



**PROWERS COUNTY  
SECURE TRANSPORTATION SERVICES  
Certificate of Motor Vehicle  
Mechanical Evaluation**

Owner: \_\_\_\_\_

Year/Make/Model: \_\_\_\_\_

VIN: \_\_\_\_\_

Mileage: \_\_\_\_\_

**MECHANICAL EVALUATION CHECK LIST**

SYSTEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>Wheels, tires and brake systems</b>			
<b>Steering, alignment and suspension system</b>			
<b>Climate control and ventilation systems</b>			
<b>Lighting and electrical system</b>			
<b>Exhaust system</b>			
<b>Fuel system</b>			
<b>Glass, body, and sheet metal</b>			

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not guarantee future status of the vehicle operating condition due to conditions beyond my control.

\_\_\_\_\_  
Company Shop or Agency Name

\_\_\_\_\_  
Mechanic name (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mechanic Signature

\_\_\_\_\_  
Date