Mechanical Evaluation for Vehicles Instructions: Please evaluate the following mechanical areas to determine if each is functioning sufficiently to assume safe operation of this vehicle. If an area passes, no comment is necessary. If an area fails, please state specifically the work needed to correct the problem. To receive payment for this evaluation, please return form with a company invoice. Name of Owner VIN Number Make/ Model Mileage **Mechanical Areas** Pass Fail Comments Battery **Battery Cables** Charging System **Engine Cranking System** Brake System Fluid Leaks Brake Pads/ Linings, etc. Transmission Fluid Leaks Shifting Mechanisms Power Steering Operation Fluid Leaks Condition of Drive Belts Condition of Hoses Tires Are there any outstanding safety recalls on the vehicle? Yes (explain below) No Is there any visible structural damage that is a safety concern? Yes (explain below) No **Additional Comments** Mechanic's Signature Phone Date Name and Address of Business