PUBLIC SAFETY VEHICLE INSPECTION FORM

This section must be completed prior to vehicle inspection by OSP; Applicant shall also show proof of insurance and vehicle registration for OSP to conduct inspection.

Member Name: _____
Last First Initial

Street Address: _____

City: _____ State: OH Zip: _____ County_____

Firefighter or EMS State of Ohio Certification Number: _____

FDID: _____ Fire Department Name: _____

Vehicle Owner Name :
_____

I am aware that the State of Ohio requires minimum insurance limits for bodily injury and property damage. If I am not the aforementioned listed owner of the vehicle, I attest that I have permission of the owner of the vehicle to operate the vehicle as a public safety vehicle.

_____
Signature of Vehicle Operator/ Date

Check if acceptable

	Steering		Body Condition		Exhaust System		
	Glass		Seat Belts		Windshield Wiper		
	Mirrors:		Inside		Outside		
	Brakes:		Service		Emergency		
	Lights:		High Beam		Low Beam		Taillights
	Turn Signals:		Front		Rear		Brake Lights
	License Plate:		Front		Rear		License Illumination
	Tires:		Front		Rear		Wheel/Rims
	Warning Device:		Horn		Siren		Emergency Warning Lights

Fill in or Circle one

Year & Make of Vehicle:	Mileage:
Type of Vehicle: Automobile Light Truck or Light Duty Truck	
Ohio License Plate Number:	Passenger or Commercial
Name of Insurance Carrier:	
Date of Original Inspection:	Passed Failed
Date of Re-Inspection:	Passed Failed

_____
Signature of Ohio State Highway Patrol/ Date