

Staab Agency

Shirley St. Pierre / Statutory Agency
 P.O. Box 942 / 259 Goose Hill Road
 Jefferson, Me 04348
 800-648-8805 / Fax 207-549-7638 info@staabagency.com

Auto Inspection Report

I certify that on date: ___/___/___ I personally inspected the vehicle

Described below at: _____
 (Address)

Year	Make	Model	Style	Vin#	Odometer
Owners Name			Owners Address		
Station Name			Station Address		
Certified Technician Name			Certified Technician Name & Number# _____		
_____ (Signed)			_____ (Printed)		

I have inspected the vehicle described above and have **not** found any safety or equipment requirements that would reject this vehicle from being considered roadworthy. The following items have been inspected. Please list all other inspected items under OTHER.

- | | |
|--|---|
| Brakes
Windshield
Horn
Rearview Mirror
Window Glass
Seat Belts
Steering Mechanism
Suspension System
Wheels and Axles
Frame
Exhaust System
Tires | Headlights (incl. aim specifications)
Taillights
Registrations Plates and Rear Plate Lighting
Directional Lights
Rear Reflector
Body Elements and Sheet Metal Hazards
Splash Guards
Catalytic Converter (1983 and subsequent models)
Fuel Pipe Restrictor (1983 and subsequent models)
Gas Cap Pressure (if applicable)
On-Board Diagnostic (if applicable)
OTHER: _____ |
|--|---|