

## Airside Vehicle Safety Inspection Certificate

**Vehicle Owner:**

Name:

Street Address:

City:                      State      Post Code




**Vehicle Details:**

Make

Model:

Class:

ID Number

**Inspection Checklist:**

**Pass:**

Vehicle ID

Brakes

Steering & Suspension

Wheels & Tyres

Body Condition

Seats

Head Lights

Tail Lights

Rotating Beacon

Engine/driveline

**Inspecting Engineer or Mechanic:**

Name:

Street Address:

City:                      State      Post Code




Pass:

Fail:

I certify that I have inspected the vehicle and that this is a true record of the vehicles compliance with the inspection standard at The time of inspection:

Examiners Signature:

Examiner's Number:

Date:

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