Office Use Only

License #: _____ Cab/Plate #: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Taxicab/Livery Mechanical Inspection Form

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: vfh@columbus.gov

Inspection Information:

Owner's Name: _____ Date of Inspection: _____

DBA: _____ Phone #: _____

Vehicle Information:

Taxicab # (if applicable): _____ Mileage: _____

Year: _____ Make: _____ Model: _____

VIN: _____ License Plate: _____

Inspection Items:

	PASS	FAIL		PASS	FAIL		PASS	FAIL
Low Beam	☐	☐	Top Light	☐	☐	Speedometer	☐	☐
High Beam	☐	☐	Dome Light	☐	☐	Air Conditioner	☐	☐
Turn Signals	☐	☐	Windows	☐	☐	Defroster/Heater	☐	☐
Emergency Flashers	☐	☐	Windshield Wipers	☐	☐	Brake System	☐	☐
License Plate Light	☐	☐	Washer Fluid	☐	☐	Emergency Brake	☐	☐
Tail Lights	☐	☐	Seatbelts	☐	☐	Suspension/Steering	☐	☐
Brake Lights	☐	☐	Horn	☐	☐	Shocks/Struts	☐	☐
Reverse Lights	☐	☐	Tires	☐	☐	Exhaust System	☐	☐

Did this vehicle pass its initial inspection? ☐ Yes ☐ No*

If no, reason for failure: _____

Re-inspection passed: ☐ Yes ☐ No

Date passed: _____

Comments/Repairs Needed: _____

Check this box to certify that this vehicle is safe to operate as a Vehicle for Hire: ☐

_____ *Name of Inspector*

_____ *Signature of Inspector*

_____ *Name of Inspection Facility*

_____ *ASE Certificate #*

_____ *Street Address*

_____ *Business Phone #*

_____ *City* _____ *State* _____ *Zip Code*