

### UBER PARTNER:

BRING THIS FORM TO A CERTIFIED AUTO TECHNICIAN AND HAVE THEM COMPLETE IT. WHEN COMPLETE, TAKE A PICTURE AND UPLOAD TO [HTTP://PARTNERS.UBER.COM](http://partners.uber.com) AND KEEP THIS COPY IN YOUR VEHICLE WHEN ONLINE WITH UBER.

### TECHNICIAN:

VISUALLY INSPECT EACH ITEM ON THE FOLLOWING LIST. CHECK "PASS" ONLY IF THEY ARE DEEMED SAFE OR EXCEED THRESHOLDS LISTED BELOW.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

#### Lights

	PASS	FAIL
HEADLIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR LIGHT	<input type="checkbox"/>	<input type="checkbox"/>
BRAKE LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
TAIL LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
TURN INDICATOR LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>

#### Brakes

ALL PADS MUST BE MIN 2MM THICKNESS

	PASS	FAIL
RIGHT/FRONT	<input type="checkbox"/>	<input type="checkbox"/>
LEFT/FRONT	<input type="checkbox"/>	<input type="checkbox"/>
RIGHT/REAR	<input type="checkbox"/>	<input type="checkbox"/>
LEFT REAR PARKING BRAKE	<input type="checkbox"/>	<input type="checkbox"/>
PARKING BRAKE	<input type="checkbox"/>	<input type="checkbox"/>
BRAKE OPERATION	<input type="checkbox"/>	<input type="checkbox"/>

#### Steering/Suspension

	PASS	FAIL
BALL JOINTS	<input type="checkbox"/>	<input type="checkbox"/>
TIE RODS	<input type="checkbox"/>	<input type="checkbox"/>
SHOCKS/SPRINGS	<input type="checkbox"/>	<input type="checkbox"/>
BUSHINGS	<input type="checkbox"/>	<input type="checkbox"/>
STEERING GEAR & COMPONENTS	<input type="checkbox"/>	<input type="checkbox"/>

#### Windows

	PASS	FAIL
WINDSHIELD	<input type="checkbox"/>	<input type="checkbox"/>
WIPERS	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TINT (LEGAL)	<input type="checkbox"/>	<input type="checkbox"/>

#### Other

	PASS	FAIL
DOORS (OPEN/CLOSE/LOCK) HORN	<input type="checkbox"/>	<input type="checkbox"/>
SPEEDOMETER	<input type="checkbox"/>	<input type="checkbox"/>
BUMPERS	<input type="checkbox"/>	<input type="checkbox"/>
MUFFLERS/EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
MIRRORS	<input type="checkbox"/>	<input type="checkbox"/>
TEST DRIVE	<input type="checkbox"/>	<input type="checkbox"/>
HEATER/DEFROSTER	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY BELTS (ALL)	<input type="checkbox"/>	<input type="checkbox"/>

#### Tires

ALL TIRES MUST HAVE MIN 3/32<sup>nd</sup>'s AND BE ABOVE WEAR BAR INDICATOR

	PASS	FAIL
RIGHT FRONT	<input type="checkbox"/>	<input type="checkbox"/>
LEFT FRONT	<input type="checkbox"/>	<input type="checkbox"/>
RIGHT REAR	<input type="checkbox"/>	<input type="checkbox"/>
LEFT REAR	<input type="checkbox"/>	<input type="checkbox"/>

### VEHICLE INSPECTIONS RESULT

If all boxes are marked "pass", please circle "pass". Otherwise, circle "fail"

INSPECTOR TO CIRCLE

TECHNICIAN  
STAMP / INITIAL

PASS

FAIL

INSPECTION DATE: YYYY/MM/DD  
Inspection expires 1 year from above date

TO BE COMPLETED BY TECHNICIAN (ALL FIELDS MUST BE FILLED IN AND LEGIBLE)

VEHICLE MAKE & MODEL \_\_\_\_\_

LICENSE PLATE PROV. & # \_\_\_\_\_

VIN # \_\_\_\_\_

VEHICLE YEAR \_\_\_\_\_

# OF DOORS \_\_\_\_\_

TECHNICIAN CERTIFICATION NUMBER \_\_\_\_\_

TECHNICIAN NAME \_\_\_\_\_

TECHNICIAN COMPANY + AMVIC # \_\_\_\_\_

TECHNICIAN PHONE \_\_\_\_\_

ADDRESS OF INSPECTION \_\_\_\_\_

TECHNICIAN SIGNATURE \_\_\_\_\_