

Foster Parent Yearly Vehicle Inspection

Name: _____

Vehicle Make: _____ Model: _____ Year _____

Vehicle Color: _____ License Plate #: _____

ITEM	OK	NEEDS TO BE CORRECTED	CORRECTION DUE DATE	ACTUAL DATE COMPLETED
LIGHTS				
▪ Headlights				
▪ Parking Lights				
▪ Brake Lights				
▪ Right Turn Signal – Front				
▪ Right Turn Signal – Back				
▪ Left Turn Signal – Front				
▪ Left Turn Signal – Back				
▪ Back Up (Reverse) Signal				
▪ Hazard Signal				
MIRRORS				
▪ Rearview				
▪ Driver’s Side View				
▪ Passenger Side View				
SAFETY BELTS				
HORN				
*EXTERIOR DAMAGE				
*INTERIOR DAMAGE				
**EMERGENCY NUMBERS:				

* Only that which affects or may affect the SAFETY of the passengers.

** Emergency information including emergency numbers for Child Safe Michigan and emergency and medical information for those beings transported in this vehicle will be kept in the vehicle.

Vehicle Inspected by:

Signature

Date

Licensing Specialist / Supervisor initials

Date