

Taxi and private hire vehicle inspection sheet



Surname of vehicle owner:		Vehicle registration:	
First name(s):		Make:	
Address:		Model:	
Postcode:		Year of manufacture:	
Daytime tel no:		VIN or chassis no:	
Mobile no:		Recorded mileage:	
Email address:		Colour:	
	Failure		
	Yes	No	Reason for failure
Interior condition of body work			
Exterior condition of body work			
Front and back plates - secured			
Door stickers - upper front doors			
Advertising not to detract from plates and door stickers			
Position & contents of first aid kit			
Fire extinguisher - maintained			
Roof sign secure			
Size of roof sign			
Illuminated roof sign			
Lighting equipment			
Front and rear lamps			
Head lamps			
Head lamp aim			
Side lamp			
Rear reflectors			
Direction indicators			
Hazard warning lights			
Fog lamps front			
Fog lamps rear			
Number plate lamps			
Steering and suspension			
Steering control			
Steering mechanism / system			
Power steering			
Transmission shafts			
Wheel bearings			
Front suspension			
Rear suspension			
Shock absorbers			
Wheel alignment			
Brakes			
Controls / ABS warning system			
Condition of parking brake system			

Condition of service brake system			
Service brake performance %			
Parking brake performance %			
Tyre and wheels including spare			
Tyre tread depth			
Tyre condition			
Road wheels			
Seatbelts			
Mountings			
Condition			
Operation			
Registration plate condition			
Clutch pedal condition			
Clutch pedal operation			
Oil leaks			
Road tax and MOT check			
Rear view mirrors			
Fuel system condition			
Seats condition and security			
People carrier/minibus moveable seat			
Door locks and catches			
Windscreen wipers and washers			
Horn			
Exhaust system			
Exhaust emissions			
Vehicle security			
Security of wiring			

Test result

I certify that for the reasons given above, the vehicle does/does not* pass the statutory requirements (*delete as appropriate)

Test Centre:

Tester (full name):

Signed:

Date:

Re-test only

I certify that the appropriate works have now been carried out on this vehicle and it now complies with the statutory requirements.

Test Centre:

Tester (full name):

Signed:

Date:

When completed, to be returned to Maldon District Council, Princes Road, Maldon, Essex, CM9 5DL. For further information, contact licensing@maldon.gov.uk