

ALTERNATE TRANSPORTATION INSPECTION FORM

NAME: _____

DATE: _____

VEHICLE DESCRIPTION: _____

VEHICLE IDENTIFICATION NUMBER: _____

POLICE OFFICER CHECK LIST

- ☐ VALID DRIVER'S LICENSE (MAKE COPY AND ATTACH)
- ☐ PROOF OF INSURANCE (MAKE COPY AND ATTACH)
- ☐ DAYTIME RUNNING LIGHTS
- ☐ REAR STOP LIGHTS
- ☐ TURN SIGNALS
- ☐ REAR VIEW MIRROR
- ☐ LOCKING BRAKE
- ☐ SEAT BELTS
- ☐ HORN
- ☐ MANUFACTURER'S SERIAL NUMBER PLATE

I CERTIFY THIS MODE OF ALTERNATE TRANSPORTATION HAS BEEN INSPECTED AND IS IN COMPLIANCE WITH C.O. 04-20-09-04.

DATE: _____

OFFICER: _____

PERMIT NUMBER: _____