



Kentucky Transportation Cabinet  
 Department of Vehicle Regulation  
**Division of Motor Carriers**  
**Passenger Vehicle Inspection**

TC 95-630  
12/2019

Each vehicle shall be inspected annually by an automotive service technician who shall approve it for service. Have the service technician complete this inspection form annually. Maintain a copy for three years from the date of inspection for each vehicle that passed inspection and has been qualified.

Date of Inspection		Odometer		Model Year		Make	
Vehicle Type:	<input type="checkbox"/> Sedan	<input type="checkbox"/> Limousine	<input type="checkbox"/> Minivan	<input type="checkbox"/> Van	<input type="checkbox"/> Other	Model	
License Plate No.		VIN				Authority No.	

*(Department use)*

	Pass	Fail		Pass	Fail		Pass	Fail
<b>LIGHTS</b>			<b>SAFETY BELTS</b>			<b>TIRES</b>		
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Front/Rear	<input type="checkbox"/>	<input type="checkbox"/>	Right Front	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Lights	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPEEDOMETER/ODOMETER</b>			Left Front	<input type="checkbox"/>	<input type="checkbox"/>
High Beam	<input type="checkbox"/>	<input type="checkbox"/>	Operational/Legible	<input type="checkbox"/>	<input type="checkbox"/>	Right Rear	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	<b>ELECTRICAL SYSTEM</b>			Left Rear	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<b>WIPERS</b>		
Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Switches/Wiring	<input type="checkbox"/>	<input type="checkbox"/>	Arms/Blades	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Lights	<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	Controls	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Safety Switches	<input type="checkbox"/>	<input type="checkbox"/>	<b>FUEL SYSTEM</b>		
<b>STEERING</b>			<b>BRAKES</b>			Tank	<input type="checkbox"/>	<input type="checkbox"/>
Steering Wheel	<input type="checkbox"/>	<input type="checkbox"/>	Brakes/Brake Pads	<input type="checkbox"/>	<input type="checkbox"/>	Cap	<input type="checkbox"/>	<input type="checkbox"/>
Column	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	Accelerator	<input type="checkbox"/>	<input type="checkbox"/>
Power Steering	<input type="checkbox"/>	<input type="checkbox"/>	<b>WINDOWS/DOORS</b>			<b>EXHAUST SYSTEM</b>		
<b>UNDER HOOD</b>			Windshield	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	Window Cranks/Switches	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Pipes	<input type="checkbox"/>	<input type="checkbox"/>
Engine Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	Operable Door Locks	<input type="checkbox"/>	<input type="checkbox"/>	Mountings	<input type="checkbox"/>	<input type="checkbox"/>
Hoses	<input type="checkbox"/>	<input type="checkbox"/>	Door Seals/Gaskets	<input type="checkbox"/>	<input type="checkbox"/>	Catalytic Converter	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXTERIOR</b>			<b>MIRRORS</b>			<b>INTERIOR</b>		
Body Condition	<input type="checkbox"/>	<input type="checkbox"/>	Interior	<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
Paint Condition	<input type="checkbox"/>	<input type="checkbox"/>	Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Condition	<input type="checkbox"/>	<input type="checkbox"/>
No Modifications	<input type="checkbox"/>	<input type="checkbox"/>	Comments:					
<b>Inspection Results</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail						

Inspection Address			Print Name of Service Technician		
Company			ASE Certificate No.		
Street			Phone		
City			Email		
State		ZIP	Signature		