checkbox"/>	19. <b>Safety belts for driver and passenger(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>
12. <b>Doors (open, close, lock)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px dashed gray; padding: 10px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <span>VEHICLE INSPECTION (Circle One)</span> <span>PASS    FAIL</span> </div> </div>		

## TO BE COMPLETED BY INSPECTOR

<hr/> COMPANY/FACILITY NAME		<hr/> SOUTH CAROLINA	
<hr/> COMPANY/FACILITY STREET ADDRESS		<hr/> STATE	<hr/> ZIP
<hr/> INSPECTOR NAME		<hr/> INSPECTION DATE (document expires one year from this date)	