



CITY OF BURBANK
COMMUNITY DEVELOPMENT DEPARTMENT - BUILDING & SAFETY
TAXICAB VEHICLE INSPECTION CHECKLIST

Driver's Name		Date of Inspection:
Cab Company:	Cab#:	Fuel Type:
License #:	VIN#:	Decal #:
Year:	Make/Model:	

ITEMS TO BE INSPECTED:

HEADLIGHTS – Low Beams	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
HEADLIGHTS – High Beams	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TURN SIGNALS – Left Front	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TURN SIGNALS – Right Front	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TURN SIGNALS – Left Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TURN SIGNALS – Right Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TAIL LIGHTS – Left Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TAIL LIGHTS – Right Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
BRAKE LIGHTS – Left Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
BRAKE LIGHTS – Right Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
BRAKE LIGHTS – Middle	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
BACK UP LIGHTS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TIRES – Left Front	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TIRES – Left Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TIRES – Right Front	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TIRES – Right Rear	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TIRES - Spare	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

SEAT BELTS – Front Seat	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
SEAT BELTS – Back Seats	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
BACK DOORS / WINDOWS – Left	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
BACK DOORS / WINDOWS – Right	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
INTERIOR LIGHT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
HORN	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
METER - Verify seal or attach Cert.	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
RADIO CHECK	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
WINDSHIELD WIPERS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
CLEANLINESS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

Name of Inspection Facility:		
Address:		
Phone:		
ASE Certification/ AAA Approval - Provide copy of certificate or Certificate Number:		
→ VEHICLE PASSED <input type="checkbox"/> REINSPECTION REQUIRED <input type="checkbox"/>		
INSPECTED BY:		
Print Name:	Signature:	Date: