NANCY C. MILLAN
HILLSBOROUGH COUNTY
TAX COLLECTOR

Mechanical Inspection Certification

Company Certificate Holders Name: _____

Vehicle Make: _____ Vehicle Model: _____

Date of Manufacture: _____ Mileage (at the time of inspection): _____

VIN: _____

Inspection Items:

_____ Brakes: Foot brakes and parking brake.

_____ Tires: Condition of tires, including tread depth

_____ Windshield and windshield wipers.

_____ Lights: head lights, tail lights, brake lights, turn indicator lights

_____ Interior: door & lock operation, horn, speedometer, safety belts, front seat adjustment mechanism

_____ Interior and exterior rear view and side view mirrors

_____Heating and A/C (heated air at floor and defrost, A/C temp at ducts)

_____Suspension system and steering (worn-out shocks and struts)

_____ Bumper, Muffler and Exhaust System (converters in place, excessive noise, leaks, smoke)

_____Leaks (oil, engine coolant, transmission, fuel, hydraulic brake fluid)

_____ Additional inspection required for vehicle exceeding ten (10) model years on December 31st of any year. Interior restraint and safety equipment is functional and in good working order.

I ,_____, certify that I have inspected the vehicle
(Automotive Service Excellence "ASE" Certified Mechanic Printed Name)

identified on this form and using the above listed items as my criteria, certify this vehicle as safe and roadworthy as of the date of this inspection.

_____
Signature of ASE Certified Mechanic

_____
Inspection Date

_____
ASE Certificate Number

NOTE: If the ASE Certificate Number is not in the correct format, you will be required to submit a copy of the ASE Certificate

Office use only

Permit No: _____

Date Received: _____

CSR: _____