



MECHANICAL REPORT

Name Of Titleholder: _____

Name Of Policyholder/Applicant If Different From Above: _____

Policy # Or Policy Effective Date:	Producer Name:	Producer #:
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To Be Completed By Inspector:

Vehicle Information

Year:	Make:	Model:	Mileage:
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- YES NO Brakes Functioning
- YES NO Brake Lights Functioning
- YES NO Headlights Functioning
- YES NO Windshield – cracked or missing
- YES NO Drivers Side Door Mirror - cracked, damaged, or missing
- YES NO Damaged Suspension

Location of Auto Shop where vehicle inspected: (Please Print)

Name _____

Address _____
(street) (city) (state) (zip code)

Phone _____

Vehicle Inspector's Name (Please Print) _____

Vehicle Inspector's Signature _____ Date _____