

Taxi/TNC Company:	
<input type="checkbox"/> TNC <input type="checkbox"/> Taxi <input type="checkbox"/> Wheelchair Accessible	
MPLS LICENSE #	
Type of Inspection: <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAR TO CAR	

City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1316
 Phone: 612-673-2080 or 311
 Fax: 612-673-3399
 TTY: 612-673-2157
www.ci.minneapolis.mn.us/business-licensing

Facility Name:
Address:
Telephone:

Taxi/TNC Vehicle Inspection Report

Vehicle Owner Name			Telephone		Cab #
Vehicle Year	Make	VIN (last 6 digits)	License Plate		Odometer

F = FAIL/ OUT OF SERVICE P = PASS

1. BELTS, HOSES, LUBRICANTS		F	P	7. STEERING		F	P	11. BODY		F	P
<input type="checkbox"/> P/S	<input type="checkbox"/> ALT			STEERING LINKAGES /COMPONENTS				PAINT COLOR, DENTS, DINGS, RUST			
<input type="checkbox"/> AIR PUMP	<input type="checkbox"/> A/C			BALL JOINTS				WINDSHIELD			
<input type="checkbox"/> CRACK	<input type="checkbox"/> HEATER			PINION SEALS				DOORS			
<input type="checkbox"/> SOFT	<input type="checkbox"/> RAD			TIRE WEAR <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				DOOR HANDLES <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			
PULLEYS & WATER PUMP				TIRE WEAR/RIM CONDITION				DOOR WINDOW <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			
RADIATOR & PRESSURE CAP				WHEEL ALIGNMENT- TEST/VISUAL				FENDERS – FRONT			
COOLANT: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				PS PUMP AND LEAKS				QUARTER PANELS - REAR			
TRANS FLUID <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				8. INSTRUMENTS		F	P	MIRRORS <input type="checkbox"/> LF <input type="checkbox"/> INTERIOR <input type="checkbox"/> RF			
ENGINE OIL: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				OIL PRESSURE				BUMPER COVERS			
PWR STR FLUID <input type="checkbox"/> LEVEL				ENGINE TEMP				DECAL/COMPANY MARKING			
BATTERY POSTS & CABLES				CHARGING SYSTEM				REAR WINDOW SHELF			
2. POLLUTION CTRL/FUEL SYS				F	P	SPEEDOMETER		GLASS			
FUEL LEADS (VISUAL)						ODOMETER		GENERAL BODY CONDITION			
GAS TANK						HEATER/DEFROSTER		12. GENERAL		F	P
GAS GAUGE						AIR CONDITIONING		HORN			
IDLE NORMAL:						SRS AIRBAGS		AIR CONDITIONER			
3. ENGINE/POWER ANALYSIS				F	P	METER – OPERATIONAL		FAN SPEED			
TEST DRIVE	ENGINE PERFORMANCE					LOCATION		WS WIPERS/WASHER			
	ENGINE NOISES					SEAL		HEADLIGHTS			
	NORMAL ACCELERATION					<input type="checkbox"/> N/A		FOCUS/CANDLE POWER			
ACCELERATION CABLE						CHECK ENGINE LIGHT		HI LOW PARKING			
ENGINE MOUNTS						OPERATIONAL		RIGHT TURN LIGHTS			
OIL LEAKS						CODES INDICATED		LEFT TURN LIGHTS			
4. TRANSMISSION				F	P	9. BRAKING SYSTEM		F	P	13. TRUNK	
TEST DRIVE	NORMAL TRAN OPERATION					FLUID LEVEL				F P	
	SPEEDOMETER OPERATION					PEDAL RESERVE				SPARE TIRE <input type="checkbox"/> N/A	
	GEAR SHIFT INDICATOR					BRAKE HOSES & LINES				TRUNK UPHOLSTERY CONDITION	
5. DRIVE TRAIN				F	P	MASTER CYLINDER/ABS				LATCH OPENS CLOSES	
TEST DRIVE	DRIVE LINE:					PARKING BRAKE				FUEL LEAKS/SMELLS	
	<input type="checkbox"/> NOISE					REMAINING LINING/PAD				14. INTERIOR	
	<input type="checkbox"/> VIBRATION					FRONT REAR				F P	
UNIVERSAL & CV JOINTS						WHEEL CYLINDERS/CALIPERS				DRIVER/PASSENGER INTERIOR	
REAR AXLE SEALS						DRUM/DISC CONDITION				UNCLEAN/DIRTY/SOIL/ODORS	
DIFFERENTIAL & FLUID LEVEL						10. SUSPENSION/FRAME		F	P	FRONT SEAT # REAR SEAT #	
6. EXHAUST SYSTEM				F	P	FRAME/ENERGY ABSORB BUMPER				CONDITION:	
CATALYTIC CONVERTER						FRAME/CROSS BARS				DASHBOARD	
EXHAUST PIPE/TAIL PIPE						STABILIZER BAR & LINKS				HEADLINER	
MUFFLER						STRUT/SHOCKS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				SEATBELTS (FRONT/REAR)	
HANGER/CLAMPS						SPRINGS/BRUSHINGS				FLOORS	
										BRAILLE CARD, RATE CARD <input type="checkbox"/> N/A	
										SECURITY DEVICE <input type="checkbox"/> N/A	
										<input type="checkbox"/> GPS <input type="checkbox"/> CAMERA <input type="checkbox"/> SHIELD	

☐ N/A – The requirement does not apply to TNC vehicle.

Comments:

Date of Inspection	Inspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #
Date of Inspection	Reinspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #