



## ANNUAL LIMOUSINE VEHICLE INSPECTION REPORT

MECHANICAL COMPONENT INSPECTION
(As Required Under *Minnesota Rules*, parts 8880.0900 & 8880.1000)

LIMOUSINE OPERATOR NAME:

BUSINESS ADDRESS:				
CITY/STATE/ZIPCODE:				
OPERATOR PERMIT NUMBER:	DATE OF INSP	DATE OF INSPECTION:		
VEHICLE INFORMATION  Make:	Model:	Year: Mileage:		
venicle identification Number (VIN):		ivilleage:		
COMPONENTS	GOOD CONDITION	NEEDS REPAIR	REPAIR DATE	
BRAKES				
Master Cylinder				
• Shoes				
• Linings				
• Pads				
Drums / Rotors				
Hoses / Tubing				
Warning Devices				
Parking Brake				
EXHAUST SYSTEM				
<ul> <li>Manifolds</li> </ul>				
• Muffler				
• Pipes				
Catalytic Converter				



Office of Freight and Commercial Vehicle Operations
Mail Stop 420
395 John Ireland Blvd.
St. Paul, MN 55155

FUEL SYSTEM				
•	Fuel Pump / Fuel Injectors			
•	Fuel Tank			
•	Hoses / Tubing			
<u>STEERING</u>				
•	Wheel Movement			
•	Power Assist Cylinder			
•	Steering Column			
•	Front Axle Beam			
•	Gear Box			
•	Ball & Socket Joints			
•	Tie Rods			
•	Steering Arm			
SUSPE	<u>NSION</u>			
•	Springs			
•	Shock Absorbers			
•	Torsion Bars			
FRAME MEMBERS				

## CERTIFICATION BY LIMOUSINE OPERATOR

I certify that the vehicle listed on this form has been inspected and all items noted above were found to be in working order, or have been repaired or replaced as described above.					
Company Official Name					
(print)	Title:				
Signature::	Date:				